

The SSF thanks John R. Fenyk, Jr., MD, Professor of Dermatology and Adjunct Assistant Professor of Family Practice and Community Health, University of Minnesota, and clinical dermatologist, University of Minnesota Lupus and Sjögren's Clinic, for authoring this Patient Education Sheet.

Dry skin often is overlooked as a major feature of Sjögren's syndrome but deserves greater recognition as a frequent issue for patients. Dry skin can occur as the result of immune dysfunction and destruction of the structures which moisturize and lubricate the skin – a process similar to that which causes dry mouth and dry eye in Sjögren's. These skin structures include the hair and oil glands as well as sweat glands. Once destroyed, these oil and sweat glands cannot be restored. Although most common in fall, winter and early spring, dry skin occurs throughout the year. Areas most often affected are legs, arms and abdomen (especially the beltline/waist).

► **Major features of dry skin are:**

- Scaling
- Redness
- Itching
- Cracking of the skin

► **Tips for dealing with dry skin:**

- Take short, warm baths or showers. They do not remove skin oils as completely as hot water.
- Use gentle bars (Dove®, Basis®, Cetaphil® or the low/no residue glycerin bars such as Neutrogena®) instead of harsh true "soaps." Detergents are not the same as soap and are not necessarily bad; in fact, most bath bars are detergents and not soaps. Often, detergents are able to control the acid/base balance of the skin better than true soaps.
- After bathing, pat dry and use one or more of the moisturizing techniques mentioned in the next item.
- Apply moisture frequently. In reality, there are relatively few ways of maintaining or adding to your skin's moisture content. These are:
 - Trap moisture in the skin immediately after bathing or showering while your skin is still damp or moist by applying a thin layer of petroleum jelly (Vaseline®), bath oil or even some cooking oils such as safflower oil, Canola® oil and Crisco®).
 - "Drag" moisture into your skin by using products that contain chemicals such as urea, glycerin, lactic or similar "metabolic" or alpha-hydroxy acids (AmLactin® Cream, Carmol®).
 - Repair the skin's protective function by retaining or trapping the skin's natural moisture with a relatively new group of products based on naturally occurring chemicals called ceramides (CeraVe®).
- Avoid fabric softeners in the washer and dryer.
- Drink plenty of water and remain well-hydrated.
- Use a humidifier, especially if you have forced-air heat which is especially drying.
- After swimming, make certain that you shower and then immediately use a moisturizer.

For more information on Sjögren's syndrome, visit the SSF Web site at www.sjogrens.org, call 800-475-6473, e-mail ssf@sjogrens.org or write to the Sjögren's Syndrome Foundation, 6707 Democracy Blvd, Suite 325, Bethesda, MD 20817.

Clinicians: Please make multiple copies of this Patient Education Sheet and distribute to your patients. If you have an idea for a topic or want to author a Patient Education Sheet, contact us at sq@sjogrens.org.