

Welcome to Module 4

Complications of Sjögren’s Syndrome



COMPLICATIONS OF SJÖGREN'S SYNDROME

Sjögren's Syndrome is a chronic autoimmune disorder in which the body attacks its own moisture-producing glands.¹ The disease has a strong female potency (thought to be a female to male ratio of 9:1)² and is more prevalent in Caucasian women, with the mean age of onset usually between the age of 40-60.³

What happens in Sjögren's Syndrome?

The immune system attacks the moisture-producing glands in Sjögren's Syndrome resulting in dry eyes and xerostomia. Primary Sjögren's occurs by itself while secondary occurs with another autoimmune disease such as rheumatoid arthritis or lupus. The main symptoms are dry eyes, dry mouth, skin rashes, thyroid problems, joint and muscle pain, pneumonia, vaginal dryness, numbness and tingling in the extremities and fatigue.

Symptoms of Sjögren’s Syndrome

There are many signs to watch out for when suspecting Sjögren’s Syndrome as a Healthcare Professional. The dental team can look for:

- decay
- fillings that are loose
- swelling of the parotid gland.

The immune dysfunction associated with Sjögren’s may affect the body’s defence against the microorganisms related to periodontal disease.

If Sjögren’s Syndrome is suspected after seeing a patient with dry eyes and dry mouth a specialist referral is required. Diagnosis is made from the history and clinical features, as well as possible anti-body studies or other investigations such as ultrasound.⁴ The Dental Professional needs to be vigilant of the signs and symptoms and refer to a specialist appropriately.

An underlying cause of dry mouth should be rectified; for example, dry mouth-producing drugs may be changed for alternatives, and causes such as diabetes should be treated. Patients should be educated into efforts to avoid factors that may increase dryness.⁴



The impacts of Sjögren’s Syndrome

People with Sjögren’s have been reported to have higher numbers of cariogenic and acidophilic micro-organisms in comparison with those found in age-matched control individuals.⁵

In otherwise healthy people with adequate salivary output, bacteria are dislodged and expelled from tooth surfaces by the mechanical process of chewing, tongue movement and salivary flow. However conditions which lead to dry mouth such as Sjögren’s Syndrome can interrupt this process. One study found that participants with Sjögren’s Syndrome with excellent oral hygiene who received routine 3 to 4 month recall dental treatment and used fluoride toothpaste still had elevated levels of dental caries along with premature tooth loss.



References

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