Millions of people in the United States experience dry mouth, and the numbers are on the rise. Patients with dry mouth often have a combination of conditions and medications that result in a very high risk for experiencing xerostomia. Stress, infection, tumors, duct stones, Sjögren’s syndrome, high caffeine consumption, chemotherapy and radiation therapy treatments can result in varying degrees of temporary or permanent salivary gland dysfunction.

Saliva consists primarily of water (99%) plus proteins and electrolytes. These components control bacterial growth in the mouth, helping to prevent tooth decay and assisting with wound healing. Saliva also facilitates other essential functions, including tasting, swallowing, speech, and digestion, aids in regulating acidity, maintaining integrity of dentition, and destroying bacteria.
Without the antibacterial qualities in saliva and adequate salivary minerals, breakdown can take hold quickly. A pebbled or fissured tongue surface is an accurate indicator of xerostomia (Figure 1), as is amputation caries—decay that surrounds the tooth in a relatively short period of time (Figure 2).4

When salivary glands malfunction and stop producing enough saliva or the proper balance of components, xerostomia and other serious symptoms can develop. Symptoms may include swelling of the face, neck, or in front of the ear; pain in the face or mouth; abnormal taste; and a decreased ability to open the mouth.7

While xerostomia refers to the subjective sensation of dry mouth, hyposalivation is the objective finding of a reduced salivary flow rate. Not everyone with xerostomia has a low salivary flow rate.

While saliva is key in maintaining oral health, loss of volume or quality affects basic functions like swallowing and speaking. Patients often fail to mention the problem.8 The loss of salivary function from systemic disease can be so slow that in the early stages dryness can be explained away or denied, in spite of the fact that water is needed to assist in chewing food or swallowing.

Symptoms of xerostomia can be described as burning mouth or tongue, lessened taste or loss of taste. Food can stick to the teeth and water is needed to swallow. Sleep interruptions and the sensation that the throat is stuck to itself are both common. Stale breath can occur with the loss...
Get A Head Start on Your Disability Application

by Diana Varela, Public Affairs Specialist, Social Security Administration

If you or someone you know recently became disabled and has been thinking about applying for Social Security disability benefits, there’s something you can do to get the process off to a good start. Visit the “Disability Starter Kit” at www.socialsecurity.gov/disability. It will help you prepare for your disability interview and guide you through the application process.

The starter kit gives general information about the disability programs that Social Security offers and about the process we use to decide whether or not you qualify for disability benefits. The kit also provides guidelines about the specific information and documents we will ask you for during the interview. It takes some of the mystery out of applying for disability benefits.

Each disability starter kit contains:

- a fact sheet that answers most questions people ask about filing for disability benefits;
- a checklist of documents and information we will request; and
- a worksheet to help you gather and organize the information you will need.

The fact sheet provides the Social Security definition of “disability” and explains how we decide whether your condition is severe enough to meet the eligibility criteria. It also gives tips on steps you can take to speed up the decision-making process.

The checklist provides a list of the information we need for most disability claims. That includes documents such as your birth certificate, latest W-2 form and military discharge papers and information such as the names and addresses of all the doctors and other health professionals who have treated you.

The worksheet is designed to reflect many of the most important questions we ask during the disability application interview, such as a description of your impairment(s) and the date you became disabled. In addition to the information about your treatment sources as outlined in the checklist, it also asks you to list the medications you take and the medical tests you have had. And it asks for information about the kinds of jobs you have held.

Take a look at the disability starter kit now at www.socialsecurity.gov/disability or call 800-772-1213 (TTY 800-325-0778) and ask that a kit be mailed to you.

When you’re ready to apply, the most convenient way to do it is online at www.socialsecurity.gov/applyfordisability.

A passing of a good friend

by Steven Taylor, CEO

On August 12th the SSF lost a good friend, Dr. Jeffrey Gilbard. Dr. Gilbard was the Founder and CEO of Advanced Vision Research, makers of TheraTears. Dr. Gilbard’s passing was unexpected, and the SSF sends our deepest condolences to his immediate family as well as his professional family at AVR. Dr. Gilbard’s personal passion for helping dry eye patients was seen not only in his creation of TheraTears but also by his personal attendance at SSF conferences as well as his involvement and leadership of numerous dry eye projects through his professional associations.
of buffering from an adequate quantity and quality of saliva.\textsuperscript{1,2} Denture patients may experience difficulty in keeping their teeth in place.\textsuperscript{1} Even talking in a social setting is a challenge when the throat and vocal chords are too dry to function properly, and the throat becomes raspy and sore.\textsuperscript{7}

Dry mouth also may result in increased plaque formation and tooth decay.\textsuperscript{6,9} The constant process of remineralization and demineralization is interrupted because of the lack of buffering agents and insufficient saliva volume to clear acids and sugars quickly enough.\textsuperscript{3}

Dry oral tissues also increase the risk of developing fungal infections, which may exhibit as burning mouth syndrome or burning tongue syndrome, traditional white patches or angular cheilitis characterized by fissures at the corners of the mouth.\textsuperscript{9} Dry mouth patients also may experience premature breakdown of existing fillings.\textsuperscript{10} In addition to dental problems, Barnett speculated that the increased plaque formation and periodontal changes may be associated with systemic issues including nutritional deficiencies and heart disease.\textsuperscript{11}

An approximate 50\% reduction in salivary secretion occurs before dry mouth symptoms become apparent to patients.\textsuperscript{2,12}

Detailed questions assist in uncovering potential problems. Does your mouth ever feel dry or uncomfortable? Do you feel like food doesn’t taste the same as it once did? Do you have difficulty swallowing dry foods? Do you constantly feel the need to sip water or do you wake up at night because you are thirsty? Answering ‘yes’ to any of these questions may indicate that the patient is suffering from some degree of dry mouth.

Patients experiencing the symptoms of dry mouth may be making lifestyle adjustments in an effort to restore missing moisture or to avoid discomfort. Avoiding alcohol, caffeine, tobacco products, and spicy foods reduces sensitivity and improves their comfort level. Flavors like mint cause pain to a dry tongue. I learned from my own experience, sipping water frequently provides only transient relief, and overuse will rinse off mucin from the oral mucosa and increase the sense of dryness.\textsuperscript{10} Sugared candy increases the risk of caries.\textsuperscript{2}

Often patients neglect to consider the sugar contained in cough drops, which can lead to significant root decay in a short period of time.\textsuperscript{13}

Dental professionals can feel comfortable recommending a variety of over-the-counter products that will assist with moisturizing their patients’ mouths. When recommending products, look for ones that are easy to incorporate into daily living and that provide protection and lubrication. Products such as Oasis\textsuperscript{®} Mouth Wash and Mouth Spray (Gebauer Consumer Health [www.oasisdrymouth.com]); Biotène\textsuperscript{®} Oral Balance Liquid or Gel (GlaxoSmithKline [www.biote-nene.com]); Salese\textsuperscript{™} with Xylitol (Nuvara Inc. [www.nuvorainc.com]); and OraMoist\textsuperscript{™} Time-Released Dry Mouth Disc (Quantum Health [www.quantumhealth.com]) help manage the symptoms of dry mouth.

(There are many over-the-counter dry mouth products on the market – these are just a few mentioned here – so trial and error is very important in finding the product that works best for you.) According to Philip Fox, DDS, past board chairman of the Sjögren’s Syndrome Foundation, there is no convincing evidence that the protective qualities of saliva can be artificially reproduced,\textsuperscript{14} but moisturizing products can help sufferers live more comfortably and avoid the severe dental consequences and social awkwardness that result from absence of saliva.

Prescription options for the treatment of xerostomia where Sjögren’s or gland inflammation is the primary cause include pilocarpine hydrochloride and cevimeline hydrochloride. These drugs are taken three to four times daily and have been shown to cause a transient increase in salivary output. Pilocarpine has been used for decades and provides stimulated saliva with a half-life of one hour to help with meals.\textsuperscript{15} Relief from a single dose may last as long as three hours.\textsuperscript{16} Cevimeline has an extended half-life of five hours for patients with severe dryness and provides substantial relief.\textsuperscript{16} Numoisyn\textsuperscript{™} Lozenges (ALIGN Pharmaceuticals, LLC [http://www.alignpharma.com/]) are also a prescription option for dry mouth to discuss with your doctor. Numoisyn\textsuperscript{™} contains sorbitol and malic acid to stimulate normal salivation and provide temporary relief of dry mouth in patients who have some residual secretory function and taste perception. MI Paste\textsuperscript{™} (GC America, Illinois, (www.mi-paste.com)) can be dispensed through the office to provide minerals for rebuilding damaged tooth surfaces with or without fluoride.

Early intervention is the key to preventing many of the serious physical and psychological problems associated with dry mouth. Dental professionals play an important role in early assessment and management and can help patients take control of their oral health. Dental professionals have both the expertise and the opportunity to influence dry mouth sufferers and guide them toward a more comfortable and productive quality of life.
Once-daily,* preservative-free LACRISERT®
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- Unlike artificial tears, LACRISERT® works continuously to stabilize and thicken tears for all-day relief1
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69% of Sjögren’s syndrome patients in a clinical study preferred LACRISERT® over artificial tears due to increased comfort†2

Most adverse reactions were mild and transient and included transient blurring of vision, ocular discomfort or irritation, matting or stickiness of eyelashes, photophobia, hypersensitivity, edema of the eyelids, and hyperemia. LACRISERT® is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose. If improperly placed, LACRISERT® may result in corneal abrasion.

*Some patients may require the flexibility of twice-daily dosing for optimal results.1
†In a 2-phase study of patients with dry eye: phase 1 was a 6-month, comparative, randomized, crossover study in 40 patients (37 with Sjögren’s syndrome); phase 2 was an open-label, follow-up study in 37 patients for 2 months to 18 months.2


For more information, visit www.LACRISERT.com or call 1-877-ATON-549.
Please see brief summary of Prescribing Information on adjacent page.
In creating the Innovative Concept Grant, the SSF set a new research priority for all future grants to encourage investigators to think outside the box in their approach to discovering how Sjögren’s develops and finding new avenues for intervening in the cascade of events that lead to disease development. Because of the support from the Galewood Foundation and the Leach Family for this priority, not only did the SSF receive a record number of applications, but SSF research reviewers also reported an exceptionally large number of high-quality and innovative applications. In fact, so many applicants were deemed highly meritorious and placed in the top pool for final consideration that the Galewood Foundation agreed to allow its donation to be spread among more than one applicant so the SSF could fund an additional innovative study.

Details about the 2009 SSF Research Grant recipients follow and show a broad range of research areas:

**Research Grant – Neuropsychiatric Symptoms**

Fortunato Battaglia, MD
Columbia University, New York, New York

Depression and anxiety in a mouse model of Sjögren’s syndrome

Supported by the Galewood Foundation

Depression, anxiety and fatigue commonly complicate the clinical course of Sjögren’s, and patients sometimes complain of decreased motivation and lack of enjoyment of life. Dr. Battaglia emphasizes the need to develop better treatments for these neuropsychiatric symptoms. He hopes the outcomes of his study of depression and anxiety in a mouse model of Sjögren’s will help researchers and clinicians understand the cause of such symptoms in Sjögren’s patients and develop antidepressant treatments that both specifically address the disease mechanisms in Sjögren’s and also avoid the drying actions of current medications.

SSF Reviewers called Dr. Battaglia’s project highly innovative. They felt that his proposed study crosses typical research boundaries to offer new perspectives that could lead to important discoveries.

**Research Grant – Gland Biology and Regeneration**

Helen P. Makarenkova, PhD
Neurosciences Research Foundation
San Diego, California

Molecular mechanisms of lacrimal gland development and regeneration

Supported by the Galewood Foundation

Dr. Makarenkova will focus on understanding the regulatory mechanisms that control lacrimal gland function and repair. The more scientists know about how the gland develops and understand the critical roles various interacting biological mechanisms play in this process, the more likely they will be able to figure out how to regenerate damaged glands in the future.

“This is a truly innovative project on gland biology from an investigator who is part of a team that publishes in the top journals in the world,” said SSF Research Reviewers. They also called Dr. Makarenkova’s project “an

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DESCRIPTION

LACRISERT Ophthalmic Insert is a sterile, translucent, rod-shaped, water soluble, ophthalmic insert made of hydroxypropyl cellulose, for administration into the inferior cul-de-sac of the eye.

Each LACRISERT is 5 mg of hydroxypropyl cellulose. LACRISERT contains no preservatives or other ingredients.

LACRISERT is supplied in packages of 60 units, together with illustrated instructions and a special applicator for removing LACRISERT from the unit dose blister and inserting it into the eye.

INDICATIONS AND USAGE

LACRISERT is indicated in patients with moderate to severe dry eye syndromes, including keratoconjunctivitis sicca. LACRISERT is indicated especially in patients who remain symptomatic after an adequate trial of therapy with artificial tear solutions. LACRISERT is also indicated for patients with exposure keratitis, decreased corneal sensitivity, and recurrent corneal erosions.

CONTRAINDICATIONS

LACRISERT is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose.

WARNINGS

Instructions for inserting and removing LACRISERT should be carefully followed.

PRECAUTIONS

If improperly placed, LACRISERT may result in corneal abrasion.

Information for Patients

Patients should be advised to follow the instructions for using LACRISERT which accompany the package. Because this product may produce transient blurring of vision, patients should be instructed to exercise caution when operating hazardous machinery or driving a motor vehicle.

Carelessness, Mutagenesis, Impairment of Fertility

Feeding of hydroxypropyl cellulose to rats at levels up to 5% of their diet produced no gross or histopathologic changes or other deleterious effects.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

No overall differences in safety or effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS

The following adverse reactions have been reported in patients treated with LACRISERT, but were in most instances mild and transient: transient blurring of vision, ocular discomfort or irritation, matting or sticking of eyelashes, photophobia, hyperemia, edema of the eyelids, and hyperemia.

DOSAGE AND ADMINISTRATION

One LACRISERT ophthalmic insert in each eye once daily is usually sufficient to relieve the symptoms associated with moderate to severe dry eye syndromes. Individual patients may require more flexibility in the use of LACRISERT; some patients may require twice daily use for optimal results.

Issued June 2007
Blepharitis, usually a chronic condition, refers to inflammation of the eyelids and eyelid margins. While there have been many attempts at classification of this condition, the most useful clinical classification is the anatomical division into anterior blepharitis and posterior blepharitis. Anterior blepharitis refers to involvement of the front edge of the eyelid where the lashes and the sebaceous glands of Zeiss are located. This type of inflammation is associated with either a bacterial etiology often due to staphylococcus or a seborrheic etiology. Posterior blepharitis affects the posterior edge or inner aspect of the eyelid that comes in contact with the eyeball and contains the meibomian glands. This condition is usually due to meibomian gland dysfunction (MGD).

**SIGNS AND SYMPTOMS**

Blepharitis is one of the most common disorders of the eye. It is a frequent cause of ocular discomfort and chronic red eyes. The symptoms patients experience with this condition consist of chronic red eyes, ocular irritation, burning, tearing, foreign body sensation, mild itching (as differentiated from the severe itching associated with allergies), lid crusting with matted lids and light sensitivity. The ocular irritation, burning, foreign body sensation and lid crusting are often worse in the morning upon awakening.

While the symptoms of the various types of blepharitis may be similar, there are clinical signs that help differentiate them. Staphylococcal blepharitis is associated with crusting and matting around the eyelashes. They are often adherent and removal of the matted and crusted material leaves small ulcers that can bleed. In addition, examination of the lid reveals loss of lashes. In seborrheic blepharitis, examination of the eyelids reveals less inflammation and the presence of greasy scales and flakes involving the lashes and lid margin. There is usually associated evidence of seborrheic dermatitis in these patients. Posterior blepharitis is associated with abnormalities in the functioning of meibomian glands.

The meibomian glands are present in the upper and lower eyelids and are important in secreting the oily layer of the tear film. When these glands are dysfunctional, the oily layer of the tear film is abnormal. This leads to an unstable and dysfunctional tear film, resulting in an evaporative type of dry eye and chronic ocular irritation. Examination of the inner aspect of the eyelid reveals prominent blood vessels on the lid margin, with blocked or plugged meibomian glands. The secretions are abnormal and thick, often referred to as “toothpaste” in their consistency.

Chronic inflammation of the eyelids can cause scarring of the eyelids and abnormal growth of the eyelashes. The abnormal misdirected lashes can further cause ocular irritation and conjunctival inflammation. They can also cause corneal irritation and corneal ulcers. Frequently patients have styes (an inflammation that develops near the root of the eyelashes) or chalazia (inflammatory granulomas of the meibomian glands in the lids).

A condition that is often overlooked that is associated with blepharitis is acne rosacea. While the classical condition involves red patches, dilated vessels, small red bumps on the skin, with facial redness or intermittent flushing over the face, the ocular association of red irritated eyes may be present with minimal facial features. Many individuals who have this disorder do not know that they have it. MGD is often associated with acne rosacea. In addition, Isotretinoin (Accutane®), a medication used to treat acne vulgaris, has been associated with MGD by obliterating the glands. Thus, it is important in evaluating a patient with blepharitis, especially posterior blepharitis, to examine the face as well as the eyelids and eyes and to take a careful and complete drug history.

*continued page 13*
ambitious proposal that could reveal basic mechanisms of lacrimal branching development – a critical piece of the puzzle that is now missing in ocular research.”

Research Grant – Cellular and Molecular Immunology

Sara Michie, MD
Stanford University, Palo Alto, California

Lymphocyte migration to inflamed salivary glands in Sjögren’s syndrome

In Sjögren’s, we know that white blood cells known as lymphocytes migrate from the bloodstream into salivary and lacrimal glands where they cause inflammation and dysfunction and, ultimately, destroy the cells that produce saliva and tears. But we don’t know how or why the glands begin attracting lymphocytes. Dr. Michie’s study will help us understand this process, and the results may lead to the development of novel diagnostic and therapeutic protocols for Sjögren’s.

As SSF Research Reviewers commented, “We know remarkably little about the signals that are responsible for lymphocytic infiltration into the moisture-producing glands. This project addresses a long-standing question that has yet to be addressed systematically.” The study comes at an opportune time, with the recent availability of tissue samples from the SICCA repository (the Sjögren’s International Collaborative Clinical Alliance). The Reviewers were enthusiastic about the prospect that Dr. Michie’s scientific approach would lead to “real answers on what is happening in humans.”

Innovative Concept Grant – Immunology and Lymphoma

Patricia Mongini, PhD
The Feinstein Institute for Medical Research
North Shore – LIJ Health System, Manhasset, New York

B Cell-Expressed Cox-2 and Sjögren’s Syndrome Development

Dr. Mongini’s research focuses on how autoantibodies and lymphoma develop in Sjögren’s and whether their occurrence is dependent on prostaglandins, which are produced by an enzyme called COX-2. By determining the stage in B cell development in which COX-2 functions and how COX-2 functions, we will better understand what happens in Sjögren’s.

At the close of her first year, Dr. Mongini reports on the successful development of a new breed of mice that can be used to demonstrate the critical link between COX-2 and Sjögren’s. The Foundation has awarded her a second year’s grant, and during that time, she plans to begin a series of interbreeding to generate the final version of experimental mice and start evaluating disease-related activity in those mice. She hopes that the initial data derived from her SSF-funded studies will lead to future funding from the National Institutes of Health for more comprehensive analyses.

Research Grant – Salivary Gland Research and Gene Expression

Seunghee Cha, DDS, PhD
University of Florida, Gainesville, Florida

Receptor-mediated siRNA delivery in Sjögren’s syndrome

Could finding a way to silence problematic genes inside salivary gland cells intervene in the progression of disease? This is the ambitious goal of Dr. Cha’s study. Dr. Cha hypothesized that, by using a class of drugs called adenosine receptor agonists, 1) salivary gland damage could be prevented, and 2) saliva production could be restored after salivary gland damage already had taken place.

After the first year of the research project, Dr. Deshmukh reports that the data clearly demonstrate the drug’s capability of reversing an established and ongoing salivary gland disease in mice. Next, the investigators will look for lymphocytic infiltration in the salivary glands of the mice, and a placebo control group will be compared to the group that received drug treatment.

Innovative Concept Grant – Salivary Gland Research and Tissue Repair

Umesh Deshmukh, PhD
University of Virginia, Charlottesville, Virginia

Adenosine receptor agonists: Novel therapeutic agents for Sjögren’s syndrome

Supported by The Leach Family

Dr. Deshmukh received high praise from SSF Reviewers for his progress during the first year of his grant as they awarded him a second year’s grant. Cells throughout the body produce adenosine in response to inflammation and injury. Dr. Deshmukh and colleagues hypothesized that, by using a class of drugs called adenosine receptor agonists, 1) salivary gland damage could be prevented, and 2) saliva production could be restored after salivary gland damage already had taken place.

After the first year of the research project, Dr. Deshmukh reports that the data clearly demonstrate the drug’s capability of reversing an established and ongoing salivary gland disease in mice. Next, the investigators will look for lymphocytic infiltration in the salivary glands of the mice, and a placebo control group will be compared to the group that received drug treatment.

Research Grant – Salivary Gland Research and Gene Expression

Seunghee Cha, DDS, PhD
University of Florida, Gainesville, Florida

Receptor-mediated siRNA delivery in Sjögren’s syndrome

Supported in part by the Ruh Family

Could finding a way to silence problematic genes inside salivary gland cells intervene in the progression of disease?
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of Sjögren’s and restore salivary function? Initial experiments indicated that a novel vehicle Dr. Cha developed could effectively silence such genes. Although the findings could not be confirmed during follow-up trials, aspects of the approach appeared to function well, and the second-year grant period will be used to troubleshoot and optimize conditions in the hope that an effective strategy can be proven and duplicated. SSF Research Reviewers applauded her continued pursuit of this high-risk high-gain concept and encouraged Dr. Cha and colleagues to continue their studies in this potentially promising area.

Research Grant – Immunology, B Cells and Gene Expression

Natalia V. Giltiay, PhD
Cleveland Clinic, Department of Immunology
Cleveland, Ohio

Role of Act1 in development of Sjögren’s syndrome

With the award of a second year’s grant from the SSF, Dr. Giltiay and colleagues will focus further on a genetic variation that may be involved in the development of Sjögren’s. Her group previously found that deficiency of a molecule called Act1 leads to an unregulated response by B cells, which play a key role in the immune system dysfunction in Sjögren’s. During the first year of her grant, Dr. Giltiay identified specific subsets of B cells in mice that were lacking Act1 and that also have been discovered in inflamed salivary glands of Sjögren’s patients. She will continue the detailed profiling of these B cells during the second year and identify critical points of B cell development and activation. Next, Dr. Giltiay and colleagues will analyze human DNA samples from Sjögren’s patients and healthy controls to determine the potential correlation between Sjögren’s and variation in the Act1 gene region.

Editor’s note: In the last issue of The Moisture Seekers, we told you about another major contributor to our research program this year, The Bannon Humphrey Foundation. This Foundation made possible this year’s growth of our Student Fellowship program.

Disclosure: While I have mentioned several products that I use myself, I did not receive any financial reimbursement for authoring this article.

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Do we have your e-mail address?

If you want to receive all the latest updates from the Sjögren’s Syndrome Foundation, then you should make sure you have your most up-to-date e-mail address! The SSF is starting to share more information via e-mail, from news about the SSF and Sjögren’s, to information about the latest treatments and medicines, to local Support Group updates and more. So contact us at ssf@sjogrens.org to be certain we have your latest e-mail address in our database, and then keep an eye out in your Inbox for Sjögren’s news.

Just like all information you give the Foundation, your e-mail address will remain private and will never be given or sold to an outside organization.
TREATMENT OPTIONS

Blepharitis is a chronic disease without a definitive cure. Treatment is first directed at the acute phase to bring the active inflammation under control and to develop a strategy to determine the least amount of treatment necessary to keep the disease process quiescent.

The mainstay of treatment is warm compresses, lid massage and lid hygiene. The warm compresses heat the debris and crusted material on the lids making them easier to remove. The warm compresses also help melt the thick lipid secretions allowing them to be expressed from the glands in the lid. The technique is as follows: Instruct the patient to soak a washcloth with hot tap water (as warm as the skin can tolerate without discomfort or burning of the skin). Have the patient close the eyelids and place the warm cloth on the lids for 3-5 minutes. This is followed by a massage of the lids. The lid is pulled taut by pulling the lower lid laterally and holding it with the index finger. With the other hand, pressure is applied to the lid (index finger of this hand wrapped in the warm washcloth) utilizing an upward lateral motion (from the nasal aspect of the lid to the temporal aspect of the lid) to express the secretions. The massage is repeated 4-5 times. The patient needs to be instructed that the goal of this procedure is to massage the secretion from the glands. The lid is then cleaned with the edge of the washcloth, or commercially medicated pads can be prescribed. In the acute phase I advise my patients to perform this procedure 3-4 times a day (2-4 weeks), and then for maintenance, I instruct them to perform this procedure in the morning and evening.

In the acute phase, antibiotic ointment can be used after warm compresses, lid massage, and lid hygiene. Bacterin ophthalmic ointment applied to the lids 1-2 times a day can be prescribed. This helps decrease the presence of bacteria on the lid margin. Topical azithromycin 1% solution (FDA approved for bacterial conjunctivitis) has been reported to be beneficial in the treatment of patients with blepharitis. The medication is prescribed as one drop two times a day for two days and then one drop per day for 12 days.

Certain bacteria such as Staph aureus, coagulase-negative staphylococci, and P. acnes produce enzymes that can affect normal meibomian gland secretions and produce inflammatory lipid components. If there is significant inflammation of the lids and conjunctiva, a short course of topical antibiotic/steroids can be used. Care must be taken to rule out the presence of herpetic blepharoconjunctivitis. Patients must be made aware of the potential for infection, glaucoma, and cataracts with prolonged use.

Recently there have been reports in the literature of the benefits of topical cyclosporine 0.05% (FDA approved for the treatment of inflammation due to tear deficiency) in the treatment of posterior blepharitis. In patients with posterior blepharitis who are not controlled with warm compress and lid therapy, the addition of systemic oral antibiotics such as tetracycline, doxycycline and minocycline has been shown to decrease meibomian gland inflammation and help return the meibomian gland secretions to a more normal composition. The usual dose is 100 mg of doxycycline or minocycline two times a day for 2-3 months or until there is an im-

continued page 14 ▼
Each fall your local United Way, Combined Federal Campaign, state employee, and private employer payroll deduction campaigns begin. We hope you will remember the Sjögren’s Syndrome Foundation when choosing where to allocate your donation.

If we are not listed on the contribution form, you usually may write in the Sjögren’s Syndrome Foundation.

Tell your co-workers, friends, and family members how important it is to choose and write in the Sjögren’s Syndrome Foundation on their campaign form, too.

If your employers will not allow you to write in the Sjögren’s Syndrome Foundation, remind them that we are a national non-profit 501(C3) organization and qualify for most payroll deduction campaigns. If you need more information, please contact the Foundation at 800-475-6473 and ask for Elyse Jordan.

**Just think – every dollar counts.**

Last year alone – thanks to those who chose to give through their employer’s payroll campaign – the Sjögren’s Syndrome Foundation was able to increase its Research and Awareness commitments.

Remember, the Foundation has received the:

**IT’S TIME**

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References


Additional Reference

This September, come to big, wonderful Dallas and take control of your health by learning the most up-to-date information from the brightest minds in Sjögren’s syndrome.

Our Live, Learn & Share seminars are the best one-day Sjögren’s patient seminars in the country. They have helped thousands gain a better understanding of Sjögren’s and will help you, too. Our panel of medical experts will address an array of Sjögren’s topics; plus, you’ll have the rare chance to meet and share tips with fellow Sjögren’s patients.

If you want to be your own best advocate by gaining a thorough understanding of all the key aspects of Sjögren’s syndrome, then this one-day seminar is for you.

**Dallas Patient Seminar**

*Saturday, September 26, 2009*

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**ATTENDEE** – complete for each registrant

- **Attendee Name(s)**
- **Street Address**
- **City** _____________ **State** ______________ **Zip** ______________
- **Telephone** _____________ **E-mail Address** ______________

**FEES** – please circle appropriate fee(s) (Note: Early Bird Deadline is August 28, 2009)

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<tr>
<th><strong>SSF Members &amp; Guests</strong></th>
<th>August 28th and before</th>
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<td>$65 per person</td>
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- A fee of $25 will be charged for all seminar registration cancellations. Refund requests must be made by August 28, 2009. After that date, we are sorry but no refunds will be made.

- Dietary Requests: Unfortunately, we cannot accommodate all special dietary requirements. We can accommodate vegetarian or gluten-free dietary requests. If you require a vegetarian or gluten-free meal option, please contact Stephanie Bonner at the SSF office (800-475-6473 ext. 210) by September 18th.

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A limited number of rooms are available at the Dallas/Fort Worth Airport Marriott South, 4151 Centreport Boulevard, Fort Worth, Texas 76155, at the SSF rate of $109 per night plus tax if reservations are made by September 1, 2009. Call the toll-free hotel reservation number at 800-228-9290 and refer to the group name “Sjögren’s Syndrome Foundation” for the discounted rate.

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**QUESTIONS?** Call 800-475-6473 or visit www.sjogrens.org
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Two new stores have joined with us – Drugstore.com & Walmart.com

Shop to benefit the Sjögren’s Syndrome Foundation

The Sjögren’s Syndrome Foundation has partnered with online retailers who will donate a portion of the value of your purchase to the SSF, so shopping online is now an easy way to contribute to Sjögren’s!

Just visit www.sjogrens.org/shopforsjogrens and click through the links provided so that your purchases will benefit the SSF. Some of our partners include:

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