From one third to one half of patients may have diffuse, firm enlargement of the major salivary glands during the disease. It is usually bilateral, may be nonpainful or tender, and may be intermittent or persistent in nature. Consult your physician as this may indicate a serious condition, such as a lymphoma.

Are Sjögren's patients at a greater risk for tooth decay? (dental caries) Yes. Because saliva functions to dilute harmful bacteria, buffer acids, and remineralize tooth enamel to help prevent cavities, patients are at an increased risk for tooth decay due to lowered saliva production. Therefore, “dry mouth” and other oral problems may develop without saliva, people commonly experience oral discomfort, difficulty eating, tooth decay, and oral infections. The lack of saliva can also cause a dry, cracking tongue, and may even disrupt speech patterns. The oral symptoms of Sjögren’s syndrome can disrupt a person’s quality of life.

Are Sjögren's patients at greater risk for “tooth decay” or dental caries? Yes. Because saliva functions to dilute harmful bacteria, buffer acids, and remineralize tooth enamel to help prevent cavities, patients are at an increased risk for tooth decay due to lowered saliva production. In order to prevent tooth decay, one must maintain excellent oral hygiene monitored and by a dentist. Adequate oral care, use fluoride products, salivary stimulants, as well as proper diet will

What is Sjögren's Syndrome? Sjögren's syndrome is one of the most common autoimmune diseases affecting as many as 3,000,000 Americans. The disease is characterized by the body's immune system mistakenly attacking its own exocrine glands, which include saliva and tear glands. Although Sjögren's occurs in all age groups and in both sexes, the average age of onset is in the late 40s and the disease is 90% female. Sjögren's syndrome belongs to a family of autoimmune disorders including systemic lupus erythematosus, rheumatoid arthritis, scleroderma, dermatomyositis, and vasculitis and ranks as the second most common rheumatic disease after rheumatoid arthritis.

What are some of the common symptoms of Sjögren's? Symptoms vary from person to person but some of the most common symptoms of Sjögren’s are dry eyes (keratoconjunctivitis sicca) and dry mouth (xerostomia). Symptoms may include but are not limited to a dry, gritty, or burning sensation in the eyes, difficulty talking, chewing, or swallowing, a sore or cracked tongue, dry or burning throat, a change in the sense of taste or smell, increased dental decay, joint pain, digestive problems, dry nose, dry skin, and fatigue.

From one third to one half of patients may chewing, or swallowing, a sore or cracked tongue, dry or burning throat, a change in the sense of taste or smell, increased dental decay, joint pain, digestive problems, dry nose, dry skin, and fatigue.

References:

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Frequent use of fluorides may control or even stop tooth decay and repair already developed small cavities. Over-the-counter (OTC) fluoride products can be used such as ACT, alcohol-free rinse containing neutral sodium fluoride. It is important to follow the manufacturer’s directions (or your dentist’s instructions) when using OTC products.

Daily use of a prescription fluoride product, such as Prevident gel, or Prevident 5000 Plus toothpaste may be recommended. Prevident gel is as a fluoride treatment at bedtime following brushing and flossing, as a fluoride treatment. Prevident 5000 Plus is a fluoride treatment plus abrasive containing toothpaste, which may be used one per day, preferably bedtime, in place of brushing. Both products contain 1.1% neutral sodium fluoride.

Fluoride Products: Frequent use of fluorides may control or even stop tooth decay and repair already developed small cavities. Over-the-counter (OTC) fluoride products can be used such as ACT, alcohol-free rinse containing neutral sodium fluoride. It is important to follow the manufacturer’s directions (or your dentist’s instructions) when using OTC products.

Saliva Substitutes: Saliva substitutes are also available for treatment. Saliva substitutes are not long lasting so they must be used frequently throughout the day. Some common ones are: Optimist, Moi-Stir, Saliva Substitute, Salivart, and Mouthkote. Individuals with removable dentures affected by Sjögren's also may benefit from the use of saliva substitutes.

Saliva Stimulation: Sugar-free candies and chewing gum can stimulate saliva production. Xylitol is a naturally occurring sweetener which does not contribute to dental decay. When tested as a sucrase opener, or even as a small dietary addition, systematic xylitol use leads to impressive reductions in the incidence of dental decay.

Prescription drugs: Saliva Stimulation

The two drugs currently approved for use in the United States are cevimeline hydrochloride (Evoxac®) and pilocarpine hydrochloride (Salagen®). Pilocarpine is a potent stimulator of exocrine secretion and has been indicated for this use for over 80 years. Exocrine glands include the following: sweat, saliva, lacrimal, gastric, pancreatic, intestinal and mucus cells of the respiratory tract. There has been a lot of research done on the effectiveness of this drug in increasing saliva flow indicating that it is both safe and effective.

There are several contraindications for the use of pilocarpine; therefore it should only be taken after an examination by a physician or dentist. A 5mg dosage of Salagen® is recommended to be taken up to four times daily.

Cevimeline, like pilocarpine hydrochloride, has some contraindications for its use. Therefore, professional consultation with a physician or dentist is necessary prior to taking either drug.

Diet: Sjögren's patients must remain well hydrated at all times to help alleviate the symptoms associated with the disease. This is especially true in patients taking prescription salivas androgens like Salagen® and Evoxac®. Patients should drink plenty of water or sugar-free low acid content beverages and avoid spicy foods. Patients should avoid liquids high in sugar and acid, like soft drinks, due to the acceleration of tooth decay that can take place in the mouth. Alcohol and caffeine should be avoided because they can irritate the tissues of the mouth and promote dehydration.

Are Sjögren's patients at a greater risk for oral yeast infections?

Yes. Oral yeast infections appear as red or white patches in the mouth or at corners of the mouth and may cause a burning sensation and altered taste. They are caused by Candida a yeast normally present in the mouth, but may appear at increased rates in people with Sjögren's. An inverse relationship between salivary flow rates and the level of Candida infection has been described in research. Because Sjögren's patients have less saliva they may have increased rates of oral Candida. Research has shown plain, sugar-free yogurt can be consumed to prevent and even treat oral yeast infections.

Prescription anti-fungal mouth rinses, lozenges, creams, and systemic medication are also available through your dentist or physician if desired or necessary.

Should Sjögren’s patients be evaluated for periodontal disease?

Yes. Periodontal disease is the complex process of bone loss and gum attachment loss due to bacterial infection on the surface of the teeth. Older research did show a 2.2 times higher risk of having adult periodontitis than healthy controls. However, more recent research indicates patients with Sjögren's syndrome are not at increased risk for periodontal disease when compared with healthy individuals of the same age and sex or individuals with other dry mouth disorders. Research is ongoing. However, your dentist should carry out periodontal assessment and monitoring.

Are dental implants a treatment option?

Yes, in selected cases. Conventional dentures can be intolerable for people with dry mouth. Conventional crown and bridge work may also be more susceptible to decay due to decreased saliva. Therefore, implant-retained dentures or other implant supported dental prosthetics, or single-tooth implants may be a viable treatment option. Many factors must be considered in deciding whether to benefit from this therapy. In individuals that meet routine criteria, implants generally succeed. However, extreme caution should be exercised in someone who is severely immune suppressed or has a history of bisphosphonate therapy. Bisphosphonate related osteonecrosis of the jaw occurring subsequent to surgical procedures in the mouth, is a growing concern.

In summary, with adequate management and care, adverse oral concerns related to Sjögren's syndrome can be minimized and a better overall quality of life can be maintained.