Inflammation is a component of Sjögren’s syndrome and essentially all autoimmune disease. From a naturopathic perspective of treating the cause of disease, one of the first ways to address this is through an anti-inflammatory diet. This upstream approach to treatment focuses on avoiding pro-inflammatory foods and eating a diet rich in anti-inflammatory foods. Additionally, since medical research is converging on inflammation as the common link in most diseases (i.e., heart disease, Alzheimer’s, asthma, diabetes, cancer, etc.), eating an anti-inflammatory diet is a great model of dietary health for everyone.

Avoid most packaged foods with a long list of ingredients. When preparing foods, select raw, fresh, steamed, or broiled options over fried, barbecued or highly-processed choices. Specific recommendations are:

continued page 2 ▼
Eat More

• Colorful Whole Fruits and Vegetables – Eating foods with deep red, yellow, orange and green colors provides vitamins and minerals, phytonutrients, fiber and potent antioxidants that minimize inflammation. Eating foods as close as possible to their unrefined state preserves the content of these beneficial nutrients.

• Healthy Fats – This includes the omega-3 oils found in fatty fish (salmon, mackerel, sardines) and foods such as avocados, extra-virgin olive oil, raw nuts and seeds.

• Fiber – Fiber promotes adequate bowel movements, creates a favorable environment for healthy bacteria in your gut, and supports the body’s overall detoxification process. A few tablespoons of ground flax seeds daily are a great way to add soluble and insoluble fiber.

• Moderate Amounts of Organic Meat – Grass-fed beef or bison is higher in anti-inflammatory essential fats. Organic free-range chicken tend to be lower in antibiotics and are fed a vegetable/grain-based diet which tends to offer cleaner sources of protein.

• Spices/Herbs – Seasonings such as garlic, ginger and turmeric add an anti-inflammatory component to the diet.

Eliminate / Eat Less

• Trans or Hydrogenated Fats – The body has no mechanism to use these unnatural fats that ultimately cause inflammation. These should be eliminated from your diet.

• Refined Oils – Commercial safflower, corn, and canola oils have had much of their health-promoting content removed for shelf-storage purposes and tend to be high in omega-6 fats that can be converted to inflammatory arachadonic acid, a type of fat that stimulates inflammation in the body.

• High Glycemic or Processed Foods – Highly processed carbohydrates such as bread, pastas, cakes, candy, fruit juice and corn syrup are quickly digested leading to a rapid rise in blood sugar and a subsequent inflammatory cascade stimulated by insulin.

• Red Meat – Avoid these meats when possible or eat organic grass-fed meat to reduce ingesting high levels of pro-inflammatory arachadonic acid.

• Common Food Allergies – Milk products, eggs, gluten from wheat and peanuts can cause inflammatory reactions in many people and are best avoided.

• Artificial Sweeteners and Preservatives – These additives have no nutritional value and tend to promote inflammatory reactions.
Frustrated because of the lack of Sjögren’s awareness?

Do you feel at times that you are alone with Sjögren’s?

How can you help to find a cure?

You can participate!

This spring, many of you joined and participated in a Sjögren’s event in your community to make a difference. With support from family, friends and the local community – as well as your personal donations – the Sjögren’s Syndrome Foundation once again gained the resources to fund our programs of research, education and awareness.

What’s exciting about our events is that with all of your help, we

- increased awareness of Sjögren’s in each community that held an event.
- raised funds to further Sjögren’s research that could lead to a cure!
- created a community of Sjögren’s patients, their friends and family members who came together to fight back.

continued page 4 ▼
Thanks to all of you who chose to make a difference and join forces at a Sjögren’s Walkabout or Sip for Sjögren’s event.

Thanks to everyone who participated! You are the key to awareness!

**TOGETHER WE RAISED OVER $300,000**
If you drop artificial tears ≥4 times a day, give yourself

More Freedom to Go DROPLESS

LACRISERT®: All-day dry eye relief in a single daily dose*

- Significant improvement in symptoms, signs, and activities of daily living†
- Dissolves comfortably in the eye to begin all-day relief—like a slow-release artificial tear‡
- No preservatives to cause irritation or damage, even with long-term use§
- Simple and easy placement‡
- Preferred by nearly 4 in 5 patients over artificial tears

For more information, visit www.LACRISERT.com or call 1-877-ATON-549. Ask your doctor about LACRISERT® today!

*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.

LACRISERT® is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose. The following adverse reactions have been reported in patients treated with LACRISERT® but were, in most instances, mild and temporary: blurring of vision, eye discomfort or irritation, matting or stickiness of eyelashes and red eyes. If improperly placed, LACRISERT® may result in corneal abrasion.

*Some patients may require twice-daily use for optimal results.†
‡Multicenter, 2-visit, 4-week, single-arm study conducted in moderate to severe Dry Eye patients who had previously been using ATs (N=520). Results are based on 418 patients who completed the study.

©2009 Aton Pharma, Inc. 3150 Brunswick Pike, Ste. 230 Lawrenceville, NJ 08648 LAC-09-1048 July 2009
LACRISERT® (hydroxypropyl cellulose) (OPHTHALMIC INSERT)

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. It is about 1.27 mm in diameter by about 3.5 mm long. 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
General
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.

Carcinogenesis, 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, stye, discomfort or irritation, mucous drooling, or injection of the eyelids and conjunctiva.

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, or for optimal results.

Clinical experience with LACRISERT indicates that in some patients several weeks may be required before satisfactory improvement of symptoms is achieved.

Issued June 2007

The Sosin Family, owners of two Ben & Jerry’s locations, have stood up to increase Sjögren’s awareness in Maryland by designing awareness events in their Rockville & Bethesda stores.

When their daughter Paula was diagnosed during her freshman year at college, her family faced the challenge straight-on, deciding to Stand Up and make a difference. After attending the Washington D.C.’s Sjögren’s conference, Paula created her own webpage on www.firstgiving.com/ssf and emailed the link out to family and friends to educate them about Sjögren’s. The Sosins successfully increased awareness of Sjögren’s at their shops by displaying Foundation brochures and material that Paula designed herself including money jar labels, posters, table cards and brochures with her story.

In addition, the family also raised funds by donating $1.00 for every Smoothie sold in their stores, a campaign they called “Smoothies for Paula.” With their combined effort, they ended up raising over $7,000 last year, and close to $4,500 this year. Congratulations to The Sosin Family for taking the initiative to increase awareness in their community!

Remember – everyone can Stand Up for Sjögren’s. We hope you will think of anyone you know who can use their company or business to help to increase Sjögren’s awareness. It can be as simple as letting you host a table in their business lobby or coordinating a dress down day at their place of employment for Sjögren’s. Begin by thinking of your contacts and help make the connection. Together we will make a huge impact by helping to get Sjögren’s known.
Six of our most popular talks from the 2010 National Patient Conference held in San Francisco, California are available for purchase as audio CDs.

2010 National Patient Conference CD’s

Each talk is 30-40 minutes long and each CD comes enclosed with the handouts and visual aids used by the presenter. Buy just the talks you want to hear or purchase the whole set! Whether you attended the conference or not, these audio CDs are an excellent way to have a permanent resource with some of the most vital information available to Sjögren’s patients.

Overview of Sjögren’s Syndrome – Nancy L. Carteron, MD, FACP: A specialist in rheumatology, autoimmune disease and inflammation, Dr. Carteron is co-author of our best seller, A Body Out of Balance. Dr. Carteron presents a comprehensive explanation of the range of symptoms that Sjögren’s patients experience, explains their causes, and offers practical tips for managing them.

Dry Eye and Sjögren’s – Stephen Cohen, OD: A private practice optometrist in Scottsdale, Arizona, a founding board member of the Arizona Optometric Charitable Foundation and published often in professional journals for optometry and ophthalmology. This esteemed eye care expert will describe the latest methods and treatment options available for managing dry eye.

The Importance of Saliva: Dry Mouth and Sjögren’s – Troy E. Daniels, DDS, MS: Professor of Oral Medicine and Oral Pathology at the University of California, San Francisco, Schools of Dentistry and Medicine. Saliva is an essential body fluid for the protection of oral functions, and its value is seldom appreciated until there is not enough. Dr. Daniels will show a lack of saliva can impact your oral health. This enlightening talk will answer your questions about your teeth, gums, saliva, swallowing and more.

CNS Disease in Sjögren’s: Update and New Paths Forward – Elaine L. Alexander, MD, PhD: A rheumatologist, immunologist, and former Assistant Professor of Medicine at Johns Hopkins Medical Institutions, and current Chair of the SfS Medical and Scientific Advisory Board. Her research has focused on potential causes and treatment of autoimmune, inflammatory, rheumatologic and neurologic disorders, with a particular emphasis on Sjögren’s. Dr. Alexander understands the challenges that may afflict patients with central nervous system complications of Sjögren’s and will share insights and strategies with you.

Lung Complications & Sjögren’s – Richard T. Meehan, MD, FACP, FACR: Chief of Rheumatology and Professor of Medicine at National Jewish Health in Denver, Colorado, as well as Co-Director of the Autoimmune Lung Center. Lung complications are sometimes the most misunderstood and life-threatening manifestations of Sjögren’s. Dr. Meehan will add to your understanding of the various pulmonary complications and leave you with knowledge to share with your own physician.

Heart Disease: The Impact of Inflammation & Autoimmune Diseases – Debra R. Judelson, MD, FACC, FACP: An internist and cardiologist in private practice in Beverly Hills with the Cardiovascular Medical Group of Southern California and Director of their Women’s Heart Institute. Dr. Judelson is a nationally recognized speaker on heart disease and created the first program to educate doctors about heart disease in women with the American Medical Women’s Association. Dr. Judelson will cover the risk factors, symptoms and diagnostic tests for heart disease, a critical but often overlooked facet of women’s health.

All of these audio CDs can be purchased using the order form below, online at www.sjogrens.org or by contacting the Sjögren’s Syndrome Foundation office at 800-475-6473.

<table>
<thead>
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<th>Non-Member Price</th>
<th>Member Price</th>
<th>Qty</th>
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<td>Dry Eye and Sjögren’s – Stephen Cohen, OD</td>
<td>$30</td>
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<td>The Importance of Saliva: Dry Mouth and Sjögren’s – Troy E. Daniels, DDS, MS</td>
<td>$30</td>
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<td>$30</td>
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Shipping and Handling: US Mail: $5 for first item + $1 for each additional item
Canada: $8 for first item + $1 for each additional item
Overseas: $18 for first item + $2 for each additional item

Total Amount

Mail to SSF, BB&T Bank • PO Box 890612 • Charlotte, NC 28289-0612 or Fax to: 301-530-4415

Name ____________________________________________
Address __________________________________________________________________________
City ____________________________________________ State ______ Zip ______
Telephone ____________________________________________ E-Mail _______________________

☑ Enclosed is a check or money order (in U.S. funds only, drawn on a U.S. bank, net of all bank charges) payable to SSF.
☐ MasterCard ☐ VISA ☐ AmEx Card Number __________________________ Exp. Date ____________

Signature ____________________________________________ CC Security Code ___________________
Are you one of the 2-4 million patients with Sjögren’s syndrome? If you have experienced dry-mouth symptoms, then you know how difficult it can be to eat, chew and swallow food. But does your healthcare provider understand?

In the past, you may have tried to explain the uncomfortable feeling of your dry-mouth symptoms to your healthcare provider. Maybe it’s time to talk to him or her again.

Ask your healthcare provider about EVOXAC, a prescription treatment option for dry-mouth symptoms associated with Sjögren’s syndrome that works by stimulating the production of your body’s own natural saliva.

Visit DiscoverEVOXAC.com for a list of questions to take to your healthcare provider.

What is EVOXAC?
EVOXAC (cevimeline hydrochloride) is a prescription medicine used to treat symptoms of dry mouth in patients with Sjögren’s syndrome.

Who Should Not Take EVOXAC?
You should not take EVOXAC if you have uncontrolled asthma, allergies to EVOXAC, or a condition affecting the contraction of your pupil, such as narrow-angle (angle-closure) glaucoma or inflammation of the iris.

What should I tell my Healthcare Provider?
Tell your healthcare provider if you have any of the following conditions:

- History of heart disease
- Controlled asthma
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- History of kidney stones
- History of gallbladder stones
- If you are trying to become pregnant, are already pregnant, or are breastfeeding.
- If you are taking any heart medications, especially “beta-blockers”.
- If you are older than 65, your healthcare provider may want to monitor you more closely.

General Precautions with EVOXAC
- When taking EVOXAC, use caution when driving at night or performing other hazardous activities in reduced lighting because EVOXAC may cause blurred vision or changes in depth perception.
- If you sweat excessively while taking EVOXAC, drink extra water and tell your healthcare provider, as dehydration may develop.
- The safety and effectiveness of EVOXAC in patients under 18 years of age have not been established.

What are some possible side effects of EVOXAC?
- In clinical trials, the most commonly reported side effects were excessive sweating, headache, nausea, sinus infection, upper respiratory infections, running nose, and diarrhea.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch, or call 1-800-FDA-1088.

Please see a brief summary of Important Information for EVOXAC on the next page.
### EVOXAC® Capsules (cevimeline hydrochloride)

#### INDICATIONS AND USAGE
Cevimeline is indicated for the treatment of symptoms of dry mouth in patients with Sjögren’s Syndrome.

#### CONTRAINDICATIONS
Cevimeline is contraindicated in patients with untreated asthma, known hypersensitivity to cevimeline, and when illness is unstable, e.g., in acuteritis and in narrow-angle (open-angle) glaucoma.

#### WARNINGS
Cardiovascular Disease:
Cevimeline can potentially cause heart conduction and alteration of heart rate. Patients with significant cardiovascular disease may potentially be unable to compensate for transient changes in hemodynamics or rhythm induced by EVOXAC®. Cevimeline should be used with caution and close medical supervision in patients with a history of cardiovascular disease evidenced by angina pectoris or myocardial infarction.

Pulmonary Disease:
Cevimeline can potentially increase airway resistance, bronchial smooth muscle tone, and bronchial secretions. Cevimeline should be administered with caution and close medical supervision to patients with controlled asthma, chronic bronchiolitis, or chronic obstructive pulmonary disease.

### OUTSIDE
Optimistic formulations of mucosal aperistalsis have been reported to cause visual blurring which may result in decreased visual acuity, especially at night and in patients with central loss changes, and to cause impairment of depth perception. Caution should be advised while driving at night or performing hazardous activities in reduced lighting.

#### PRECAUTIONS
General:
Cevimeline toxicity is characterized by an exaggeration of its parasympathomimetic effects. These may include: headache, visual disturbance, lacrimation, sweating, nasal congestion, gastrointestinal spasm, nausea, vomiting, diarrhea, atropinizing block, tachycardia, bradycardia, hypotension, hypertension, shock, mental confusion, cardiac arrhythmia, and death.

#### DRUG INTERACTIONS
Cevimeline should be administered with caution to patients taking beta adrenergic antagonists, because of the possibility that the smooth muscle action may be additive. Drugs which inhibit CYP2D6 and CYP3A4 also inhibit the metabolism of cevimeline. Cevimeline should be used with caution in patients known or suspected to be deficient in CYP2D6 activity, based on previous experience, as they may be at risk of increased systemic exposure to cevimeline.

#### DOSAGE AND ADMINISTRATION
Cevimeline is indicated for the treatment of symptoms of dry mouth in patients with Sjögren’s Syndrome.

#### ADVERSE REACTIONS
In clinical trials, the most common (≥3% of patients) adverse events were:

<table>
<thead>
<tr>
<th>Event</th>
<th>Placebo n=164</th>
<th>Cevimeline n=533</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>14.4%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Nausea</td>
<td>12.3%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>10.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Flatulence</td>
<td>9.1%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>7.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>6.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>2.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>6.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Alopecia</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Rash</td>
<td>4.3%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>

In addition, the following adverse events (≥3% incidence) were reported in the Sjögren’s clinical trials:

<table>
<thead>
<tr>
<th>Event</th>
<th>Placebo n=164</th>
<th>Cevimeline n=533</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>3.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nausea</td>
<td>3.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Headache</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Edema</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>1.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Rash</td>
<td>1.3%</td>
<td>1.3%</td>
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</table>

#### Management of Overdose
Management of the signs and symptoms of acute overdose should be handled in a manner consistent with that indicated for other muscarinic agonists. General supportive measures should be instituted. If medically indicated, atropine, an anticholinergic agent, may be of value as an antidote for muscarinic toxicity. If medically indicated, atropine may also be of value in the presence of severe cardiovascular depression or respiratory depression. It is not known if cevimeline is dialyzable.

#### Only
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1/09
Is there a special ingredient Sjögren’s patients should look for in selecting a personal lubricant to alleviate vaginal dryness during intercourse?

Vaginal dryness often causes painful intercourse in women with Sjögren’s syndrome and may be improved by use of personal lubricants. Lubricants with a water base are preferable in women with Sjögren’s. Water-based lubricating gels such as KY Jelly, Astroglide, Vagisil and Lubrin inserts are readily available over the counter. It is important to avoid personal lubricants which contain alcohol or PEG (polyethylene glycol), which can exacerbate the feeling of dryness in the vagina. An additional consideration in those using condoms and diaphragms for purposes of protection is that oil-based lubricants such as Elegance or petroleum-based personal lubricants can damage latex products making them ineffective. Oil-based lubricants coat the vaginal mucosa with a fine film and may, in turn, increase the risk of vaginal infections such as yeast. The newer silicone-based personal lubricants such as KY Intrigue and EROS are safe to use with latex products and do not interfere with the vagina flora and thus do not predispose women to vaginal infections. Silicone lubricants are long-lasting and are harder to rinse off, so they may stain clothing.

Women with Sjögren’s often undergo menopause early; the symptoms of vaginal dryness are exacerbated by also having atrophic vaginitis which occurs with menopause. The use of topical estrogen such as Vagifem tablets or Premarin cream relieves vaginal dryness and treats vaginal atrophy and thus can be helpful in postmenopausal women.

Pamela Stratton, MD

Q Are there side effects Sjögren’s patients should be concerned with in taking birth control pills?

A Women with Sjögren’s syndrome can safely use low-dose oral contraceptive pills, which are the dosage most commonly prescribed. If women with Sjögren’s are also on corticosteroids, the hormones in the birth control pills can heighten the effect of the steroids. Steroids, however, do not interfere with the metabolism of birth control pills. Thus, the dosage of the corticosteroids such as Prednisone may need to be reduced in women taking birth control pills. While the woman may not experience any symptoms to indicate this, she should inform her physicians about taking both medications. The physician who is managing her steroid treatment should be informed of her starting birth control pills.

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Birth control pills can exacerbate dry eye, commonly experienced by women with Sjögren’s. There are some reports of corneal edema and ocular damage with use of hard lenses in high-dose birth control pill users, but with low-dose pills, this is not a concern. Ocular conditions precluding use of oral contraceptive pills as well as drug interactions of ocular medications with birth control pills should be considered.

Pamela Stratton, MD
“My OTC* eye drops aren’t enough. Is there something more?”

“For your type of Chronic Dry Eye, use RESTASIS® I do.”

A certain type of Chronic Dry Eye happens when you can’t make enough tears due to inflammation. RESTASIS® Ophthalmic Emulsion is a prescription eye drop. With RESTASIS®, you’ll make more of your own tears…and need those other OTC eye drops less.

Don’t wait for your next appointment. Call today! And ask your eye doctor if RESTASIS® is right for you.

Find out more about a $20 rebate offer! See next page for details.

Go to restasis29.com, or call 1-866-311-2412 for a free kit.

RESTASIS® Ophthalmic Emulsion helps increase your eyes’ natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye. RESTASIS® did not increase tear production in patients using topical steroid drops or tear duct plugs.

Important Safety Information:
RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes viral infections of the eye. The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see next page for important product information.

*Over-the-counter.
 INDICATIONS AND USAGE
RESTASIS® ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINdications
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® ophthalmic emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients:
The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® ophthalmic emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:
Systemic carcinogenicity studies were conducted in male and female mice and rats. In the 28-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1,000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice, the Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from Chinese hamsters. The chromosome-aberration tests in Chinese hamsters and the SCE induction by cyclosporine using human lymphocytes in vitro gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic effects:
Pregnancy category C.

Teratogenic effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-teratogenic effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 50 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP was embryotoxic and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryotoxicity/tocicity was observed in rabbits or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:
Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® ophthalmic emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:
The safety and efficacy of RESTASIS® ophthalmic emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:
No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctivitis, hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often burning).

Revised based on package insert 71876US1O Revised January 2008 ©2009 Allergan, Inc.

Follow these 3 steps:
1. Have your prescription for RESTASIS® filled at your pharmacy.
2. Circle your out-of-pocket purchase price on the receipt.
3. Mail this certificate, along with your original pharmacy receipt (proof of purchase), to Allergan RESTASIS® Ophthalmic Emulsion $20 Rebate Program, P.O. Box 6513, West Caldwell, NJ 07007. For more information, please visit our Web site, www.restasis29.com.

RESTASIS® Rebate Terms and Conditions: To receive a rebate for the amount of your prescription co-pay (up to $20), enclose this certificate and the ORIGINAL pharmacy receipt in an envelope and mail to Allergan RESTASIS® Ophthalmic Emulsion $20 Rebate Program, P.O. Box 6513, West Caldwell, NJ 07007. Please allow 8 weeks for receipt of rebate check. Receipts prior to March 1, 2009 will not be accepted. One rebate per consumer. Duplication will not be accepted. See rebate certificate for expiration date. Eligibility: Offer not valid for prescriptions reimbursed or paid under Medicare, Medicaid, or any similar federal or state healthcare program including any state medical or pharmaceutical assistance programs. Void in the following states if any third-party payor reimburses you or pays for any part of the prescription price: Massachusetts. Offer valid where prohibited by law, taxed, or restricted. Amount of rebate not to exceed $20 or co-pay, whichever is less. This certificate may not be reproduced and must accompany your request for a rebate. Offer good only for one prescription of RESTASIS® Ophthalmic Emulsion and only in the USA and Puerto Rico. Allergan, Inc. reserves the right to rescind, revoke, and amend this offer without notice. You are responsible for reporting receipt of a rebate to any private insurer that pays for, or reimburses you, for any part of the prescription filled, using this certificate.

©2009 Allergan, Inc., Irvine, CA 92612, U.S.A. © marks owned by Allergan, Inc. Please allow 8 weeks for delivery of your rebate check. APCT152O Certificate expires 6/30/2010
Ask your physician to prescribe Numoisyn today!

**Numoisyn Liquid**

**Prescribing Information**

**Ingredients:** Water, sorbitol, linseed (flaxseed) extract, Chondrus crispus, methylparaben, sodium benzoate, potassium sorbate, dipotassium phosphate, propylparaben.

**How Supplied:** 30 mL per bottle or 300 mL per bottle.

**Therapeutic Group:** Numoisyn Liquid is an oral solution formulated for the relief of chronic and temporary xerostomia (dry mouth), which may be a result of disease, medication, oncology therapy, stress, or aging.

**Indications:** Numoisyn Liquid is indicated for the treatment of symptoms of dry mouth. Numoisyn Liquid relieves the symptoms of dry mouth by enhancing swallowing, improving speech mechanics, and lubricating the oral cavity like natural saliva. Numoisyn Liquid may be used to replace natural saliva when salivary glands are damaged or not functioning. The viscosity is similar to that of natural saliva.

**Contraindications:** Numoisyn Liquid are contraindicated in patients with a known history of hypersensitivity to any of the ingredients.

**Special Precautions for Use:** As Numoisyn Liquid contains linseed (flaxseed) extract, patients with irritable bowel syndrome or diverticular disease or those on a high linseed diet may experience abdominal discomfort.

**Warning:** Federal law restricts Numoisyn Liquid to sale by, or on the order of, a physician or properly licensed practitioner.

**Interactions:** There are no known interactions between Numoisyn Liquid and any medicinal or other products.

**Directions for Use:** Shake bottle well. Take 2 mL (about 1/2 teaspoon) of Numoisyn Liquid and rinse around in the mouth before swallowing. Use as needed.

**Side Effects:** Patients may experience difficulty in swallowing, altered speech, and changes in taste. If side effects persist or become severe, patients should contact a physician.

**Storage:** Store at room temperature. Do not refrigerate. Use within 3 months of first opening. KEEP OUT OF REACH OF CHILDREN.

**Please Note:** Numoisyn Liquid is translucent and may contain some natural particles that do not affect the quality of the product.

Manufactured in Italy under license from Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1XW UK

Distributed by ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA
www.alignpharma.com

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**Numoisyn Lozenges**

**Prescribing Information**

**Ingredients:** Sorbitol (0.3 g per lozenge), polyethylene glycol, malic acid, sodium citrate, calcium phosphate dibasic, hydrogenated cottonseed oil, citric acid, magnesium stearate, and silicon dioxide.

**Pharmaceutical Form:** Oral lozenge

**Contents:** 100 lozenges per bottle. Net weight of 40 g (0.4 g per lozenge).

**Therapeutic Group:** Numoisyn Lozenges are oral lozenges formulated to promote lubrication of oral mucosa that may be dry due to a variety of circumstances, including medication, chemotherapy or radiotherapy, Sjögren’s syndrome, or oral inflammation.

**Indications:** Numoisyn Lozenges are indicated for the treatment of xerostomia (dry mouth). Numoisyn Lozenges provide temporary relief of dry mouth due to damaged salivary function. Numoisyn Lozenges are formulated to support the natural protection of teeth provided by saliva so that no damage occurs to teeth with repeated use of the lozenges.

**Contraindications:** Numoisyn Lozenges are contraindicated in patients with fructose intolerance or a known history of hypersensitivity to any of the ingredients.

**Warning:** Federal law restricts Numoisyn Lozenges to sale by, or on the order of, a physician or properly licensed practitioner.

**Interactions:** There are no known interactions between Numoisyn Lozenges and any medicinal or other products.

**Directions for Use:** Let one Numoisyn Lozenge dissolve slowly in the mouth when needed. To obtain optimal effect, move the lozenge around in the mouth. Repeat as necessary. Do not exceed 16 lozenges in 24 hours.

**Side Effects:** Excessive consumption can cause minor digestive problems.

**Storage:** Store at room temperature. KEEP OUT OF REACH OF CHILDREN.

**Overdose:** No overdoses have been reported to date.

Manufactured in Italy under license from Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1W UK

Distributed by ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA
www.alignpharma.com
Dry Mouth?
Time-Released Relief
Day or Night!

OraMoist is an innovative, clinically proven approach to treating dry mouth.

OraMoist is a time-released patch that adheres to the roof of the mouth and then slowly dissolves, moistening for hours. The Patch releases a lipid that lubricates the mouth, and Xylitol and enzymes to improve oral health.

Free Trial Sample
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• Works for Hours
• Proven Effective
• Promotes Oral Health

Updated Sjögren’s Product Directory Now Available!

Sjögren’s patients have such a variety of symptoms that affect all areas of the body. Knowing all the products out there to treat each symptom can be extremely difficult.

The SSF Product Directory is here to help you with that, listing by symptoms the products that may be helpful to people with Sjögren’s. The SSF is proud to be able to offer an up-to-date version of this booklet.

The newly-updated SSF Product Directory is available online for members in the Member Community section of sjogrens.org. There you can browse products by category, or you can download the entire PDF version of the directory to read at your leisure. A printed version of the Directory can also be requested by e-mailing the Foundation at ssf@sjogrens.org or calling our office at 800-475-6473.

Special thanks to GlaxoSmithKline
Dry mouth associated with Sjögren's is more than just uncomfortable and frustrating. When your body can no longer produce enough protective saliva, you are more likely to have cavities, mouth infections and bad breath. Because dry mouth is an ongoing condition with Sjögren's, it helps to develop an ongoing daily routine in each of the following 3 management areas:

1. **Soothing & Moisturizing:** While sipping water can help, water doesn’t lubricate the way saliva does. For symptom relief throughout the day use a moisturizing liquid or gel that has supplemental proteins and enzymes. Keep a portable moisturizing spray on hand to provide soothing relief on-the-go. For night-time relief, consider a soothing moisturizing gel to help keep your mouth moist.

2. **Daily Cleaning:** When you don’t have enough saliva, food and bacteria can stick to your teeth causing plaque build-up, bad breath, and other problems. Keep your mouth clean by using fluoride toothpaste and a mouthwash without harsh ingredients. Products formulated specifically for dry mouth should be alcohol and detergent (SLS) free so they won’t irritate your mouth.

3. **Saliva Stimulation:** Your saliva not only flushes away odor-causing bacteria, it protects and lubricates your mouth. For oral dryness, stimulate saliva by chewing sugar-free gum containing xylitol.

Only Biotène, with its protein-enzyme formulations, offers products in each of the 3 management areas. *Choose the combination of Biotène products that’s right for you.*
This October, come to Windsor Locks, Connecticut 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.

Windsor Locks Patient Seminar
Saturday, October 2, 2010

Questions? Call 800-475-6473 or visit www.sjogrens.org

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| September 8th and before
| $65 per person
| $90 (includes one-year membership)                                                    |
| September 9th and after
| $85 per person
| $110 (includes one-year membership)                                                   |
| TOTAL:                                                                                 |

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- A fee of $25 will be charged for all seminar registration cancellations. Refund requests must be made by September 8, 2010. 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 23rd.
- A limited number of rooms are available at the Sheraton Hotel at Bradley International Airport, Windsor Locks, Connecticut 06096, at the SSF rate of $99 per night plus tax if reservations are made by September 15, 2010. To make room reservations, please call the hotel directly at 1-860-627-5311 and refer to the group name “Sjögren’s Syndrome Foundation” for the discounted rate.
Seminar Topics and Speakers

**Overview of Sjögren’s Syndrome** – Ann Parke, MD
Dr. Parke is Professor of Medicine at the University of Connecticut Health Center at St. Francis Hospital and Medical Center. Dr. Parke also has a clinical practice at St. Francis Hospital. Dr. Parke will present a comprehensive explanation of the range of symptoms that Sjögren’s patients experience, explain their causes, and offer practical tips for managing them.

**Treatment of Dry Eye in Sjögren’s** – Peter C. Donshik, MD
Dr. Donshik has practiced medical and surgical ophthalmology in the greater Hartford area since 1976. He sub-specializes in corneal and external diseases of the eye, laser vision correction, contact lenses and corneal transplant surgery. Dr. Donshik lectures nationally and internationally, and is a widely published author with over 100 articles in both national and international journals. This esteemed eye care expert will discuss the latest dry eye therapeutic treatments, covering the extensive range of help available from artificial tears to silicone plugs to systemic drugs to help you manage and treat dry eye.

**Research Update** – Steven Taylor, SSF Chief Executive Officer
Mr. Taylor will share an update on the Foundation’s Research Program and the goals for 2010-2011. Mr. Taylor will discuss how research holds future promise, greater understanding and hope for better therapies for all Sjögren’s patients.

**The Sjögren’s Ripple Effect** – Susan Milstrey Wells
Susan Milstrey Wells is an accomplished writer and editor with more than 30 years of experience. A former member of the Sjögren’s Syndrome Foundation Board of Directors, Ms. Wells is the author of *A Delicate Balance: Living Successfully with Chronic Illness*. She writes about mental health and homelessness for the federal government and is principal speechwriter for the director of the federal Center for Mental Health Services. Drawing on personal experience, Ms. Wells will enlighten you about the impact chronic illness can have on your relationships with family, friends, and other people in your life. You will appreciate her hard-won wisdom!

**Measuring the Activity of Sjögren’s Syndrome** – Steven E. Carsons, MD
Dr. Carsons is Chief of the Division of Rheumatology, Immunology, and Allergy at Winthrop-University Hospital in Mineola, New York. He is also Associate Chairman of the Department of Medicine and Director of Research at Winthrop-University Hospital, Director of the Clinical and Translational Research Core at Winthrop Research Institute, and Professor of Medicine at State University of New York at Stony Brook. Dr. Carsons will discuss the methods commonly used to measure and manage Sjögren’s disease activity.
World Sjögren's Day 2010

On July 23rd, the Sjögren’s Syndrome Foundation joined with 16 other Sjögren’s groups around the world as we celebrated the first annual World Sjögren’s Day. This year’s World Sjögren’s Day celebrated the history of Sjögren’s and the advancements made in research and awareness while remembering the syndrome’s namesake, Dr. Henrik Sjögren, on a day he would have celebrated his 111th birthday.

Sjögren’s patients and advocates around the world spread information on Sjögren’s through their family, friends and communities as they distributed brochures, displayed posters and contacted their local news outlets to help raise awareness.

We also asked our friends, worldwide, to make a donation to the SSF in honor of World Sjögren’s Day 2010. These donations, in honor of Dr. Henrik Sjögren, will be used to advance the Sjögren’s Syndrome Foundation research efforts and continue our momentum as we strive to fund more research each and every year. There is still time to make a donation by using the form attached below.

And finally, we hope all of you will mark your calendars for World Sjögren’s Day 2011 on July 23, 2011. Now all you have to decide is, “What will you do for World Sjögren’s Day?”

☐ Enclosed is my gift of $ _______ to support Sjögren’s research in honor of World Sjögren’s Day 2010.

☐ I am interested in learning more about how to make a stock donation.

☐ Please send me information about listing the SSF in my will or life insurance policy.

Thank you for your support of the Sjögren’s Syndrome Foundation.

Mail to SSF, BB&T Bank • PO Box 890612 • Charlotte, NC 28289-0612 or Fax to: 301-530-4415

Name _______________________________________________________________________________________________________

Address _____________________________________________________________________________________________________

City ___________________________ State ________ Zip __________________

Telephone ___________________________ E-Mail __________________________

☐ Enclosed is a check or money order (in U.S. funds only, drawn on a U.S. bank, net of all bank charges) payable to SSF.

☐ MasterCard ☐ VISA ☐ AmEx Card Number ___________________________ Exp. Date __________________

Signature ______________________________________________________________________ CC Security Code ______________

Henrik Sjögren
(July 23, 1899 - September 17, 1986) – A Swedish ophthalmologist, Henrik Sjögren was born on July 23, 1899, and performed seminal work in classifying the disease “keratoconjunctivitis sicca,” which would later bear his name.