

# Sjögren's Syndrome Foundation's Clinical Practice Guidelines



## Oral Management: Caries Prevention in Sjögren's Patients

The Sjögren's Syndrome Foundation (SSF) has developed the first-ever U.S. Clinical Practice Guidelines for Caries Prevention in Sjögren's to ensure quality and consistency of care for the assessment and management of patients.

The SSF Clinical Practice Guidelines for Caries Prevention in Sjögren's patients will help dentists, oral medicine specialists and Sjögren's disease patients determine the best strategies for preventing caries due to dry mouth. The SSF Oral Working Group stresses that identification of potential Sjögren's patients within the clinical practice is paramount for ensuring proper monitoring, timely treatment, prevention of serious complications, and referral to other specialists who can monitor and manage non-oral aspects of this disease.

### **SSF Caries Prevention Guidelines Summary and Recommendations**

Salivary gland dysfunction associated with Sjögren's frequently leads to numerous tooth caries, tooth erosion and loss, diminished quality of life, and costly treatment. For the development of the SSF Caries Prevention Guidelines, a highly rigorous and transparent process was employed with important guidance from the American Dental Association (ADA) and its Center for Evidence-Based Medicine. For caries prevention, questions pertaining to the following topics were addressed: use of fluoride, salivary stimulants, antimicrobial agents, and non-fluoride remineralizing agents.

The Oral Working Group had a high level of confidence that using topical fluoride represents a best clinical practice. Topical fluoride should be used in Sjögren's patients with dry mouth. This recommendation was rated as strong. The expert panel did not make a recommendation on fluoride type or frequency.

Salivary stimulation is widely accepted as a basic therapeutic measure for preventing caries in Sjögren's patients with dry mouth. While no studies to-date link improved salivary function in Sjögren's patients to caries prevention, it is generally understood in the oral health community that increasing saliva may contribute to decreased caries incidence. Based on expert opinion, it is recommended that Sjögren's patients with dry mouth increase saliva through gustatory, masticatory stimulation, and pharmaceutical agents. Pharmaceutical agents may include sugar-free lozenges and/or chewing gum, xylitol, mannitol, and the prescription medications pilocarpine hydrochloride (Salagen®) and cevimeline (Evxac®).

Chlorhexidine administered by varnish, gel or rinse may be considered in Sjögren's patients with dry mouth and high root caries rate. The strength of this recommendation is rated as weak because of a lack of evidence and potential side effects associated with chlorhexidine use.

Non-fluoride remineralizing agents may be considered as an adjunct therapy in Sjögren's patients with dry mouth and a high root caries rate. The moderate strength of this recommendation was based on studies that demonstrated the benefit of calcium phosphate rinse in preventing caries.

Dry mouth may signal the presence of Sjögren's, particularly when it is associated with inflammation, difficulty in management, or dry eye. A patient with suspected Sjögren's should be referred to an ophthalmologist for ocular disease management and to a rheumatologist for systemic treatment.

# Recommendations

## Use of fluoride

### Clinical Questions:

- In primary Sjögren's patients, does the use of a topical fluoride compared to no topical fluoride reduce the incidence, arrest or reverse coronal or root caries?
- In primary Sjögren's patients, is one topical fluoride agent more effective than another in reducing the incidence, or to arrest or reverse coronal or root caries?

### Recommendation

Topical fluoride **should be used** in Sjögren's patients with dry mouth. No information was available to answer the second question.

### Strength of Recommendation

**Strong**

## Antimicrobials

### Clinical Questions:

- In primary Sjögren's patients, does the use of antimicrobial agents compared to placebo reduce the incidence, arrest or reverse coronal or root caries?

### Recommendation

Chlorhexidine administered by varnish/gel/or rinse **may be considered** in Sjögren's patients with dry mouth and a high root caries rate.<sup>1</sup>

### Strength of Recommendation

**Weak**

## Salivary Stimulation

### Clinical Questions:

- In primary Sjögren's patients, does salivary stimulation compared to not stimulating saliva flow reduce the incidence, arrest or reverse coronal or root caries?

### Recommendation

While no studies to-date link improved salivary function in Sjögren's patients to caries prevention, it is generally understood in the oral health community that **increasing saliva may contribute to decreased caries incidence**. Based on its expert opinion, the Topic Review Group **recommends that Sjögren's patients with dry mouth increase saliva** through gustatory, masticatory stimulation, and pharmaceutical agents – For example, sugar-free lozenges and/or chewing gum, xylitol, mannitol, and the prescription medications pilocarpine and cevimeline.

### Strength of Recommendation

**Weak**

## Non-fluoride remineralizing agents

### Clinical Questions:

- In primary Sjögren's patients, does the use of non-fluoride remineralization agents compared to placebo reduce the incidence, arrest or reverse coronal or root caries?
- In primary Sjögren's patients, does the use of non-fluoride remineralization agents compared to the use of fluoride reduce the incidence, arrest or reverse coronal or root caries?

### Recommendation

Non-fluoride remineralizing agents **may be considered** as an adjunct therapy in Sjögren's patients with dry mouth and a high root caries rate. Insufficient information was available to answer the second question.

### Strength of Recommendation

**MODERATE**

<sup>1</sup> Due to insufficient/weak evidence, this recommendation is based on expert opinion.