The Moisture Seekers

Sjögren's Syndrome Foundation

www.sjogrens.org

Volume 30, Issue 7 Summer 2012

Get the Skinny on Dermatitis

This article is reprinted from NIH News in Health

You've probably had a rash at some point or another, whether from poison ivy or the chickenpox or something more unusual. Why does your skin break out in red blotches like that? More important, is there anything you can do about it?

We often think of the skin as a barrier—it keeps the insides of our bodies in, and it keeps the outside world out. But our skin is also filled with special cells of the immune system. These cells protect the skin and body against viruses, bacteria and other threats. Whenever these cells detect a suspicious substance, they begin a chain reaction in the skin that leads to inflammation. The medical name for this reaction is dermatitis. But it's more commonly known as a rash.

There are many different types of dermatitis, and each has a distinct set of treatments. Sometimes the skin's im-

continued page 2 ▼

Yoga, the Best Medicine

by Darlene Bink, R.Y.T.

After being diagnosed with Sjögren's syndrome, I became very frightened. I had never heard of this autoimmune disease and had no idea how it would affect me. The onset of Sjögren's progressed slowly for me during my mid-20s. I finally was diagnosed with the disease in the fall of 1999 when I was 29 years old. That same fall I began taking Yoga classes. I went twice a week. At that time, I didn't know much about Yoga, but I knew it made me feel incredibly well. I continued with the classes for a few years and began to notice that ill feelings were not appearing as often. I got to know my body so well that I knew what and what not to do, hoping to prevent feeling ill.

It wasn't long after I began practicing Yoga that I decided I wanted to become a Yoga teacher, so I could give this wonderful gift to others. I moved to the Dallas area and fell in love with the Scaravelli Yoga method. The freedom of this method was quite refreshing. I became inspired and wanted to share Scaravelli Yoga with the world.

continued page 8 ▼

In This Issue

7 Sun & Sjögren's
11 I Stood Up
13 In Memory and In Honor
14 Breakthrough Bullet

Sjögren's Syndrome Foundation
Founded by Elaine K. Harris in 1983

Board of Directors

Chairman of the Board
S. Lance Forstot, MD

Chairman-Elect
Kenneth Economou

Treasurer
Kathryn P. McCarren

Secretary
Pamela S. Brown

Immediate Past Chairman
Lynn M. Petruzzi, RN, MSN

Estrella Bibbey
Michael T. Brennan, DDS, MHS
Steven E. Carsons, MD
Nancy L. Carteron, MD, FACR
Janet E. Church
Stephen Cohen, OD
Jack Faricelli
Denise Faustman, MD, PhD
Theresa Lawrence Ford, MD
Mary W. McNeil
Shari Rood
Vidya Sankar, DMD, MHS

Medical & Scientific Advisory Board

Chairman
Denise Faustman, MD, PhD

Richard Brasington, MD
Steven E. Carsons, MD
Troy E. Daniels, DDS, MS
H. Kenneth Fisher, MD, FACP, FCCP
Gary Foulks, MD, FACS
Philip C. Fox, DDS
Tara Mardigan, MS, MPH, RD
Austin K. Mircheff, PhD
John Daniel Nelson, MD, FACS
Kelly Nichols, OD
Athena Papas, DMD, PhD
Ann Parke, MD
Andres Pinto, DMD
Nelson L. Rhodus, DMD, MPH
Daniel Small, MD, FACP
Neil I. Stahl, MD
Pamela Stratton, MD
Frederick B. Vivino, MD, FACR

Chief Executive Officer
Steven Taylor

e-mail: tms@sjogrens.org
www.sjogrens.org

"Dermatitis" continued from page 1 ▼

mune cells react to something that directly touches the skin. Other times, the immune system flares in the skin because of a whole-body infection or illness.

The symptoms of these different types of rashes often overlap. "Itching is a common symptom for all these problems," says Dr. Stephen I. Katz, director of NIH's National Institute of Arthritis and Musculoskeletal and Skin Diseases. Many rashes are red, painful, and irritated. Some types of rash can also lead to blisters or patches of raw skin. While most rashes clear up fairly quickly, others are long lasting and need to be cared for over long periods of time.

Eczema, or atopic dermatitis, is a dry, red, itchy rash that affects up to 1 in 5 infants and young children. It often improves over time, although it can last into adulthood or start later in life. In this condition, the water-tight barrier between skin cells gets weak, which lets moisture out and other things in. That's why people with atopic dermatitis have to moisturize their skin, and they're more susceptible to skin infections.

Researchers have recently identified specific genes that are involved in maintaining the skin barrier. People with certain versions of these genes are more likely to get atopic dermatitis.

"The skin is the outermost sentinel for fighting off bacteria and noxious agents," says Katz. "If the barrier is broken somehow, you can become more allergic to things."

A skin allergy, or allergic contact dermatitis, produces a red, itchy rash that sometimes comes with small blisters or bumps. The rash arises when the skin comes in contact with an allergen, a usually harmless substance that the immune system attacks. Allergens trigger allergic reactions. Allergens can come from certain soaps, creams and even pets.

Your immune system might not react the first time you encounter an allergen. But over time, your immune system can become sensitive to the substance. As a result, your next contact may lead to inflammation and an allergic rash.

"The most common form of dermatitis that is seen anywhere is an allergic contact dermatitis to nickel," says Katz. "Why? Because of ear piercing." Many inexpensive earrings are made of nickel, and over time, wearing nickel earrings can cause an allergic reaction to the metal.

Other common causes of allergic dermatitis are poison oak and poison ivy. The stems and leaves of these plants produce a chemical that's likely to cause allergies. If you touch one of them, wash your skin as soon as possible. The chemical can also remain in clothing for a long time, so it's important to wash any clothes or shoes—or even pets—that come into contact with these plants.

Mild cases of allergic contact dermatitis usually disappear after a few days or weeks. But if the rash persists, is extremely uncomfortable or occurs on the face, it's important to see a physician. A doctor can prescribe medications that will tone down the immune reaction in the skin. This eases swelling and itching and will protect your eyes and face.

The immune cells of the skin can also produce rashes when they react to invading germs—like bacteria, fungi and viruses. Bacterial

continued page 8 ▼

The Moisture Seekers® Newsletter is published by the Sjögren's Syndrome Foundation Inc., 6707 Democracy Blvd., Ste 325; Bethesda, MD 20817. Copyright ©2012 Sjögren's Syndrome Foundation Inc. ISSN 0899-637.

DISCLAIMER: The Sjögren's Syndrome Foundation Inc. in no way endorses any of the medications, treatments, or products mentioned in advertisements or articles. This newsletter is for informational purposes only. Readers are advised to discuss any research news, drugs, treatments or products mentioned herein with their health care providers.

I'm not shy about speaking my mind…

I was putting artificial tears in my eyes time after time, all day long

So I asked my doctor about RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05%

RESTASIS® helps increase your eyes' natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye. RESTASIS® Ophthalmic Emulsion did not increase tear production in patients using anti-inflammatory eye drops or tear duct plugs.

Important Safety Information:
RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes viral infections of the eye. RESTASIS® should not be used while wearing contact lenses. If contact lenses are worn, they should be removed prior to use. The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see next page for important product information.

Ask your doctor if RESTASIS® is right for you. Go to **www.restasis30.com** or call **1-877-432-2227** for a free information kit. **Find out more about a $20 rebate offer! See next page for details.**

Available by prescription only.

Restasis®
(Cyclosporine Ophthalmic Emulsion) 0.05%

ALLERGAN

Amanda Serra is an actual RESTASIS® patient and is compensated for appearing in this advertisement.

® marks owned by Allergan, Inc.
© 2012 Allergan, Inc., Irvine, CA 92612, U.S.A. APC52MP12

RESTASIS®
(cyclosporine ophthalmic emulsion) 0.05%
Sterile, Preservative-Free

INDICATIONS AND USAGE
RESTASIS® ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® ophthalmic emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients
The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of **RESTASIS®** ophthalmic emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility
Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% **RESTASIS®** BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic Effects
Pregnancy category C.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% **RESTASIS®** BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively than the daily human dose of one-drop (28 µL) of 0.05% **RESTASIS®** BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of **RESTASIS®** in pregnant women. **RESTASIS®** should be administered to a pregnant woman only if clearly needed.

Nursing Mothers
Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of **RESTASIS®** ophthalmic emulsion, caution should be exercised when **RESTASIS®** is administered to a nursing woman.

Pediatric Use
The safety and efficacy of **RESTASIS®** ophthalmic emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use
No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of **RESTASIS®** was ocular burning (17%).

Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only

ALLERGAN

Based on package insert 71876US14B Revised February 2010
©2012 Allergan, Inc.
Irvine, CA 92612, U.S.A.
® marks owned by Allergan, Inc. APC21MH10
U.S. Patent 5,474,979
Made in the U.S.A.

Fill a RESTASIS® Ophthalmic Emulsion prescription and we'll send you a check for $20!*

It's easy to get your $20 rebate for RESTASIS® Ophthalmic Emulsion. Just fill out this information and mail.

Follow these 3 steps:

1. Have your prescription for RESTASIS® filled at your pharmacy.
2. Circle your out-of-pocket purchase price on the receipt.
3. Mail this certificate, along with your original pharmacy receipt (proof of purchase), to **Allergan RESTASIS® Ophthalmic Emulsion $20 Rebate Program, P.O. Box 6513, West Caldwell, NJ 07007.**

❑ Enroll me in the *My Tears, My Rewards*® Program to save more!
❑ I am not a patient enrolled in Medicare, Medicaid, any similar federal or state healthcare program, or a resident of Massachusetts.

Last Name **First** **MI**

Street Address

City **State** **ZIP**

For more information, please visit our Web site, www.restasis30.com.

***RESTASIS® Rebate Terms and Conditions:** To receive a rebate for the amount of your prescription co-pay (up to $20), enclose this certificate and the ORIGINAL pharmacy receipt in an envelope and mail to Allergan RESTASIS® Ophthalmic Emulsion $20 Rebate Program, P.O. Box 6513, West Caldwell, NJ 07007. Please allow 8 weeks for receipt of rebate check. Receipts prior to May 30, 2012 will not be accepted. One rebate per consumer. Duplicates will not be accepted. See rebate certificate for expiration date. **Eligibility: Offer not valid for prescriptions reimbursed or paid under Medicare, Medicaid, or any similar federal or state healthcare program including any state medical or pharmaceutical assistance programs. Void in the following state(s) if any third-party payer reimburses you or pays for any part of the prescription price: Massachusetts. Offer void where prohibited by law, taxed, or restricted. Amount of rebate not to exceed $20 or co-pay, whichever is less.** This certificate may not be reproduced and must accompany your request for a rebate. Offer good only for one prescription of RESTASIS® Ophthalmic Emulsion and only in the USA and Puerto Rico. Allergan, Inc. reserves the right to rescind, revoke, and amend this offer without notice. You are responsible for reporting receipt of a rebate to any private insurer that pays for, or reimburses you for, any part of the prescription filled, using this certificate.

© 2012 Allergan, Inc., Irvine, CA 92612, U.S.A. ® marks owned by Allergan, Inc. Please allow 8 weeks for delivery of your rebate check. APC52MP12 Certificate expires 12/31/2012

A Special Thank You

… to all of the companies and organizations that participated in the 2012 "Bold Blue Day" initiative, increasing Sjögren's awareness while helping to raise crucial funds for life-changing research by hosting a dress-down blue jeans day in honor of Sjögren's!

Alabama
Attalla Healthcare & Rehab, Attalla
Chilton Medical Center, Clanton
Get It Done Painting, Opelika
Huddle House, Opelika

Arizona
Doctor My Eyes, Scottsdale

California
Topco Sales, Chatsworth
Nancy Carteron, MD, FACR, San Francisco

Colorado
Holly D Kent, MD, Denver

Washington, DC
Catholic Health Association

Florida
Central Credit Union of Florida, Panama City
Family Medicine of Boca Raton, Boca Raton
UBS Financial Services, Palm Beach Gardens
Ruben Dario Middle School, Miami

Illinois
ACTSERV, P.C. CPA's, Mount Prospect
Capannari Ice Cream, Mount Prospect
Millennium Bank, Des Plaines

Indiana
Castle North Middle School, Elberfeld

Kansas
Bayer, Shawnee

Kentucky
Life Care Center of Morehead, Morehead
Realtor Association of Southern Kentucky, Bowling Green

Massachusetts
Boston Foundation for Sight, Needham
Dalton Medical Associates, Dalton
Melissa M. Pacheco Electrology Office, Swansea

Maryland
Mavenspire, Annapolis
Sjögren's Syndrome Foundation, Bethesda

Minnesota
University of Minnesota School of Dentistry, Minneapolis

Missouri
Prairie Point Elementary, Kansas City

Montana
Glacier Eye Clinic PC, Kalispell

New Jersey
Daiichi Sankyo, Parisppany
Daiichi Sankyo Pharma, Edison
St. Joseph Academy, Bogota

New York
Books to Bed, New York
Kips Bay Endoscopy Center, New York
Lisa H. Sedotto, DMD, New Hyde Park
St. Ambrose, Cohoes
University of Albany, Albany
Yannis Too, Selkirk
The Spolyar Family, Slingerlands
Schenectady Free Health Clinic Volunteers, Schenectady

Ohio
Hughes Zoo Academy, Cincinnati

Pennsylvania
Allegheny General Hospital, Pittsburgh
Emmaus High School, Wescosville
Loganville - Springfield Elementary School, York
Marion Elementary, Belle Vernon

Texas
NetVU, Irving

Virginia
Virginia Beach Middle School, Virginia Beach

Vermont
Nelson Ace Hardware, Barre

Washington
CHC 112th Clinic, Everett
Simply Measured, Seattle

Wisconsin
Saint John Vianney, Janesville

Canada / Ontario
TD Canada Trust, Dryden

Mark your calendar for April 2013 to participate in Bold Blue Day!

NEW

NeutraSal® Sjögren's Syndrome Support Kit

Containing:

- ***NeutraSal®***
- ***Omega-3 with Vitamin E Supplement* for Dry Eyes and Dry Mouth comfort***
- ***Dry Mouth Gum with Xylitol***

*Compare to the ingredients in Thera Tears Nutrition (Advanced Vision Research, Inc.)

Complimentary with Every NeutraSal® Prescription

Proudly Supports

Sjögren's Syndrome Foundation

For additional information, visit www.neutrasal.com or call 866-963-8881

The symptoms of Sjögren's Syndrome can have devastating effects. Oral dryness can result in severe and chronic dental decay, fissures, infections, and difficulty in speaking and swallowing.

Introducing NeutraSal®

(Supersaturated Calcium Phosphate Rinse)

What is NeutraSal®

NeutraSal® is an advanced electrolyte solution indicated in the treatment of dry mouth (xerostomia) in patients with Sjögren's Syndrome. NeutraSal® consists of single use packets of dissolving powders that when mixed with water creates an oral rinse supersaturated with calcium, phosphate and bicarbonate ions.

- Calcium and phosphate ions have been shown to aid in the the prevention of dental caries (cavities) and promote the remineralization of the teeth in normal saliva
- Sodium bicarbonate ions reduce the acidity of the saliva in the mouth and break up accumulating mucus
- The pH of NeutraSal® is similar to normal saliva which may protect the mouth against potential opportunistic fungal (oral thrush) and bacterial infections
- Clinically proven to relieve the symptoms of dry mouth in Sjögren's Syndrome patients with no reported side effects or drug to drug interactions

NO PATIENT LEFT BEHIND PROGRAM

The No Patient Left Behind Program is designed to provide access to NeutraSal® treatment for all patients regardless of their insurance coverage and includes no out-of-pocket costs for patients. NeutraSal® is a prescription only product. Ask your physician.

INVADO PHARMACEUTICALS

NeutraSal is a registered trademark of Invado Pharmaceuticals LLC. © 2010 Invado Pharmaceuticals, Pomona, New York

The Sun and Sjögren's Syndrome

by Mona Z. Mofid, MD, FAAD

Ultraviolet (UV) radiation emitted from the sun and other light sources (such as some fluorescent lights) can alter immune function and lead to an autoimmune response in the body and in the skin. In Sjögren's syndrome (SS) patients skin rashes and disease flares can result as well as ocular sensitivity and pain. In Sjögren's, sun sensitivity is associated with the autoantibody SSA/or Ro. To avoid reactions to UV light, try the following tips:

- Protect your skin and eyes through use of sunscreen, sunglasses, ultraviolet light-protective clothing, hats, and non-fluorescent lighting.
- Use sunscreen that protects against both UVA and UVB rays. Doctors now recognize the dangers of UVA light in addition to those of UVB.
- Read the label! Look for the words "broad spectrum," which often are used to mean protection from both UVA and UVB light. Note that SPF ratings refer only to UVB rays. In the U.S., a "star" rating on products is coming into increased use to help consumers figure out how much UVA protection is provided. A European rating referred to as "PFA" measures UVA protection.
- Use plenty of sunscreen! Most people only use about 1/3 the recommended amount of sunscreen. This reduces the benefit of the SPF rating.
- Use a higher number SPF sunscreen.
- Remember that water, humidity and sweating decrease sunscreen effectiveness and mean you must reapply your sunscreen.
- Wear sun-protective clothing. It is designed to protect your skin from UVA and UVB rays, is more reliable than sunscreen, does not wash off or need to be reapplied, can be washed and dried quickly, and, compared to sunscreen, is not known to cause skin reactions.
- Don't forget to wear sunscreen on areas not covered by sun-protective clothing, such as the neck and ears.
- Consider purchasing UV-protective car and home window films (which come in clear) and tinting.
- Wear good UV-protective eye lenses and sunglasses.
- Seek the shade when outside.
- Investigate whether UV-protective clothing and eyewear, window shields, and sunscreens are eligible for reimbursement under your insurance plan or Flexible Health Care Spending Account.

IT'S TIME

United Way • Combined Federal Campaign • State Payroll Deduction

Each fall your local United Way, Combined Federal Campaign, state employee, and private employer payroll deduction campaigns begin. We hope you will remember the Sjögren's Syndrome Foundation when choosing where to allocate your donation.

If we are not listed on the contribution form, you usually may write in the Sjögren's Syndrome Foundation.

Tell your co-workers, friends, and family members how important it is to choose and write in the Sjögren's Syndrome Foundation on their campaign form, too.

If your employers will not allow you to write in the Sjögren's Syndrome Foundation, remind them that we are a national non-profit 501(c)(3) organization and qualify for most payroll deduction campaigns. If they need more information, please contact the Foundation at 800-475-6473 and ask for Cynthia Williamson.

Just think – every dollar counts.

Last year alone – thanks to those who chose to give through their employer's payroll campaign – the Sjögren's Syndrome Foundation was able to increase its Research and Awareness commitments.

Remember, the Foundation has received the:

BEST IN AMERICA — INDEPENDENT CHARITIES OF AMERICA

NATIONAL HEALTH COUNCIL — Standards of Excellence

"Dermatitis" continued from page 2 ▼

and viral infections within your body can cause your skin to break out in spots as well. The chickenpox virus, for example, can cause itchy spots in children. Years later, in older adults, the same virus may reappear as shingles, bringing a painful rash and high fever. Vaccines can prevent several rash-causing diseases, including chickenpox, shingles and measles.

Certain drugs, including antibiotics like amoxicillin, may also cause itchy skin rashes. If you're allergic to a drug, a rash can be the first sign of a serious reaction. As with other allergies, a reaction to a drug may not occur the first time you take it. It could show up after several uses. Not all drug rashes are due to an allergy, however. If you break out in itchy spots after starting a new drug prescription, contact your doctor right away.

While most rashes get better with time, some can last a lifetime. Psoriasis, a condition where skin cells build up into thick red patches, tends to run in families. "It's a complex genetic disease, in that there's not one gene that causes psoriasis but many," says Katz. Even though none of these genes alone has a great effect on the disease, knowing which genes are involved can help researchers design potential new treatments. Other long-term diseases that can produce rashes include autoimmune diseases, such as lupus, and some forms of cancer.

If you notice an itchy or painful rash on your skin, think twice before going to the drugstore and getting some cream if you don't know the cause. "The creams that you buy can produce problems that make your original problem even worse," Katz says. Because rashes can be caused by many different things—bacteria, viruses, drugs, allergies, genetic disorders, and even light—it's important to figure out what kind of dermatitis you have.

"If you have any significant rash, you should see a dermatologist," says Katz. A dermatologist, or skin doctor, is specially trained to figure out what's causing a rash and help you get the right treatment.

Your skin is your protection. It's not just the covering that keeps your body in; it's also your first line of defense against germs and chemicals. Take care of your skin so your skin can take care of you.

Call your doctor if…

- your rash is so uncomfortable or painful it interferes with daily activities or sleep.
- the rash is on your face.
- your rash looks worrisome or seems infected.
- you break out in a rash after taking a new medication.
- your rash lasts for several days. ■

"Yoga" continued from page 1 ▼

Yoga has influenced my life on a physical, mental and spiritual level, and it can produce the same results for anyone with this disease. Yes, I still get fatigue, ill feelings, dry eyes and mouth but not nearly as severe. I believe Yoga is keeping me in balance. Along with Yoga, I also eat well, take vitamins and supplements, get plenty of sleep, and laugh as much as possible.

I'd like to briefly explain what Yoga is. A typical Yoga practice involves postures to increase flexibility, strength and balance. The practice also may include breathing techniques and meditation. During a Yoga practice, one moves from pose to pose while coordinating the breath with the body's movement. Focusing on the breath in this way can build great focus and quiet the mind.

Before listing all of the glorious benefits of Yoga, I would like to briefly clarify what Yoga is and what it is not. Yoga means "union" in the Sanskrit language. It is a method that seeks to unite mind, body, and spirit. As with other forms of exercise, Yoga is not about competition. It is not about how far one can move into a pose, or how long one can remain in the pose once there. Yoga is about self-exploration. It creates internal balance and promotes overall health. Also, Yoga is not a religion. It is practiced by people of all faiths. It will enhance your spirituality, regardless of what that might be.

The benefits of Yoga are numerous. Besides increasing flexibility, strength and balance and calming the mind, Yoga can relieve a number of ailments, such as back pain, arthritis, headaches, digestive problems, symptoms of menopause and PMS, fatigue, anxiety, depression, high blood pressure and insomnia and help improve your immune system and many others. However, it may take longer for some people to notice these benefits. Yoga is based on individualized practice. Once you start a Yoga practice, your body will respond to the postures in incredible ways.

To receive the maximum benefits of Yoga, one should practice at least three times per week. A frequent, short practice is most beneficial. A daily practice is ideal. Even when you are not feeling well, try to practice for a few minutes. You will be amazed at what moving and breathing can do for you! If you are new to Yoga, you may consider attending a weekly class to receive feedback from a qualified Yoga teacher.

Regardless of whether you want an energizing practice or a gentle one, there is a style for everyone. If you are patient and continue to practice, Yoga will initiate some wonderful changes within you. If you are interested in the philosophy of Yoga, visit www.yogajournal.com for more information. If you would like to find a Yoga class in your area, you can visit www.yogafinder.com. ■

Darlene Bink, R.Y.T. offers Yoga classes, workshops, and a Yoga DVD titled From the Ground Up: Experience the Freedom of Scaravelli Yoga, The Fundamentals. *Visit www.yogafromthegroundup.com for more information.*

For patients with Sjögren's syndrome

DRY-MOUTH SYMPTOMS DON'T HAVE TO BE SO DISTRACTING.

If you experience dry-mouth symptoms due to Sjögren's syndrome, then you already know how distracting these can be to your daily life. It might be time to ask about EVOXAC® (cevimeline HCl), a prescription treatment that works by stimulating the production of your body's own natural saliva.

Talk to your doctor to see if EVOXAC can help, or visit DiscoverEVOXAC.com.

Please see important information about EVOXAC below.

Important Safety Information

What is EVOXAC?

- EVOXAC (cevimeline HCl) is a prescription medicine used to treat symptoms of dry mouth in patients with Sjögren's syndrome.

Who Should Not Take EVOXAC?

- You should not take EVOXAC if you have uncontrolled asthma, allergies to EVOXAC or a condition affecting the contraction of your pupil such as narrow-angle (angle-closure) glaucoma or inflammation of the iris.

What should I tell my Healthcare Provider?

- Tell your healthcare provider if you have any of the following conditions:
  - History of heart disease;
  - Controlled asthma;
  - Chronic bronchitis;
  - Chronic obstructive pulmonary disease (COPD);
  - History of kidney stones;
  - History of gallbladder stones
- Tell your healthcare provider if you are trying to become pregnant, are already pregnant, or are breastfeeding.
- Tell your healthcare provider about all medications that you are taking, including those you take without a prescription. It is particularly important to tell your healthcare provider if you are taking any heart medications especially "beta-blockers".
- If you are older than 65, your healthcare provider may want to monitor you more closely.

General Precautions with EVOXAC

- When taking EVOXAC use caution when driving at night or performing other hazardous activities in reduced lighting because EVOXAC may cause blurred vision or changes in depth perception.
- If you sweat excessively while taking EVOXAC drink extra water and tell your health care provider, as dehydration may develop.
- The safety and effectiveness of EVOXAC in patients under 18 years of age have not been established.

What are some possible side effects of EVOXAC?

- In clinical trials, the most commonly reported side effects were excessive sweating, headache, nausea, sinus infection, upper respiratory infections, runny nose, and diarrhea.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch, or call 1-800-FDA-1088.

Please visit www.EVOXAC.com for full Product Information for EVOXAC.

For patients having difficulty affording their Daiichi Sankyo medication, please call the Daiichi Sankyo Patient Assistance Program at 1-866-268-7327 for more information or visit www.dsi.com/news/patientassitance.html.

Please see a brief summary of Important Information for EVOXAC on the next page.

Evoxac® (cevimeline HCl) 30 mg Capsules

Brief Summary – See package insert for full Prescribing Information.

EVOXAC® Capsules

(cevimeline hydrochloride)

INDICATIONS AND USAGE
Cevimeline is indicated for the treatment of symptoms of dry mouth in patients with Sjögren's Syndrome.

CONTRAINDICATIONS
Cevimeline is contraindicated in patients with uncontrolled asthma, known hypersensitivity to cevimeline, and when miosis is undesirable, e.g., in acute iritis and in narrow-angle (angle-closure) glaucoma.

WARNINGS
Cardiovascular Disease:
Cevimeline can potentially alter cardiac conduction and/or heart rate. Patients with significant cardiovascular disease may potentially be unable to compensate for transient changes in hemodynamics or rhythm induced by EVOXAC®. EVOXAC® should be used with caution and under close medical supervision in patients with a history of cardiovascular disease evidenced by angina pectoris or myocardial infarction.

Pulmonary Disease:
Cevimeline can potentially increase airway resistance, bronchial smooth muscle tone, and bronchial secretions. Cevimeline should be administered with caution and with close medical supervision to patients with controlled asthma, chronic bronchitis, or chronic obstructive pulmonary disease.

Ocular:
Ophthalmic formulations of muscarinic agonists have been reported to cause visual blurring which may result in decreased visual acuity, especially at night and in patients with central lens changes, and to cause impairment of depth perception. Caution should be advised while driving at night or performing hazardous activities in reduced lighting.

PRECAUTIONS
General:
Cevimeline toxicity is characterized by an exaggeration of its parasympathomimetic effects. These may include: headache, visual disturbance, lacrimation, sweating, respiratory distress, gastrointestinal spasm, nausea, vomiting, diarrhea, atrioventricular block, tachycardia, bradycardia, hypotension, hypertension, shock, mental confusion, cardiac arrhythmia, and tremors.

Cevimeline should be administered with caution to patients with a history of nephrolithiasis or cholelithiasis. Contractions of the gallbladder or biliary smooth muscle could precipitate complications such as cholecystitis, cholangitis and biliary obstruction. An increase in the ureteral smooth muscle tone could theoretically precipitate renal colic or ureteral reflux in patients with nephrolithiasis.

Information for Patients: Patients should be informed that cevimeline may cause visual disturbances, especially at night, that could impair their ability to drive safely.

If a patient sweats excessively while taking cevimeline, dehydration may develop. The patient should drink extra water and consult a health care provider.

Drug Interactions:
Cevimeline should be administered with caution to patients taking beta adrenergic antagonists, because of the possibility of conduction disturbances. Drugs with parasympathomimetic effects administered concurrently with cevimeline can be expected to have additive effects. Cevimeline might interfere with desirable antimuscarinic effects of drugs used concomitantly.

Drugs which inhibit CYP2D6 and CYP3A3/4 also inhibit the metabolism of cevimeline. Cevimeline should be used with caution in individuals known or suspected to be deficient in CYP2D6 activity, based on previous experience, as they may be at a higher risk of adverse events. In an *in vitro* study, cytochrome P450 isozymes 1A2, 2A6, 2C9, 2C19, 2D6, 2E1, and 3A4 were not inhibited by exposure to cevimeline.

Carcinogenesis, Mutagenesis and Impairment of Fertility:
Lifetime carcinogenicity studies were conducted in CD-1 mice and F-344 rats. A statistically significant increase in the incidence of adenocarcinomas of the uterus was observed in female rats that received cevimeline at a dosage of 100 mg/kg/day (approximately 8 times the maximum human exposure based on comparison of AUC data). No other significant differences in tumor incidence were observed in either mice or rats.

Cevimeline exhibited no evidence of mutagenicity or clastogenicity in a battery of assays that included an Ames test, an *in vitro* chromosomal aberration study in mammalian cells, a mouse lymphoma study in L5178Y cells, or a micronucleus assay conducted *in vivo* in ICR mice.

Cevimeline did not adversely affect the reproductive performance or fertility of male Sprague-Dawley rats when administered for 63 days prior to mating and throughout the period of mating at dosages up to 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human following normalization of the data on the basis of body surface area estimates). Females that were treated with cevimeline at dosages up to 45 mg/kg/day from 14 days prior to mating through day seven of gestation exhibited a statistically significantly smaller number of implantations than did control animals.

Pregnancy:
Pregnancy Category C.
Cevimeline was associated with a reduction in the mean number of implantations when given to pregnant Sprague-Dawley rats from 14 days prior to mating through day seven of gestation at a dosage of 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human when compared on the basis of body surface area estimates). This effect may have been secondary to maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Cevimeline should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:
It is not known whether this drug is secreted in human milk. Because many drugs are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from EVOXAC®, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use:
Safety and effectiveness in pediatric patients have not been established.

Geriatric Use:
Although clinical studies of cevimeline included subjects over the age of 65, the numbers were not sufficient to determine whether they respond differently from younger subjects. Special care should be exercised when cevimeline treatment is initiated in an elderly patient, considering the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy in the elderly.

ADVERSE REACTIONS
Cevimeline was administered to 1777 patients during clinical trials worldwide, including Sjögren's patients and patients with other conditions. In placebo-controlled Sjögren's studies in the U.S., 320 patients received cevimeline doses ranging from 15 mg tid to 60 mg tid, of whom 93% were women and 7% were men. Demographic distribution was 90% Caucasian, 5% Hispanic, 3% Black and 2% of other origin. In these studies, 14.6% of patients discontinued treatment with cevimeline due to adverse events.

The following adverse events associated with muscarinic agonism were observed in the clinical trials of cevimeline in Sjögren's syndrome patients:

Adverse Event	Cevimeline 30 mg (tid) n*=533	Placebo (tid) n=164
Excessive Sweating	18.7%	2.4%
Nausea	13.8%	7.9%
Rhinitis	11.2%	5.4%
Diarrhea	10.3%	10.3%
Excessive Salivation	2.2%	0.6%
Urinary Frequency	0.9%	1.8%
Asthenia	0.5%	0.0%
Flushing	0.3%	0.6%
Polyuria	0.1%	0.6%

*n is the total number of patients exposed to the dose at any time during the study.

In addition, the following adverse events (≥3% incidence) were reported in the Sjögren's clinical trials:

Adverse Event	Cevimeline 30 mg (tid) n*=533	Placebo (tid) n=164	Adverse Event	Cevimeline 30 mg (tid) n*=533	Placebo (tid) n=164
Headache	14.4%	20.1%	Conjunctivitis	4.3%	3.6%
Sinusitis	12.3%	10.9%	Dizziness	4.1%	7.3%
Upper Respiratory Tract Infection	11.4%	9.1%	Bronchitis	4.1%	1.2%
Dyspepsia	7.8%	8.5%	Arthralgia	3.7%	1.8%
Abdominal Pain	7.6%	6.7%	Surgical Intervention	3.3%	3.0%
Urinary Tract Infection	6.1%	3.0%	Fatigue	3.3%	1.2%
Coughing	6.1%	3.0%	Pain	3.3%	3.0%
Pharyngitis	5.2%	5.4%	Skeletal Pain	2.8%	1.8%
Vomiting	4.6%	2.4%	Insomnia	2.4%	1.2%
Injury	4.5%	2.4%	Hot Flushes	2.4%	0.0%
Back Pain	4.5%	4.2%	Rigors	1.3%	1.2%
Rash	4.3%	6.0%	Anxiety	1.3%	1.2%

*n is the total number of patients exposed to the dose at any time during the study.

The following events were reported in Sjögren's patients at incidences of <3% and ≥1%: constipation, tremor, abnormal vision, hypertonia, peripheral edema, chest pain, myalgia, fever, anorexia, eye pain, earache, dry mouth, vertigo, salivary gland pain, pruritus, influenza-like symptoms, eye infection, post-operative pain, vaginitis, skin disorder, depression, hiccup, hyporeflexia, infection, fungal infection, sialoadenitis, otitis media, erythematous rash, pneumonia, edema, salivary gland enlargement, allergy, gastroesophageal reflux, eye abnormality, migraine, tooth disorder, epistaxis, flatulence, toothache, ulcerative stomatitis, anemia, hypoesthesia, cystitis, leg cramps, abscess, eructation, moniliasis, palpitation, increased amylase, xerophthalmia, allergic reaction.

The following events were reported rarely in treated Sjögren's patients (<1%): Causal relation is unknown:

Body as a Whole Disorders: aggravated allergy, precordial chest pain, abnormal crying, hematoma, leg pain, edema, periorbital edema, activated pain trauma, pallor, changed sensation temperature, weight decrease, weight increase, choking, mouth edema, syncope, malaise, face edema, substernal chest pain

Cardiovascular Disorders: abnormal ECG, heart disorder, heart murmur, aggravated hypertension, hypotension, arrhythmia, extrasystoles, t wave inversion, tachycardia, supraventricular tachycardia, angina pectoris, myocardial infarction, pericarditis, pulmonary embolism, peripheral ischemia, superficial phlebitis, purpura, deep thrombophlebitis, vascular disorder, vasculitis, hypertension

Digestive Disorders: appendicitis, increased appetite, ulcerative colitis, diverticulitis, duodenitis, dysphagia, enterocolitis, gastric ulcer, gastritis, gastroenteritis, gastrointestinal hemorrhage, gingivitis, glossitis, rectum hemorrhage, hemorrhoids, ileus, irritable bowel syndrome, melena, mucositis, esophageal stricture, esophagitis, oral hemorrhage, peptic ulcer, periodontal destruction, rectal disorder, stomatitis, tenesmus, tongue discoloration, tongue disorder, geographic tongue, tongue ulceration, dental caries

Endocrine Disorders: increased glucocorticoids, goiter, hypothyroidism

Hematologic Disorders: thrombocytopenic purpura, thrombocythemia, thrombocytopenia, hypochromic anemia, eosinophilia, granulocytopenia, leucopenia, leukocytosis, cervical lymphadenopathy, lymphadenopathy

Liver and Biliary System Disorders: cholelithiasis, increased gamma-glutamyl transferase, increased hepatic enzymes, abnormal hepatic function, viral hepatitis, increased serum glutamate oxaloacetic transaminase (SGOT) (also called AST-aspartate aminotransferase), increased serum glutamate pyruvate transaminase (SGPT) (also called ALT-alanine aminotransferase)

Metabolic and Nutritional Disorders: dehydration, diabetes mellitus, hypercalcemia, hypercholesterolemia, hyperglycemia, hyperlipemia, hypertriglyceridemia, hyperuricemia, hypoglycemia, hypokalemia, hyponatremia, thirst

Musculoskeletal Disorders: arthritis, aggravated arthritis, arthropathy, femoral head avascular necrosis, bone disorder, bursitis, costochondritis, plantar fasciitis, muscle weakness, osteomyelitis, osteoporosis, synovitis, tendinitis, tenosynovitis

Neoplasms: basal cell carcinoma, squamous carcinoma

Nervous Disorders: carpal tunnel syndrome, coma, abnormal coordination, dysesthesia, dyskinesia, dysphonia, aggravated multiple sclerosis, involuntary muscle contractions, neuralgia, neuropathy, paresthesia, speech disorder, agitation, confusion, depersonalization, aggravated depression, abnormal dreaming, emotional lability, manic reaction, paroniria, somnolence, abnormal thinking, hyperkinesia, hallucination

Miscellaneous Disorders: fall, food poisoning, heat stroke, joint dislocation, post-operative hemorrhage

Resistance Mechanism Disorders: cellulitis, herpes simplex, herpes zoster, bacterial infection, viral infection, genital moniliasis, sepsis

Respiratory Disorders: asthma, bronchospasm, chronic obstructive airway disease, dyspnea, hemoptysis, laryngitis, nasal ulcer, pleural effusion, pleurisy, pulmonary congestion, pulmonary fibrosis, respiratory disorder

Rheumatologic Disorders: aggravated rheumatoid arthritis, lupus erythematosus rash, lupus erythematosus syndrome

Skin and Appendages Disorders: acne, alopecia, burn, dermatitis, contact dermatitis, lichenoid dermatitis, eczema, furunculosis, hyperkeratosis, lichen planus, nail discoloration, nail disorder, onychia, onychomycosis, paronychia, photosensitivity reaction, rosacea, scleroderma, seborrhea, skin discoloration, dry skin, skin exfoliation, skin hypertrophy, skin ulceration, urticaria, verruca, bullous eruption, cold clammy skin

Special Senses Disorders: deafness, decreased hearing, motion sickness, parosmia, taste perversion, blepharitis, cataract, corneal opacity, corneal ulceration, diplopia, glaucoma, anterior chamber eye hemorrhage, keratitis, keratoconjunctivitis, mydriasis, myopia, photopsia, retinal deposits, retinal disorder, scleritis, vitreous detachment, tinnitus

Urogenital Disorders: epididymitis, prostatic disorder, abnormal sexual function, amenorrhea, female breast neoplasm, malignant female breast neoplasm, female breast pain, positive cervical smear test, dysmenorrhea, endometrial disorder, intermenstrual bleeding, leukorrhea, menorrhagia, menstrual disorder, ovarian cyst, ovarian disorder, genital pruritus, uterine hemorrhage, vaginal hemorrhage, atrophic vaginitis, albuminuria, bladder discomfort, increased blood urea nitrogen, dysuria, hematuria, micturition disorder, nephrosis, nocturia, increased nonprotein nitrogen, pyelonephritis, renal calculus, abnormal renal function, renal pain, strangury, urethral disorder, abnormal urine, urinary incontinence, decreased urine flow, pyuria

In one subject with lupus erythematosus receiving concomitant multiple drug therapy, a highly elevated ALT level was noted after the fourth week of cevimeline therapy. In two other subjects receiving cevimeline in the clinical trials, very high AST levels were noted. The significance of these findings is unknown.

Additional adverse events (relationship unknown) which occurred in other clinical studies (patient population different from Sjögren's patients) are as follows:

cholinergic syndrome, blood pressure fluctuation, cardiomegaly, postural hypotension, aphasia, convulsions, abnormal gait, hyperesthesia, paralysis, abnormal sexual function, enlarged abdomen, change in bowel habits, gum hyperplasia, intestinal obstruction, bundle branch block, increased creatine phosphokinase, electrolyte abnormality, glycosuria, gout, hyperkalemia, hyperproteinemia, increased lactic dehydrogenase (LDH), increased alkaline phosphatase, failure to thrive, abnormal platelets, aggressive reaction, amnesia, apathy, delirium, delusion, dementia, illusion, impotence, neurosis, paranoid reaction, personality disorder, hyperhemoglobinemia, apnea, atelectasis, yawning, oliguria, urinary retention, distended vein, lymphocytosis

The following adverse reaction has been identified during post-approval use of EVOXAC®. Because post-marketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Post-Marketing Adverse Events: *Liver and Biliary System Disorders:* cholecystitis

MANAGEMENT OF OVERDOSE
Management of the signs and symptoms of acute overdosage should be handled in a manner consistent with that indicated for other muscarinic agonists: general supportive measures should be instituted. If medically indicated, atropine, an anti-cholinergic agent, may be of value as an antidote for emergency use in patients who have had an overdose of cevimeline. If medically indicated, epinephrine may also be of value in the presence of severe cardiovascular depression or bronchoconstriction. It is not known if cevimeline is dialyzable.

℞ Only

Distributed and Marketed by:
Daiichi Sankyo Pharma Development, a Division of Daiichi Sankyo, Inc.
Edison, NJ 08837

PRT40 Revised 11/2006 Printed in U.S.A.

Daiichi-Sankyo

For additional information
please call toll free:
1-877-437-7763

EVOXAC is a registered trademark of Daiichi Sankyo, Inc.
© 2010 Daiichi Sankyo, Inc. DSEV10000226 Printed in USA 2010

I Stood Up...

Raising funds and awareness – Sherry Mengle and her "Mysterious Amusement!"

Rain, sleet and snow did not stop Sherry Mengle from holding the first-ever Autumn Awareness Masquerade in Pennsylvania. In October 2011, Sherry and her family decided to hold a fun awareness event in her community to help get the word out about Sjögren's while raising funds and having fun! When an unexpected snowstorm forced Sherry to cancel the evening event, she decided to reschedule the event for the very next day and it turned out to be a smashing success!

Sherry and her family are once again determined to make a difference by planning the 2nd Annual Autumn fundraising event, "Mysterious Amusement," on October 6, 2012. The event will be held at the VFW in Selinsgrove, Pennsylvania, to benefit the Sjögren's Syndrome Foundation. The evening promises to be full of fun and intrigue featuring a magic show and a comedian hypnotist with music, dancing and a fundraising auction. To learn more about this event or about hosting an event of your own, contact the SSF at 301-530-4420.

Way to go, Sherry! Thanks for Standing Up to Make A Difference in Pennsylvania!

How will you Stand Up?

Join in the fun!
2012 SSF Special Event Calendar

The SSF is very excited for all of our events coming this Fall. Look at our special event calendar to see if there is a *Walkabout* or *Sip for Sjögren's* coming to your area.

September 8, 2012

Birmingham Area Sjögren's Walkabout
Colonial Brookwood Village, Birmingham, Alabama

September 23, 2012

Northern California Sip for Sjögren's
The Spinnaker Restaurant, Sausalito, California

September 30, 2012

Philadelphia Regional Sip for Sjögren's
The Enterprise Center at BCC, Mount Laurel, New Jersey

Visit www.sjogrens.org or contact the SSF office to learn more about our events

Numoisyn™

Lozenges Liquid

Works fast...and lasts.

For Xerostomia

Ask your physician to prescribe Numoisyn today!

ALIGN Pharmaceuticals

www.alignpharma.com **Customer Service: 908-834-0960**

©2008 ALIGN Pharmaceuticals All rights reserved. Printed in USA. NUM-08/01

Numoisyn Liquid

Prescribing Information

Ingredients: Water, sorbitol, linseed (flaxseed) extract, *Chondrus crispus*, methylparaben, sodium benzoate, potassium sorbate, dipotassium phosphate, propylparaben.

How Supplied: 30 mL per bottle or 300 mL per bottle.

Therapeutic Group: Numoisyn Liquid is an oral solution formulated for the relief of chronic and temprary xerostomia (dry mouth), which may be a result of disease, medication, oncology therapy, stress, or aging.

Indications: Numoisyn Liquid is indicated for the treatment of symptoms of dry mouth. Numoisyn Liquid relieves the symptoms of dry mouth by enhancing swallowing, improving speech mechanics, and lubricating the oral cavity like natural saliva. Numoisyn Liquid may be used to replace natural saliva when salivary glands are damaged or not functioning. The viscosity is similar to that of natural saliva.

Contraindications: Numoisyn Liquid are contraindicated in patients with a known history of hypersensitivity to any of the ingredients.

Special Precautions for Use: As Numoisyn Liquid contains linseed (flaxseed) extract, patients with irritable bowel syndrome or diverticular disease or those on a high linseed diet may experience abdominal discomfort.

Warning: Federal law restricts Numoisyn Liquid to sale by, or on the order of, a physician or properly licensed practitioner.

Interactions: There are no known interactions between Numoisyn Liquid and any medicinal or other products.

Directions for Use: Shake bottle well. Take 2 mL (about 1/2 teaspoon) of Numoisyn Liquid and rinse around in the mouth before swallowing. Use as needed.

Side Effects: Patients may experience difficulty in swallowing, altered speech, and changes in taste. If side effects persist or become severe, patients should contact a physician.

Storage: Store at room temperature. Do not refrigerate. Use within 3 months of first opening. KEEP OUT OF REACH OF CHILDREN.

Please Note: Numoisyn Liquid is translucent and may contain some natural particles that do no affect the quality of the product.

Manufactured in Italy under license from
Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1XW UK

Distributed by
ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA

www.alignpharma.com

ALIGN Pharmaceuticals

©2009 ALIGN Pharmaceuticals, LLC All rights reserved.

Numoisyn Lozenges

Prescribing Information

Ingredients: Sorbitol (0.3 g per lozenge), polyethylene glycol, malic acid, sodium citrate, calcium phosphate dibasic, hydrogenated cottonseed oil, citric acid, magnesium stearate, and silicon dioxide.

Pharmaceutical Form: Oral lozenge

Contents: 100 lozenges per bottle. Net weight of 40 g (0.4 g per lozenge).

Therapeutic Group: Numoisyn Lozenges are oral lozenges formulated to promote lubrication of oral mucosa that may be dry due to a variety of circumstances, including medication, chemotherapy or radiotherapy, Sjögren's syndrome, or oral inflammation.

Indications: Numoisyn Lozenges are indicated for the treatment of xerostomia (dry mouth). Numoisyn Lozenges provide temporary relief of dry mouth due to damaged salivary function. Numoisyn Lozenges are formulated to support the natural protection of teeth provided by saliva so that no damage occurs to teeth with repeated use of the lozenges.

Contraindications: Numoisyn Lozenges are contraindicated in patients with fructose intolerance or a known history of hypersensitivity to any of the ingredients.

Warning: Federal law restricts Numoisyn Lozenges to sale by, or on the order of, a physician or properly licensed practitioner.

Interactions: There are no known interactions between Numoisyn Lozenges and any medicinal or other products.

Directions for Use: Let one Numoisyn Lozenge dissolve slowly in the mouth when needed. To obtain optimal effect, move the lozenge around in the mouth. Repeat as necessary. Do not exceed 16 lozenges in 24 hours.

Side Effects: Excessive consumption can cause minor digestive problems.

Storage: Store at room temperature. KEEP OUT OF REACH OF CHILDREN.

Overdose: No overdoses have been reported to date.

Manufactured in Italy under license from
Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1XW UK

Distributed by
ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA

www.alignpharma.com

ALIGN Pharmaceuticals

©2009 ALIGN Pharmaceuticals, LLC All rights reserved.

in memoriam

In Memory of Irene O'Leary
Fred & Peggy Aiello
Katherine Foley
Carol & Sean Duffy
Mary McLaughlin

In Memory of Debbie McGovney
Otto & Rosa Hausch
Edward & Deverie Kiedaisch
Tim & Janice McGovney
Jim & Carol Rebhuhn
James & Betty Jaegers
David McGovney
Missouri Public Health Lab
John & Charlotte Wening

In Memory of Dean Soliday
Frances & Jeffrey Arpin
Edwin & Blanche Burke
Wanda Claussen
Leffingwell Baptist Church
Beth Utke & Maryann LaBrie
Darlene Capacchione
Laurel & Thomas Kahak
Armand & Linnea Mazzulli

In Memory of Terri Self
Cargotec USA
Tony Droubi
David & Stephanie Gannaway
Anthony Graham
Debra Morrison
Donna & Dean Sablotny
Clark & Jo Self
Stephen Thompson
Cherokee OKC
Michelle & Keith Gannaway
Al & Anita Goode
Gordon & Barbara Mendels
Tobie & Walt Neller
Andy & Tera Self
Michael & Trenna Splettstosser
Hans & Mary Wasner
Diane & Jack Wiley

In Memory of Betty Strock
Frank & Kay Astolfi
Linda & Marty Glickman
Ellen & Marvin Gross
Sandy & Teenie Issod
Dotsy & Mike Landau
Cousin Shelly & Family
Bill & Ellie Goldman
Marilyn & Stephen Honowitz
Jordan & Eileen Kaplan
Sherry & Ken Levine
John & Marie McNamara
Nissman – Salin Oral & Maxillofacial-Surgery, PC

In Memory of Betty Strock *Continued*
Jim, Mary, Jack & Justin Perl
Karen & Michael Rosenzweig
Neil & Lois Schwalb
Maxine & Marvin Sodicoff
Frank & Rosalie Swanson
Sally & Robert Wickman
Janice & Don Rapoport
Elyse & Marc Satalof
Fred & Linda Short
Ken Strock
Phil & Harriet Weinstein
Mary & Robert Zeimer

In Memory of Shirley Nitkin
Shirley & Jack Geffner
Shirley & Ray Milenko

In Memory of Jean Simmons
IHS Global
Emma F. Hansford

In Memory of Gerald Goldman
Deirdre & Stephen Perl-Strock

In Memory of Sandra Nagy
Monticello Women's Club

In Memory of Jane Coffey
Katie Jordan

In Memory of MaryEllen Kleger's Mother
Marilyn & Steve Honowitz

In Memory of Jeanne Erlandson
Dorothy Petersen

In Memory of William Kissel
Beckerleg Family
Joyce & Tom Sullivan

In Memory of Jenny Stanfield
Veronica Stanfield

In Memory of Bob & Peggy Rylander
Judy, Larry & Emily Hadley

In Memory of Susanna van de Merwe
Saint-Gobain Ceramics & Plastics, Inc.

in honor

In Honor of Karen Desberg
Brian & Catherine Desberg

In Honor of Nancy Visocki's Birthday
Lynne & Vin DeLaurentis

In Honor of Henry & Kathy Cocain
Nature Stone

In Honor of Waltraud Schlanzky
Paula Peterson

In Honor of Carol Maleto
Mary Hilliker

In Honor of Maurine Daniels
Sheryl Brewer

In Honor of Linda Field
Dick & Elaine Parsons

In Honor of Jessica Levy
Joan Billig

In Honor of Marty & Lita Treese's Anniversary
John & Sunny Pupo

Call us today for more information.
800-475-6473

Summer Breakthrough Bullet: Putting the Symptoms Together

50% in 5 years Sjögren's syndrome FOUNDATION

One main reason why Sjögren's is often undiagnosed or misdiagnosed is because it can involve several body systems without all symptoms being present at the same time. Both patients and physicians tend to look at the symptoms individually without realizing that a systemic disease is present or do not connect symptoms beyond the hallmark symptoms of Sjögren's – dry eyes and dry mouth.

This is why the Foundation has created the blog, *Conquering Sjögren's,* as well as expanded our social media presence on Twitter and Facebook. We hope that by increasing our visibility, we will reach our goal of shortening the time to diagnose Sjögren's by 50% in 5 years. These online tools help us reach more people and help educate people about all the symptoms and complications of Sjögren's such as fatigue, peripheral neuropathy, brain fog and chronic pain.

These posts make more Sjögren's information available to the general public, while simultaneously helping the Foundation's online search engine rating. This way when a person searches for information on vasculitis, joint pain or tooth decay, the Sjögren's Syndrome Foundation appears in their search results!

Creating awareness about the various manifestations of Sjögren's symptoms will not only reduce the time it takes to be diagnosed, but increased Sjögren's knowledge will benefit all patients. By following the Foundation's social media accounts you can share with other patients and request information to be featured in *The Moisture Seekers*.

We hope you will follow our blog and social media accounts to not only stay updated on the latest information concerning progress with our 5-Year Breakthrough Goal but also to help us reach our goal by asking your family and friends to follow us, too! The more people we reach and are able to educate, the closer we come to making Sjögren's a household name. ■

Recommended by eye doctors, tranquileyes eye hydrating therapy soothe dry, puffy eyes. The included gel packs can be warmed in a microwave and placed inside the goggles to stimulate tear production and the release of beneficial oils from the eyes' meibomian glands, increasing relative humidity and moisture to relieve dry eyes. Or, freeze gel packs to reduce swelling and eye puffiness. The goggle can also be used during sleep, comfortably sheltering the eyes from drafts and light while keeping moisture in.

Members and friends of SSF receive 15% off all orders. To redeem, mention this ad when calling toll free 1-888-730-7999 or use promotional code 'SSF' online at www.eyeeco.com.

eyeeco

For more information visit www.eyeeco.com or call toll free **1-888-730-7999.**

Dry Eye Relief Kit

Viva Las Vegas!

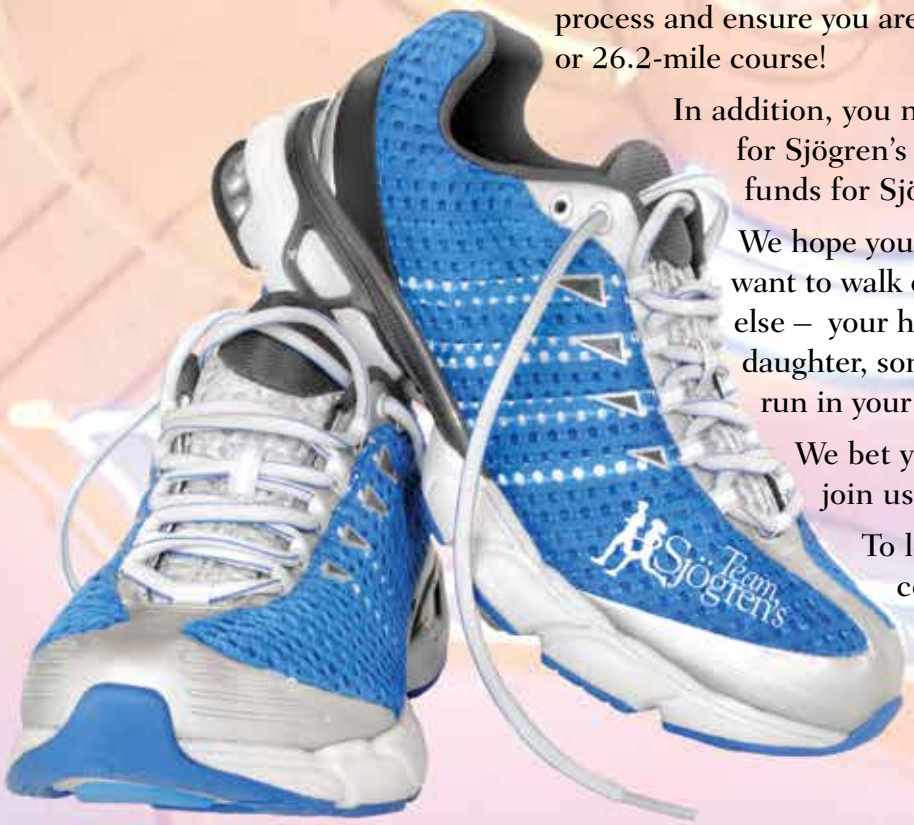
Join Team Sjögren's in Las Vegas!

Team Sjögren's

Take a gamble by signing up to join our *Team Sjögren's* MarathonTraining Program for the Las Vegas marathon and half marathon. This program will take a walker or novice runner and prepare you to walk or run in the Las Vegas Marathon or Half Marathon!

Consider joining us for this December 2nd event where you will be able to enjoy the "Strip at Night" as we run a late afternoon marathon or half marathon with 25,000 other runners from all over the world! The marathon and half marathon course takes you up and down the Las Vegas Strip and is sure to be an amazing experience with bands along the route as well as cheerleaders to support us as we run or walk!

By signing up to join *Team Sjögren's*, you not only will receive world-class training but also leadership and mentorship from past runners and staff. You will receive coaching from our Team Trainer as well as our Team Nutritionist. The staff of the SSF will help guide you through the entire process and ensure you are ready to complete either the 13.1 or 26.2-mile course!



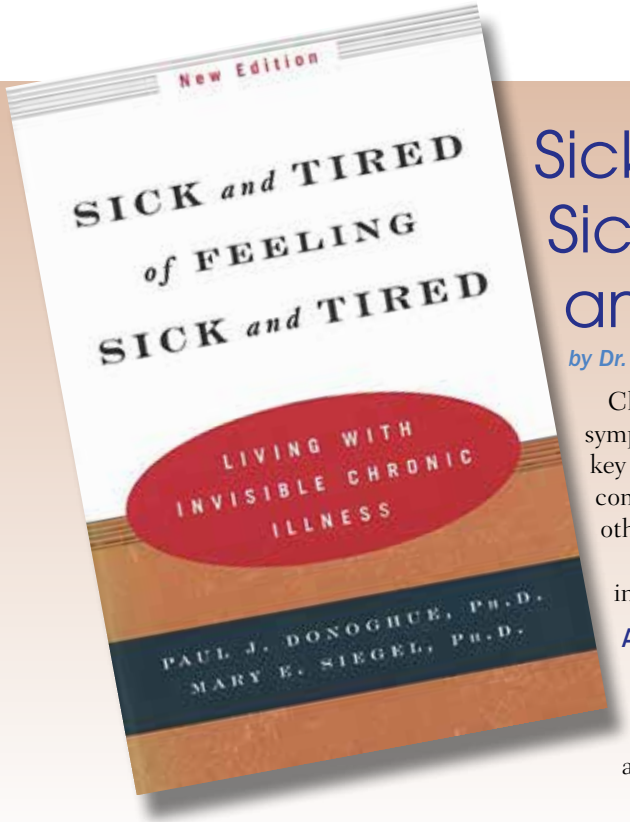
In addition, you not only will be raising awareness for Sjögren's but also helping raise crucial funds for Sjögren's research and education.

We hope you will join us! If you don't think you want to walk or run, help us recruit someone else – your husband, wife, sister, cousin, daughter, son or friend – and have them run in your honor.

We bet you can do it! Take a chance and join us. Viva Las Vegas!

To learn more about *Team Sjögren's*, contact Cynthia Williamson at 800-475-6473, ext. 205, or cwilliamson@sjogrens.org

The Moisture Seekers
Sjögren's Syndrome Foundation Inc.
6707 Democracy Blvd., Ste 325
Bethesda, MD 20817
Phone: 800-475-6473
Fax: 301-530-4415



Sick and Tired of Feeling Sick and Tired: Living with an Invisible Chronic Illness

by Dr. Paul J. Donoghue and Dr. Mary E. Siegel

Chronic illness is often misunderstood because it lacks obvious physical symptoms. In this updated edition, Drs. Donoghue and Siegel highlight key components for someone living with a chronic illness, such as communicating with loved ones, conveying symptoms to a doctor and other closely related ailments.

This easy read will help one understand, sympathize and gain insight into living with an invisible chronic illness.

About the authors:

Dr. Paul J. Donoghue and Dr. Mary E. Siegel are psychologists in private practice in Stamford, Connecticut. Their work has been featured on "The Today Show," CNBC, and "Good Day New York," and in the *New York Times*.

This book can be purchased using the order form below, online at www.sjogrens.org or by contacting the Sjögren's Syndrome Foundation office at 800-475-6473.

	Non-Member Price	Member Price	Qty	Amount
Sick and Tired of Feeling Sick and Tired by Drs. Paul J. Donoghue and Mary E. Siegel	$15.00	$12.00		
Maryland Residents add 6% sales tax				
Shipping and Handling: US Mail: $5 for first item + $2 for each additional item Canada: $8 for first item + $2 for each additional item Overseas: $18 for first item + $2.50 for each additional item				
Total Amount				

Mail to SSF, BB&T Bank · PO Box 890612 · Charlotte, NC 28289-0612 or Fax to: 301-530-4415

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

❑ Enclosed is a check or money order (in U.S. funds only, drawn on a U.S. bank, net of all bank charges) payable to SSF.

❑ MasterCard ❑ VISA ❑ Discover ❑ AmEx Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____