The Moisture Seekers
Sjögren's Syndrome Foundation
www.sjogrens.org
30 Years
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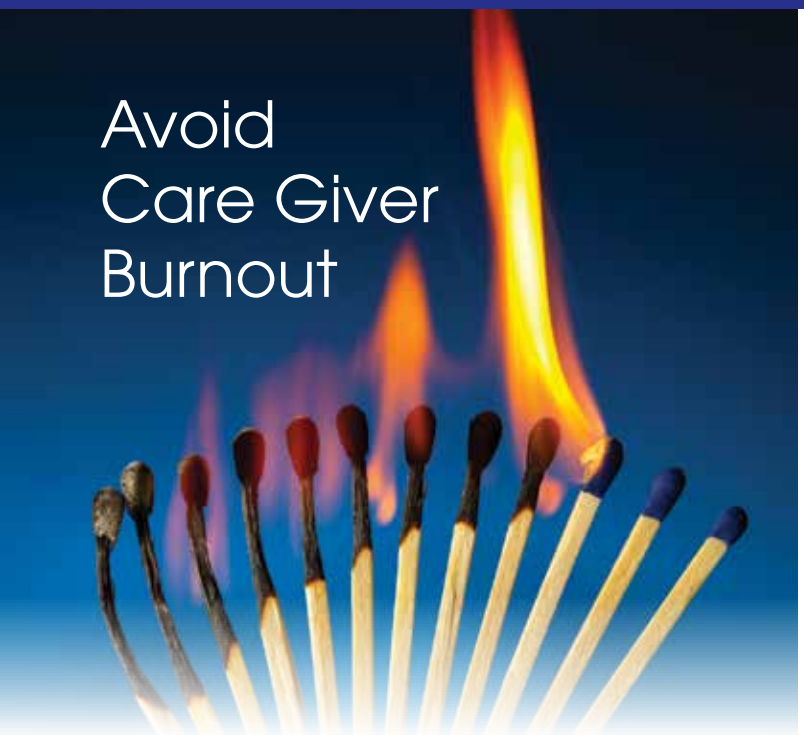
SjogrensSyndromeFoundation @MoistureSeekers

Avoid Care Giver Burnout



The Sjögren's Syndrome Foundation knows how caring for someone with a chronic illness, like Sjögren's, can be very rewarding but it can also take a lot of out of you - physically, mentally and emotionally.

We encourage you to read this article with a friend, spouse or family member who helps support you with Sjögren's and talk about any questions that this article brings up for either of you.

9 ways to prevent and manage burnout

Here are some tips on preventing and dealing with caregiver burnout. Always remember that if you want to take care of someone else in the best way you can, you must take care of yourself first!

Talk with someone. Find a person you can talk with about your feelings, such as a close friend, family member or colleague. You may want to seek professional help—speak with a therapist or social worker who can understand what you're experiencing.

Write it down. Use a journal as a way to release your thoughts and feelings. Record your fears, impressions, sense of confusion and more.

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Simple Solutions for Coping with Dry Eye

Millions of Americans are affected by chronic dry eyes and new studies show that one in ten dry eye patients suffer from Sjögren's. Chronic dry eye has two main causes: decreased secretion of tears by the lacrimal (tear-producing) glands and loss of tears due to excess evaporation. Both can lead to ocular surface discomfort, often described as feeling of dryness, burning, a sandy/gritting sensation, itchiness, visual fatigue, sensitivity to light and blurred vision.

One of the main goals in treating dry eye is to make you more comfortable! Making changes in your environment, habits, and medications can help minimize dry eye symptoms.

Here are some suggestions provide by J. Daniel Nelson, MD from the University of Minnesota:

- Apply a warm, wet compress to the closed eyes using a washcloth heated in tolerably warm water from the sink or shower. Apply at bedtime and upon awakening for 5 minutes or more if desired.
- Carefully clean the eyelids with warm water or one of the commercially available eyelid cleansers or baby shampoo (avoid any that are irritating), and keep the upper and lower eyelids free of facial

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creams at bedtime. Anything applied to the eyelids will get into the tear film and can irritate the eye.

- Use non-preserved artificial tears frequently and regularly, even when your eyes feel good. Don't wait until your eyes are uncomfortable.
- When starting a new, preservative-free artificial tear, use the drops every 1-2 hours for at least two weeks before reducing frequency of use. When you taper their use, see if your symptoms worsen. It often is easier to determine feeling worse than better.
- Most artificial tears vary in two important ways-preservatives and thickness or viscosity. If you use artificial tears more than four times a day, use non-preserved preparations. If your vision is blurred with artificial tear use, try a less viscous preparation.
- Try ointments or gels at bedtime by first applying them only to the eyelids and lashes. If that is not helpful, place ~ ¼ inch of ointment between the lower lid and eyeball. Because it blurs their vision, some individuals may not like using it.
- Sleep is more important for maintaining eye comfort. If you are not sleeping well, see your primary physician for help.
- Wear wrap-around glasses or goggles when outside to provide protection from the environment and to create more humidity around the eyes.
- If you are bothered by light, wear sunglasses or try lenses with a FL-41 filter.
- Humidify your environment in cold weather. Use a bedside humidifier at night, and add a humidifier to your furnace.
- Pollutants and allergens are more concentrated in the tear film of dry eye patients. In hot weather, sleep with the windows shut and keep cool with air conditioning.
- Dry eye patients often develop or aggravate allergies. An over-the-counter allergy drop (even if preserved) used twice daily may help.
- Cold compresses help itchy eyes due to allergies. Warm compresses work best for dry eye symptoms of burning and sand-gravel sensations.
- Anticipate times of the day, week or month when your symptoms are worse, and use artificial tears and warm compresses as a preventive measure. Symptoms may vary with changes in weather, changes in locale (at work versus at home), and, in women, with the menstrual cycle. ■

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I used artificial tears often, like when at lunch with friends.

So I saw my doctor—after all, these are my eyes.

And she said I have a disease.

My eye doctor said I have reduced tear production caused by inflammation due to a disease called Chronic Dry Eye. That's a big deal.

She told me I can use artificial tears for temporary relief. But to make more of my own tears, she prescribed RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05% for continued use, twice a day in each eye, 12 hours apart, every day.

Approved Use

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

Important Safety Information

Do not use RESTASIS® Ophthalmic Emulsion if you are allergic to any of the ingredients. To help avoid eye injury and contamination, do not touch the vial tip to your eye or other surfaces. RESTASIS® should not be used while wearing contact lenses. If contact lenses are worn, they should be removed prior to the 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 the Brief Summary of the full Product Information.

Individual results may vary.

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BRIEF SUMMARY—PLEASE SEE THE RESTASIS® PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION.

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 known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNINGS AND PRECAUTIONS
Potential for Eye Injury and Contamination
To avoid the potential for eye injury and contamination, be careful not to touch the vial tip to your eye or other surfaces.

Use with Contact Lenses
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.

ADVERSE REACTIONS
Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials, the most common adverse reaction following the use of **RESTASIS®** was ocular burning (17%).

Other reactions 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).

Post-marketing Experience
The following adverse reactions have been identified during post approval use of **RESTASIS®**. Because these 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.

Reported reactions have included: hypersensitivity (including eye swelling, urticaria, rare cases of severe angioedema, face swelling, tongue swelling, pharyngeal edema, and dyspnea); and superficial injury of the eye (from the vial tip touching the eye during administration).

USE IN SPECIFIC POPULATIONS
Pregnancy
Teratogenic Effects: Pregnancy Category C
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 5,000 and 32,000 times greater (normalized to body surface area), respectively, than the daily human dose of one drop (approximately 28 mcL) of 0.05% **RESTASIS®** twice daily 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 3,000 and 10,000 times greater (normalized to body surface area), 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 postpartum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 7,000 times greater than the daily human topical dose (0.001 mg/kg/day) normalized to body surface area assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (2,000 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.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility
Carcinogenesis: 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 80 times greater (normalized to body surface area) than the daily human dose of one drop (approximately 28 mcL) of 0.05% **RESTASIS®** twice daily into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Mutagenesis: Cyclosporine has not been found to be 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).

Impairment of Fertility: 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 2,000 times the human daily dose of 0.001 mg/kg/day normalized to body surface area) for 9 weeks (male) and 2 weeks (female) prior to mating.

PATIENT COUNSELING INFORMATION
Handling the Container
Advise patients to not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. To avoid the potential for injury to the eye, advise patients to not touch the vial tip to their eye.

Use with Contact Lenses
RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. Advise patients that 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.

Administration
Advise patients that 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.

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Summer

Breakthrough Bullet:

Corporate partnerships help get the word out on dry eye.

Every Sjögren's patient is well aware that Sjögren's is more than just dry eyes however, the SSF also knows that 92% of patients when diagnosed with Sjögren's, identify with having dry eyes.

That is why back in 2005 the SSF along with our coalition partners, asked Congress to officially declare July "Dry Eye Awareness Month" to help increase awareness of dry eye and also educate the public about symptoms and treatment options for dry eye.

This July, the Foundation has partnered with various companies to help educate ocular professionals about the importance identifying dry eye patients and talking with them about the possible cause being Sjögren's.

One such partner, TearLab, is taking it to the office by distributing Sjögren's information and education to thousands of eye care professional offices with their "TearLab Dry Eye Awareness Office Campaign." This campaign includes staff wearing buttons that talk about dry eyes and its symptoms, encouraging the patient to talk to the professional about their symptoms. This dialogue will hopefully start a discussion about the potential causes of the patient's discomfort, possibly being Sjögren's!

This partnership will help the SSF as we continue on the road to achieving our 5-*Year Breakthrough Goal* of "shortening the time to diagnose Sjögren's by 50% in 5

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Dry Eye Awareness Ask the Doctor

Q *How do you go about cleaning your eyelids and how often do you suggest it be repeated?*

A The eyelid margin is a very important contributor to protection of the surface of the eye and stability of the tear film. Lid margin problems occur in two forms that can aggravate dry eye: anterior and posterior. In patients with Sjögren's, not only is there the problem of reduced production of liquid tears, but there is often a problem with obstruction of the glands in the eyelid that secrete lipid onto the tear film to prevent evaporation of the tears.

These glands are called meibomian glands and your eye care practitioner may alert you to "meibomian gland dysfunction," which is the obstruction of the openings of the glands at the edge of the eyelid margin just behind the base of the eyelashes. Such obstruction leads to evaporative dry eye which can aggravate the dry eye situation. Symptoms of the eyelid margin problem, meibomian gland dysfunction, can be irritation with redness of the eyelid margin and frequently difficulty reading or working at a computer.

The first step in managing the lid margin is lid hygiene and massage. Precede the massage with application of warm compresses to the eyelid for at least a minute using a warm washcloth. Some patients will use a bag of rice heated in the microwave oven, but it is important not to use too much heat such that it turns the skin red or, worse yet, burns the skin of the eyelid or face. The heat

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You Stood Up!

The Sjögren's Syndrome Foundation's fiscal year ended on June 30th and thanks to you, we had an incredibly successful year.

It is because of your help that the Foundation is able to continue to grow year after year! The SSF 2014-2015 national event calendar will be released shortly, but the Foundation first wanted to thank everyone who stepped up by attending, volunteering or donating to one of our events over this past year!

By working together, our events alone raised over $600,000 for the fight against Sjögren's. These SSF's national events included:

- **Team Sjögren's California** *(July 26, 2013)*
- **Maryland Afternoon High-Tea** *(August 4, 2013)*
- **Vermont Run/Walk** *(September 14, 2013)*
- **Lexi's Leap for Sjögren's New Hampshire** *(September 15, 2013)*
- **Philadelphia Sip for Sjögren's** *(September 15, 2013)*
- **Charlotte North Carolina Walkabout** *(September 21, 2013)*
- **Raleigh-Durham Walkabout** *(September 22, 2013)*
- **Elaine Harris 30th Anniversary Dinner** *(September 26, 2013)*
- **"Show-Grins" Comedy Night** *(October 5, 2013)*
- **Albany Holiday Shopping Event** *(October 29, 2013)*
- **Streams in the Desert - Chicago Trivia Night** *(November 16, 2013)*
- **Team Sjögren's Goes Turkey** *(November 28, 2013)*
- **Team Sjögren's Disney** *(January 8-12, 2014)*
- **Bel Air Maryland Valentine's High Tea** *(February 8, 2014)*
- **Phoenix Walkabout** *(February 22, 2014)*
- **New York City Sip for Sjögren's** *(March 17, 2014)*
- **Long Island Walkabout** *(March 30, 2014)*
- **National Patient Conference (NPC)** *(April 25 & 26, 2014)*
- **Chicago Walkabout at NPC** *(April 26, 2014)*
- **Philadelphia 10th Annual Walkabout** *(May 3, 2014)*

Dallas/Fort Worth Walkabout *(May 10, 2014)*

Northeast Ohio Walkabout *(May 31, 2014)*

Columbus Walkabout *(June 1, 2014)*

Atlanta Sip for Sjögren's *(June 1, 2014)*

Denver Walkabout *(June 14, 2014)*

Greater Washington Walkabout *(June 21, 2014)*

Kansas City 5K Run & Walkabout *(June 22, 2014)*

A special thank you to all our other third-party events and bold blue day companies as well. From garage sales to lemonade stands, you all have helped us raise crucial awareness for Sjögren's.

Don't forget if you hold a Sjögren's awareness or fund-raising event, send your event pictures to info@sjogrens.org. And as always, we need more volunteers to stand up and help us organize and plan SSF events, so if you are interested in getting involved please contact Ben Basloe at (301) 530-4420 ext. 207 or bbasloe@sjogrens.org

Special thank you to everyone who achieved our "Sjögren's Star Status" by raising over $1,000 for an SSF Walkabout! View our Sjögren's Stars on www.sjogrens.org. ■

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Heather Lis

"Care Giver Burnout" continued from page 1 ▼

Join a support group. Share what you're going through with others in a similar situation. Whether they meet online or in person, these groups offer a great way to meet people who will understand what you're feeling.

Make time for yourself. Just because you're a caregiver doesn't mean you shouldn't make time for yourself. Enlist a friend, family member or home health aide to relieve you of your duties. Still can't get out? While your loved one is sleeping, try drinking a cup of tea, soaking in the tub or even surfing the Internet to relax.

Get educated. Learn as much as you can. The more you know, the more you'll be prepared for appointments, what's ahead and the like.

Recruit help. You don't have to do everything yourself. If people offer help, accept it. If they don't offer, ask them whether they will lend a hand; they'll likely be happy to assist you. Ask a family member to shop for groceries and have a neighbor pick up a prescription. The extra hands will enable you to focus on your loved one and yourself.

Have people come to you. Make your life as easy as possible. Have dry cleaning picked up and delivered. Find a hairdresser who makes house calls. Order your groceries online, and consider hiring a cleaning service.

Stay healthy. It's critical that you see to your own needs so that you can be in optimal shape for the sake of the person you're caring for. Eat a healthful diet with lots of fruits and vegetables, get plenty of sleep, and exercise at least 3 to 5 days a week.

Learn to laugh. Laughter really is one of the best medicines, so rent a silly movie, read a funny book or magazine or call a friend with a good sense of humor to find a way to let loose and chuckle.

This article, written by Stacey Feintuch and reviewed by Health Monitor Advisory Board, was first published by Health Monitor. ■

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Laurie Conrad, diagnosed with Sjögren's Syndrome

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Finding Support

The Foundation knows how isolating being diagnosed with an invisible illness like Sjögren's can be, which is why finding support is so important.

Since the establishment of the first Support Group, started by Elaine K. Harris in 1983, the SSF has grown to sponsor groups in 33 states across the country!

These groups, run by volunteers, provide Sjögren's patients who are SSF members and their family members an opportunity to share their advice and tips for living more comfortably with Sjögren's.

Much can be learned at a support group meeting, whether it is patient-to-patient sharing or listening to an informative presentation by a healthcare professional or other expert. We encourage you – if you are suffering from the symptoms of Sjögren's or diagnosed with Sjögren's – to attend a support group meeting in your area.

Listed below are SSF Support Group Leaders and the areas where meetings are held.

ALABAMA		
Birmingham	Anne Rose	(205) 972-4261 sjobham@gmail.com
ARIZONA		
Phoenix Area	SSF Office	(301) 530-4420
CALIFORNIA		
San Diego	Suzanne Davies Dona Frosio	ssfsuzannedavies@gmail.com (619) 303-9004
San Francisco Bay Area	Nancy Crabbe	(650) 593-9022
San Jose	Debra Ashford	(408) 266-2174
Santa Rosa	Laura Strom	(707) 889-9168
COLORADO		
Colorado Springs	Marti Reed	(719) 330-4545
Denver/Englewood	Maurine Daniels	(303) 721-0241
Ft. Collins/Loveland	Eunice Krivonak	(970) 203-0147
CONNECTICUT		
Farmington	Mary Beth Walter	(860) 569-6933
FLORIDA		
Ft. Lauderdale	Georgie Littlefield	(954) 977-0775
Lady Lake	Karen M. Marshall	(352) 259-1309
Miami	SSF Office	(301) 530-4420
Sarasota	Lorraine Murray	(941) 922-1379
Tampa/Clearwater	Michelle Wallace	(727) 791-0002
GEORGIA		
Atlanta Area	Suzi Wixson	(770) 642-0323
HAWAII		
Ewa Beach	Melaca Cannella	alwaysbhealthynhappy@gmail.com
IDAHO		
Boise	Richard Bliss	(208) 816-3686
	Kathy Ellis	(208) 921-0613
ILLINOIS		
Chicago Area	Heidi Shierry	(630) 853-6836
INDIANA		
Elberfeld	Vicki Siebe	(812) 760-3931
Indianapolis	Diana Altom	daltom50@gmail.com
	Vivian Kistler	(317) 408-2844
IOWA		
Des Moines	Paula Jones	(515) 369-8882
Dubuque	Paula	sjgdbq@gmail.com
KANSAS		
Greater Kansas City Area	Janet Nichols	(913) 492-9581
	Janine Bensman	(913) 897-2441
LOUISIANA		
Lafayette/Kaplan	Tonya Broussard	(337) 643-3565
MARYLAND		
Bel Air	Eva L. Plude	(410) 836-1040 bigevap@gmail.com
Frederick	Elizabeth E. Ward	(301) 663-3947
Montgomery County Area	Bonnie Schneider	(301) 774-4662
Prince George's & So. Maryland	Barbara Straub	(804) 529-5287
MASSACHUSETTS		
Boston Area	Lynn C. Epstein, MD	(617) 636-3932
MINNESOTA		
Minneapolis	Cynthia Neubecker	(612) 729-5616
MONTANA		
Big Arm/Kalispell	Tedi Schilling	(406) 849-5537
NEW JERSEY		
Central/Southern New Jersey	Ann Kiessling	(732) 996-7952
NEW MEXICO		
Albuquerque	Shawn CDeBaca	(505) 898-5620
NEW YORK		
Albany Area	Kimberly Gross	(518) 608-6727
Huntington	Sandy Leon	(516) 367-4104
NYC Area	Susan Needles	(212) 724-7110
NYC (Under 40 Group)	Paula Sosin	(301) 538-3422
Rochester	Sharon Hoffman	(585) 582-6114
Syracuse/Cicero	Diane Stadtmiller	(315) 877-1117 eruditepa@aol.com
NORTH CAROLINA		
Charlotte	SS and Salivary Disorders Ctr. at Carolinas Medical Center	704-355-4197
Durham	Nancy Carter	(919) 544-4577
Raleigh	Maudeileen Huxhold	(919) 866-1802
Winston-Salem	Sue Palas	(336) 760-6303
OHIO		
Northeast Area	Mary McNeil	(330) 342-7870
Columbus	Sandy Loy	(614) 204-0364
Toledo Area	Judi Furlong, MD	(419)824-1927
OKLAHOMA		
Edmond	Sharon Abrams	(405) 330-2356
OREGON		
Canby/Portland	Linda Shields	(503) 266-3680

continued page 12 ▼

Rx Only

DRY MOUTH RELIEF NOW BEING SERVED

Aquoral® is approved for dry mouth due to Sjögren's Syndrome[1]

- Coats, lubricates, and protects
- Reduces mouth dryness[2,3]
- Improves ability to chew and swallow[2,3]
- One application lasts up to 4 hrs[2,3]
- Easy to afford with patient savings card
- Gluten free[4]

For Sjögren's Syndrome Patients suffering from "COTTON-MOUTH"

Visit aquoral.com
Download the valuable savings card for your doctor's visit today

Most People Pay No More Than **$25** *For a 6-8 Week Supply*

aquoral® artificial saliva PROTECTIVE ORAL SPRAY

INDICATIONS: Aquoral is intended to provide relief from chronic and temporary xerostomia (dry mouth), which may be a result of disease such as Sjögren's Syndrome, oral inflammation, medication, chemo or radiotherapy, stress or aging. Aquoral relieves symptoms of dry mouth such as difficulties in swallowing, speech, and changes in taste.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: Aquoral is contraindicated for any patient with a known history of hypersensitivity to any of its ingredients.

PRECAUTIONS: Read package insert carefully before using this spray. Avoid contact with eyes. Flush eyes with water if accidental introduction into eyes should occur.

INTERACTIONS: There are no known interactions with medicinal or other products.

Please see full Prescribing Information provided.

To report a serious adverse event or obtain product information call **(800)531-3333**.

References: 1. Aquoral [package insert]. San Antonio: TX. Mission Pharmacal Company; 2013. **2.** Mouly SJ et al. Efficacy of a new oral lubricant solution in the management of psychotropic drug-induced xerostomia: a randomized,controlled trial. *J Clin Psychopharmacol*. 2007;27(5):437-443. **3.** Mouly SJ et al. Management of xerostomia in older patients: a randomised controlled trial evaluating the efficacy of a new oral lubricant solution. *Drugs Aging*. 2007;24(1):957-965. **4.** Data on file.

Please see full Prescribing Information on next page.

Mission® PHARMACAL

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"Support Groups" continued from page 10 ▼

PENNSYLVANIA

Harrisburg	Kathy Boyd	(717) 737-3890
Montgomery/Chester	Sheila Ateek	(610) 488-9058
	Kathy Gilchrist	(610) 933-0843
Philadelphia	Maggie Goddard	(215) 348-7615
Pittsburgh	Sandy Burkett	(412) 726-3159

SOUTH CAROLINA

Greenville	Debbie Brown	(302) 419-6565

TENNESSEE

Nashville	Vicki Baldwin	(615) 243-4560

TEXAS

Austin/Georgetown	Linda Frost	(512) 255-6049
	Helen Smith	(512) 869-8840
Dallas	Cathy Ingels	(972) 948-8606
Roanoke Area	Shirley Stone	(682) 502-4910
The Woodlands	Marilyn Adams	(281) 298-9196

UTAH

Salt Lake City	Dr. Kathie Coopersmith	(801) 476-9701
		kathie.coopersmith@gmail.com

VIRGINIA

Harrisonburg/ Shenandoah Valley	Teresa C. May	(540) 433-5638
Lynchburg	Ida B. Powell	(434) 384-1092
Mount Jackson/ No. Shenandoah Valley	Robert & Jane Perry	(540) 477-2088
Northern Virginia	Mary Robinson	(703) 796-6067
	Gwyn Cannon	(703) 472-0978
Salem	Carol Watson, RN	(540) 389-7503

WASHINGTON

Tacoma/Spanaway	Judy Kay Reynolds	(253) 531-7369

WISCONSIN

Madison	Nancy Johnson	(608) 332-5928
Milwaukee	Shelley Olson	(414) 659-7179

Rx Only–Prescription Medical Device

INGREDIENTS: Oxidized glycerol triesters (TGO), silicon dioxide, aspartame, and artificial flavoring.

ACTIONS: Aquoral® is a lipid-based solution resembling human saliva designed to moisten and lubricate the oral cavity, including the oral mucosa of the mouth, tongue and throat, by formation of a lipid film which limits loss of water and restores the viscoelasticity of the oral mucosa. Aquoral also provides protective action against further inflammation of the oral mucosa. Xerostomia (dry mouth) has harmful effects on the oral cavity and quality of life; consequently, management of dry mouth is primarily based on relief of symptoms.

INDICATIONS: Aquoral is intended to provide relief from chronic and temporary xerostomia (dry mouth), which may be a result of disease such as Sjögren's Syndrome, oral inflammation, medication, chemo or radiotherapy, stress or aging. Aquoral relieves symptoms of dry mouth such as difficulties in swallowing, speech, and changes in taste.

CONTRAINDICATIONS: Aquoral is contraindicated for any patient with a known history of hypersensitivity to any of its ingredients.

PRECAUTIONS: Read package insert carefully before using this spray. Avoid contact with eyes. Flush eyes with water if accidental introduction into eyes should occur.

INTERACTIONS: There are no known interactions with medicinal or other products.

DIRECTIONS FOR USE: Shake gently. One dose (2 sprays) into the mouth 3 to 4 times a day. Spread product on to inflamed and/or dry areas of the mouth with the tongue. Pump may require priming for initial use.

To report a serious adverse event or obtain product information call (800) 531-3333.

HOW SUPPLIED: Aluminum canister with 0.1 ml spray pump containing 40 ml (1.4 fl. oz.) (net content) of solution which corresponds to 400 sprays of Aquoral (**NHRIC** 0178-0420-40).

KEEP OUT OF REACH OF CHILDREN.

U.S. Patent: 8,367,650

Mission® PHARMACAL

Manufactured for:
MISSION PHARMACAL COMPANY
San Antonio, TX USA 78230 1355
MADE IN FRANCE

Aquoral® artificial saliva is a medical device registered with the United States Food and Drug Administration.

At temperatures over 315°C / 599°F

C01 Rev 005130

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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

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"Q&A" continued from page 5 ▼

melts the lipid secretion so that the massage can express the secretion. The massage is done with the flat, pulpy area of the index finger starting at the base of the nose and moving towards the ear. Four or five such swipes to compress the eyelid against the eyeball is usually all that is needed and the pressure should not be so great as to cause discomfort in the eyeball. I recommend to my patients to do the hot compress/massage method twice a day for a week then once a day thereafter. It is important to remember that you are trying to press on the eyelid to squeeze the glands in order to express the secretions. If the hot compress/massage method does not completely resolve the plugging problem, it is possible to use topical azithromycin solution, (Azasite®) once daily for two to four weeks to clear the problem. Some patients require the use of oral medications to treat the problem. Doxycycline by mouth once or twice daily for two months works well but some patients do not tolerate the doxycycline due to upset stomach. Oral omega-3 essential fatty acids also have been reported to improve the meibomian gland secretion but usually require at least 3000mg (three pills) per day to be effective.

There is a recently developed technique using an instrument called the LipiflowTM system that provides intermittent compression to the eyelids with continuously controlled application of heat to the eyelids. It is approved by the FDA for in-office use in treatment of the meibomian gland dysfunction, but there have not yet been controlled clinical trials to confirm its effectiveness. At present it is an expensive procedure that may or may not be covered by insurance, but if other treatments fail to control the problem, this could be an alternative treatment.

It is important to remember that there are two types of lid margin problems. The meibomian gland dysfunction (the glands in the posterior eyelid) is the most common problem, but inflammation of the glands at the base of the eyelashes (anterior location in the eyelid) can cause irritation and crusting on the eyelashes. This problem responds best to eyelid wipes, such as Eye-Scrub pads. The daily use of the eyelid wipes helps to clear the crusts but if inflammation and irritation persist, then topically applied antibiotics or antibiotic/ steroid combination therapy may be needed. Remember that the eyelid wipes do not control the posterior meibomian gland problem but only the anterior problem.

Since the occurrence of the eyelid margin problems can be so frequent, it is a good idea to practice good eyelid hygiene to prevent as well as treat the meibomian gland dysfunction or lid margin disease.

Gary N. Foulks, MD

"Breakthrough Bullet" continued from page 5 ▼

years." By identifying dry eye patients, talking to them about the cause of their symptom and then encouraging them to be tested for Sjögren's – we can start to get the 3,000,000 Americans who currently suffer from Sjögren's but don't yet have a diagnosis!

Special thanks to TearLab as well as all of our 2014 Dry Eye Awareness Month partners: ■

Sjögren's Syndrome Foundation

2014 SSF National Patient Conference

"Solving the Sjögren's Puzzle"

Missed the Conference?

Get all the vital information you need on an audio CD!

Five of our most popular talks from the 2014 National Patient Conference held in Chicago, Illinois, are available for purchase as audio CDs. Each talk is 30-40 minutes long and comes with the handouts used by the presenter.

Purchase the talks you want to hear or purchase the whole set!

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Sjögren's Syndrome Foundation

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

If you would like to receive this newsletter but are not currently an SSF Member, please contact us! 800-475-6473

World Sjögren's Day

Each July 23rd, the SSF joins with Sjögren's organizations around the world to celebrate World Sjögren's Day and birthday of Dr. Henrik Sjögren, the man responsible for the discovery of Sjögren's.

World Sjögren's Day also allows us to recognize advancements made in Sjögren's this past year and the incredible progress the SSF has made on behalf of Sjögren's patients.

We want to thank everyone who donated to the Foundation's research efforts on the 5th Annual World Sjögren's Day and throughout the year!