Salivary dysfunction and dry mouth are common characteristics of Sjögren’s syndrome. Reduced salivary flow rates are associated with an increased risk of dental caries as well as with a host of other problems with protective functions in the oral cavity. Understanding how decay develops will lead to a better understanding of optimal tips for caring for your teeth.

**How does decay start?**

In order for dental decay to develop, one has to have the presence of three primary factors: 1. the host (a susceptible tooth surface); 2. the causative agents, bacteria such as Streptococcus mutans, lactobacillus and actinomyces; and 3. an environment which is conducive to the development of decay (one with fermentable dietary carbohydrates). The presence of all three primary factors, over time, leads to the development of decay. Secondary factors such as saliva, fluoride and oral hygiene habits act to modify the actions of the primary factors either to aid in the progression or regression of the caries process. Saliva physically washes away debris and...
microorganisms off of teeth. Saliva also buffers teeth from acids in the diet and acids produced by bacteria and enhances the remineralization of teeth.

Dental decay is a potentially preventable disease. By modifying any of the above-mentioned primary or secondary factors, one can delay or, in some cases, reverse the caries process. The susceptible tooth surface can be strengthened through the use of fluoride. When fluoride becomes incorporated into enamel in the form of fluoroapatite, the surface can become up to ten times less soluble or more resistant to acid attack. In addition to making the tooth more resistant, fluoride also inhibits the enzyme enolase, which the bacteria in plaque need to metabolize carbohydrates or sugars into acids, thus preventing the pathologic bacteria from doing harm. Fluoride can be applied to teeth via mouth rinses, varnishes, and gels. Special trays can be fabricated to aid in the delivery of fluoride to the teeth in a more precise manner for longer periods of time.

Increasing the amount of saliva in the mouth aids in buffering the acids produced by the microorganisms in dental plaque. Saliva also contains enzymes such as statherin and cystatin that protect against demineralization. Saliva aids in remineralization of the surfaces of teeth so any agent (such as pilocarpine or Evoxac®) that increases salivary output would be beneficial in decreasing dental decay. Patients with dry mouth have been reported to have more erosion, tooth wear and sensitivity. There are agents on the market today that claim to aid in remineralization of teeth such as MI Paste. To date, there is no evidence that this is actually capable of tooth remineralization; however, it may help to reduce sensitivity. Colgate® Sensitive Pro-Relief™ is a toothpaste that incorporates Pro-Argin™ technology. It uses an amino acid, arginine, hydrolizes it to produce ammonia, and ammonia increases the pH of saliva, which increases the remineralization of tooth surfaces.

The last primary factor, the amount of fermentable dietary carbohydrates, can be decreased by decreasing the frequency of exposure and the duration of exposure to these fermentable carbohydrates. One option would be to eat/drink foods with less sugar or limiting the exposure time. For example, if one sips on sweetened iced tea throughout the day, one’s teeth are continually exposed to the sugars in the tea throughout the day. Drinking it all at once and then rinsing after the exposure decreases the amount of time one’s teeth are exposed to the sugars. Another option would be to introduce sugar substitutes that are not metabolized by the decay-producing bacteria. One such substance is xylitol. Xylitol is found in many gums and mints which are readily available in grocery stores. Xylitol is capable of influencing the quality and quantity of caries producing microorganisms. Long-term use of xylitol encourages the growth of organisms with fewer adhesive properties making it easier for plaque to be washed away by saliva. An additional bonus is that these gums and mints help to mechanically stimulate the salivary glands to produce more saliva, thus modifying the secondary factors involved with development of decay.

"Tips" continued from page 1 ▼

continued page 6 ▼
For patients with Sjögren’s syndrome

DRY-MOUTH SYMPTOMS DON’T HAVE TO BE SO DISTRACTING.

If you experience dry-mouth symptoms due to Sjögren’s syndrome, then you already know how distracting these can be to your daily life. It might be time to ask about EVOXAC® (cevimeline HCl), a prescription treatment that works by stimulating the production of your body’s own natural saliva.

Talk to your doctor to see if EVOXAC can help, or visit DiscoverEVOXAC.com.

Please see important information about EVOXAC below.

Important Safety Information

What is EVOXAC?
• EVOXAC (cevimeline HCl) 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
• Tell your healthcare provider if you are trying to become pregnant, are already pregnant, or are breastfeeding.
• Tell your healthcare provider about all medications that you are taking, including those you take without a prescription. It is particularly important to tell your healthcare provider 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 health care 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, runny 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 visit www.EVOXAC.com for full Product Information for EVOXAC.

For patients having difficulty affording their Daiichi Sankyo medication, please call the Daiichi Sankyo Patient Assistance Program at 1-866-268-7327 for more information or visit www.dsi.com/news/patientassitance.html.

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

#### Indications and Usage

Cesamepine is indicated for the treatment of symptoms of dry mouth in patients with Sjögren's Syndrome.

#### Contraindications

Cesamepine is contraindicated in patients with convulsions, asthma, known hypersensitivity to cesametine, and when mixed is undesirable, e.g., in acute flares and in aseptic meningitis (globus golosus). Cesametine should be administered with caution and with close medical supervision to patients with convulsions, chronic bronchitis, or chronic obstructive pulmonary disease.

#### Warnings

Cesamepine can potentially alter cardiac conduction and/or heart rate. Patients with significant cardiovascular disease may require close monitoring and be treated to minimize treatment-induced hyperglycemia or hyperuricemia. CEBAMTE® should be used with caution and under close medical supervision in patients with a history of cardiovascular disease and/or treatment-induced hyperglycemia or hyperuricemia.

#### Precautions

Cesamepine is a tricyclic antidepressant that can precipitate cardiac arrhythmias or cause seizures. It is important to monitor patients for the development of seizures or cardiac arrhythmias. Cesamepine should be used with caution in patients with a history of malfunctions or seizures.

#### Adverse Events

The following adverse events were reported in Sjögren’s syndrome patients:

<table>
<thead>
<tr>
<th>Adverse Event</th>
<th>Cesametine (mg)</th>
<th>Placebo (mg)</th>
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</thead>
<tbody>
<tr>
<td>Headache</td>
<td>14.4%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>12.3%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Nausea</td>
<td>12.0%</td>
<td>10.9%</td>
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<tr>
<td>Hyperglycemia</td>
<td>4.1%</td>
<td>1.2%</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Abdominal Pain</td>
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<td>6.3%</td>
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<tr>
<td>Urinary Infection</td>
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<td>9.0%</td>
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<tr>
<td>Coughing</td>
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<tr>
<td>Rash</td>
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<tr>
<td>Rash</td>
<td>4.1%</td>
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* * is the total number of patients required to be on dose at any time during the study.

The following adverse events were reported in Sjögren’s syndrome patients at dosages of 36% and 36%:

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<tr>
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<td>4.7%</td>
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</tbody>
</table>

* * is the total number of patients required to be on dose at any time during the study.

#### Additional Adverse Events (45% of treatment-related adverse events reported in the clinical trials)

- **Headache**
- **Gastrointestinal**
- **Nausea**
- **Hyperglycemia**
- **Abdominal Pain**
- **Urinary Infection**
- **Coughing**
- **Rash**

* * is the total number of patients required to be on dose at any time during the study.

#### Additional Adverse Events

- **Drowsiness**
- **Dizziness**
- **Fatigue**
- **Sedation**
- **Blurred Vision**
- **Impaired Cognitive Function**
- **Flushing**

* * is the total number of patients required to be on dose at any time during the study.

#### Additional Adverse Events (45% of treatment-related adverse events reported in the clinical trials)

- **Headache**
- **Gastrointestinal**
- **Nausea**
- **Hyperglycemia**
- **Abdominal Pain**
- **Urinary Infection**
- **Coughing**
- **Rash**

* * is the total number of patients required to be on dose at any time during the study.

#### Additional Adverse Events (45% of treatment-related adverse events reported in the clinical trials)

- **Drowsiness**
- **Dizziness**
- **Fatigue**
- **Sedation**
- **Flushing**

* * is the total number of patients required to be on dose at any time during the study.

#### Administration

Cesamepine should be administered with caution and under close medical supervision in patients with a history of cardiovascular disease and/or treatment-induced hyperglycemia or hyperuricemia.

#### Discontinuation

Cesamepine should be administered with caution and close medical supervision to patients with convulsions, chronic bronchitis, or chronic obstructive pulmonary disease.

#### Safety Information

Patients should be monitored for the development of seizures or cardiac arrhythmias. Cesamepine should be administered with caution and close medical supervision to patients with a history of malfunctions or seizures.

#### Dose and Administration

Cesamepine should be administered with caution and close medical supervision to patients with a history of malfunctions or seizures.

#### Pregnancy Category

Cesamepine is contraindicated in women with a history of menstruation in women with a history of menstruation. Cesamepine should be used in women during pregnancy. Cesamepine is contraindicated in women during pregnancy.

#### Nursing Mothers

It is not known whether this drug is secreted in human milk. It is recommended that nursing mothers discontinue the drug, as it is not known whether this drug is secreted in human milk.

#### Summary

Cesamepine is indicated for the treatment of symptoms of dry mouth in patients with Sjögren’s Syndrome. Cesamepine should be administered with caution and close medical supervision to patients with convulsions, chronic bronchitis, or chronic obstructive pulmonary disease.

#### References

Sjögren’s syndrome is a chronic inflammatory autoimmune disease in which salivary and lacrimal glands are progressively destroyed by lymphocytes and plasma cells. Women are 10 times more affected than men, and gynecologic manifestations of Sjögren’s syndrome have been found to affect the quality of life. Urologic manifestations, such as overactive bladder affecting the pelvic nerves, also have been identified and typically treated successfully with anticholinergic medication, which further adds to dryness systemically.

Women with Sjögren’s syndrome commonly report significant vaginal dryness. However, few studies actually have been obtained to determine the predominance of this dysfunction, which then can lead to dyspareunia, which is painful intercourse. Vaginal dryness in women is not unusual due to the dryness of the mucosal membranes, and there are few therapies available other than what is offered for mainstream patients with what we call atrophic vaginitis, or at worst, lichen sclerosis. Atrophic vaginitis, or vaginal dryness, usually can be treated successfully with estrogen-based creams prescribed by a primary care physician, OB/GYN or urogynecologist/female urologist. These medications can improve the quality of the vaginal tissue and ultimately decrease the patient’s risk of dyspareunia and improve the atrophic vaginitis. In many patients, however, there are fears regarding estrogen-related therapies, and the creams are not necessarily for intercourse as the creams can be considered messy by patients.

There are other products on the market that can be very successful for patients, and many are water-based if latex compatibility is necessary. However, many of these lubricants can have industrial-based chemicals and may utilize preservatives, both of which can cause increased sensitivities and irritation to the vaginal mucosa. A few products are available organically. These may be oil-based and considered more successful in improving vaginal moisturization, including sunflower oils and homeopathic Vitamin E and aloe vera mixtures, for instance. If some of these products are applied daily, they may improve moisturization and certainly improve the vaginal dryness, especially during intercourse.

Overall, this is an understudied area in patients with Sjögren’s syndrome, and additional studies are warranted in order to further improve this dysfunction, which also can affect intimacy within a relationship for Sjögren’s patients.

References


“Current Challenges”

One of the frustrating issues with the decay that develops in the Sjögren’s dry mouth patient is the location of the decay on the tooth surface and the extent of decay. Decay usually develops around the gum line and can wrap around the entire tooth. The complexity of the dental needs leads to increased time needed to perform the restoration and to skilled dental professionals who are able to perform the procedures. Both patients and practitioners have related a common concern in that they feel that they are always chasing after decay. Before they have the chance to take care of the existing cavities, new ones develop. One possible solution to this would be to seek out facilities that may offer the ability to have multiple restorations done at one time – perhaps under IV sedation. However, very few private practitioners offer this in the private office setting. One might consider hospital dentistry programs for this. One should take into consideration that this treatment option is associated with increased costs. Lack of insurance coverage and type of insurance coverage may limit one’s options. While healthcare costs for the Sjögren’s patient have been found to be similar to those of other autoimmune diseases, the cost of dental care is reported to be about 2-3 times higher than age-matched individuals without the disease.

“I Appreciate”

Physician’s Name: __________________________________________________________________________
Office Name: ___________________________________________________________________________ Field of Practice: __________________________________________________________________________
Address: ___________________________________________________________________________________________
City: __________________________________________ State: _______ Zip: __________ Country: __________________________________________________________________________
Personalized message to your physician: ________________________________________________________________________________________________________________

Your Name or How you would like to be recognized on the card: __________________________________________
Billing Address: ___________________________________________________________________________________________
City: __________________________________________ State: _______ Zip: __________ Country: __________________________________________________________________________
Telephone: __________________________________________ E-mail __________________________________________

Enclosed is a check or Money order (in U.S. funds only, drawn on a US bank, net of all bank charges) payable to SSF. or
Card Number __________________________________________________________________________ Exp. Date: ____________
Signature: __________________________________________________________________________ CC Security Code: ____________
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, chotic 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 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 lozenges 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 1XW UK

Distributed by ALIGN Pharmaceuticals, LLC Berkeley Heights, NJ 07922 USA

www.alignpharma.com

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Products For Vaginal Dryness

Excerpted from Sjögren’s Syndrome Foundation’s Product Directory. For more information please go to www.sjogrens.org

Astroglide®
BioFilm, Inc.
3225 Executive Ridge
Vista, CA 92081
800/848-5900
www.astroglide.com

Estrace® Vaginal Cream (Rx)
Warner Chilcott Co.
80 Corporate Center
100 Enterprise Dr., Ste. 280
Rockaway, NJ 07866
800/521-8813
www.wcrx.com

Feminease® Feminine Moisturizer
Parnell Pharmaceuticals, Inc.
1525 Francisco Blvd.
San Rafael, CA 94901
800/457-4276
www.parnellpharm.com

ID Glide™ Personal Lubricant
Westridge Laboratories, Inc.
1671 E. Saint Andrew Pl.
Santa Ana, CA 92705-4932
800/646-2096
www.idlube.com

K-Y® Liquid Personal Lubricant
K-Y® Liquebead™ Long Lasting Vaginal Moisturizer
K-Y® Silk-E® Vaginal Moisturizer
Personal Products Co.
199 Grandview Rd.
Skillman, NJ 08558-9418
877/592-7263
www.K-Y.com

Lubrin® Vaginal Inserts
Bradley Pharmaceuticals, Inc.
383 Route 46 West
Fairfield, NJ 07004-2402
800/929-9300
www.lubrincare.com

Luvena PreBiotic Vaginal Moisturizer and Lubricant
Laclede, Inc.
2103 E. University Drive
Rancho Dominguez, CA 90220
877/522-5333
www.luvenacare.com

Maxilube Personal Lubricant
Mission Pharmacal Co.
10999 W. Interstate Hwy. 10, Suite 1000
San Antonio, TX 78230-1355
800/531-3333
www.missionpharmacal.com

Premarin® Vaginal Cream (Rx)
Pfizer, Inc.
235 E. 42nd St.
New York, NY 10017-5755
800/934-5556
www.premarinvaginalcream.com

Replens® Long-Lasting Vaginal Moisturizer
Lil’ Drug Store Products, Inc.
1201 Continental Place NE
Cedar Rapids, IA 52402
877/507-6516
www.Replens.com

Valera™ Organic Vaginal Lubricant and Moisturizer
VaNovo™
PO Box 60, Great Falls, VA 22066-0060
www.myvalera.com
info@myvalera.com

WET Original
WET Light
Trigg Laboratories, Inc.
28650 Braxton Ave.
Valencia, CA 91355-4163
800/248-4811
www.stayswetlonger.com
Sjögren’s syndrome (SS) can affect women’s sexuality, but even with the presence of SS, women and their partners can enjoy sexual activity and maintain a state of sexual well-being.

**Vaginal dryness. Women with SS often experience vaginal dryness.**

*What you can do about it:*  
- Some over-the-counter vaginal moisturizers may help relieve vaginal dryness. For example, Replens® contains a compound called polycarbophil, Luvena® contains prebiotics and Feminease® contains Yerba Santa.  
- Lubricants, such as K-Y jelly® or Astroglide®, may help increase lubrication for intercourse.  
- Vaginal estrogen (hormones) may be right for some women. This can come in cream, ring or pill form.  
- Try different techniques to make sex more comfortable, such as more foreplay or masturbation.

**Pelvic pain/pain with intercourse. Pelvic pain can have many causes, including SS, pudendal neuropathy, and interstitial cystitis.**

*What you can do about it:*  
- See your health care provider (Gyn/Urologist) for an evaluation of why you have pelvic pain. There may not be an “easy” answer, but in many cases a possible cause can be identified and treated.  
- Treating vaginal dryness may improve some pelvic pain.  
- Some women will benefit from pelvic physical therapy. Your health care provider may be able to refer you to a physical therapist with pelvic floor expertise.

**Fatigue and mood symptoms. Fatigue, chronic pain and depression can contribute to the daily challenge of living with a chronic illness and affect sexual desire and function.**

*What you can do about it:*  
- Tell your health care provider if you are feeling depressed. Treating depression may help to improve problems with sexual function.  
- Recognize that some antidepressant medications may contribute to sexual symptoms and dryness. Discuss this with your provider.  
- Take care of your Sjögren’s and make time for yourself and things you enjoy.  
- Remember that fatigue and chronic pain can affect a woman’s sex life. Be open with your partner about your experience and needs and work together for satisfying intimacy.
Steven Taylor, SSF CEO, Lynn M. Petruzzi, RN, MSN, Chairman, SSF Board of Directors, and Ken Economou, Member, SSF Board of Directors, presented the Foundation’s new Breakthrough Goal “50 in 5” at the National Health Council’s 25th Annual Voluntary Leadership Conference.

The annual conference, which took place early in February, is centered on health organizations sharing issues of concern to the patient advocacy community.

Taylor had the opportunity to present to over 30 CEO’s and volunteers from national voluntary health organizations (such as the American Heart Association, Lance Armstrong Foundation and American Diabetes Association). Taylor, Petruzzi and Economou were able to share:

- What is Sjögren’s
- Who is the SSF
- Why did the SSF decide to launch a breakthrough goal (BTG)
- How did the SSF pick “50 in 5” as the goal

Taylor, Petruzzi and Economou illustrated the step-by-step process that the SSF took as we developed our “50 in 5.” They reviewed how the process began in 2010 with the Board of Directors recognizing the need for a breakthrough goal and the establishment of a task force to determine the new goal. And, once approved, the setting of short and long term priorities needed to make the goal successful.

When presenting how the goal itself was established, Taylor stressed that the starting point was asking the question, “what would you do, if you knew you could not fail?” Two years later, the SSF proudly announced a loud and clear goal of “50 in 5” to change the face of Sjögren’s.

Read more about Taylor’s presentation and other “50 in 5” updates on SSF blog Conquering Sjögren’s at http://info.sjogrens.org/conquering-sjogrens/
Meet Brian Simms of Brendanwood Financial

Brian Simms, Financial Planner and proprietor of Brendanwood Financial, organized a Golf Outing last August to benefit the Sjögren’s Syndrome Foundation.

Brian decided to Stand Up for Sjögren’s and organized this event in honor of his mother, Shirley Simms! The event included a day of golf followed by dinner and silent auction with items donated from other area businesses.

We applaud Brian for deciding to increase Sjögren’s awareness in Indianapolis and encourage his network of business associates to join him in making a difference! The event raised $1,000.

Congratulations to Brian Simms for Standing Up for Sjögren’s!

How will you Stand Up?

Is Dry Eye Disease making your eyes burn?

Find the experts at AllAboutDryEye.com

Millions suffer from Dry Eye Disease, and yet the vast majority are not receiving the care they need. The first step toward relief from dry eye symptoms is talking to an expert doctor. You’ll be cared for by certified specialists in tear testing at an Accredited Dry Eye Center. These centers use the TearLab® Osmolarity System, the most advanced technology to diagnose and manage Dry Eye Disease. For more information about Dry Eye Disease, or to locate an Accredited Dry Eye Center expert near you, visit us at AllAboutDryEye.com

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In Memory of Martha Howe  
The Woodlands-Conroe Sjögren’s Syndrome Support Group

In Memory of Charis Neve Brown  
David Brown  
Jolie Dellaneve-Brown  
Harold & Pam Brown

In Memory of Irene Sealer  
Carol & Ron Slattery  
Susan Kalinowski, Michael & Ben Borenstein  
Carol Kalinowski & Barry McDonnell  
Robert & Suzanne Ostrowski  
Jeffrey & Barbara Kitt

In Memory of Joy Cox  
Doug Adams & Family  
Joan Keith  
Bucky

In Memory of Sharon Smart  
Tom & Carol Rost

In Memory of “Care,” Co-Founder of Sjögren’s World  
Bucky

In Memory of Rosemary T. McCambridge  
Lloyd & Jane Human  
Frances Glowienka  
Carole LaFond  
Marijane & Phillip Flasch  
Joan & Phillip Dibb  
Patricia Morrissey  
Ruth Ann & David Schneider  
Kay & Paul Shippell  
Marcia Williams  
Michael & Laura Jagielski  
Danielle Johnson

In Memory of Anne Kilbride  
Winnie, Rich, Cathy, Tim & Wendy Seeger  
Robin & Stan Alterman

In Honor of Cheryl Levin  
Solk & Associates, Inc.

In Honor of Kathy Hammitt  
Peakland Baptist Church

In Honor of Emily Schetky  
Bonnie Foss

In Honor of Harriet Fried  
Diane Weil

In Honor of Kate Snider  
Mom

In Honor of Karen Desberg  
Elaine Ripponer

Remember your loved ones and special occasions with a donation to the SSF in their name.

Walking to raise awareness and understanding. Let’s all take a step to a better tomorrow.

Contact Sjögren’s Syndrome Foundation at 800-475-6473 and get information on hosting your own Walkabout.

Host an event in your area... We’ll help.

If you are interested in organizing a Sip for Sjögren’s event in your area, please contact Pat Spolyar, Director of Awareness, at 800-475-6473, ext. 221 or pspolyar@sjogrens.org.
As a Sjögren’s patient, it’s easy to feel confused or overwhelmed by the abundance of information available about the illness and how it affects your body. But here is your opportunity for “Charting the Course” for an educational journey to take control of your health and day-to-day living by learning from the best minds dealing with Sjögren’s. This April, join fellow Sjögren’s patients and their family members as well as healthcare professionals and other experts who specialize in Sjögren’s at the 2012 SSF National Patient Conference in La Jolla, California.

SSF programs are the best Sjögren’s patient education opportunities in the country. They have helped thousands gain a better understanding of Sjögren’s and will help you, too. This two-day event will feature an array of presentations from the country’s leading Sjögren’s experts – physicians, dentists, eye care providers, and researchers – who will help you understand how to manage all key aspects of your disease. Presentation topics will include:

- Overview of Sjögren’s Syndrome
- Sleep Disorders and Sjögren’s
- Dermatological Issues and Sjögren’s
- Gastrointestinal Issues of Sjögren’s
- Gynecological and Urinary Issues with Sjögren’s
- Sjögren’s Survival: A Patient Perspective
- Is it Lupus or Sjögren’s?
- Management of Dry Eye
- Dry Mouth and Sjögren’s
- Testing New Drugs and Future Directions
- Sjögren’s Research Update

So this April 20-21, we invite you to join with us in “Charting the Course” to an amazing opportunity for heightening your understanding of Sjögren’s at the 2012 National Patient Conference in La Jolla, California!

Call 800-475-6473 or visit www.sjogrens.org today to receive the latest information.
Refund requests must be made in writing. Registrants whose written requests are received by March 30th will receive a 75% refund. After that time, we are sorry that no refunds can 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 (301-530-4420, ext. 214) by April 11th.

A limited number of rooms are available at the San Diego Marriott La Jolla (4240 La Jolla Village Drive, La Jolla, CA 92037) at the SSF rate of $120 per night plus tax if reservations are made by March 26, 2012. Call the toll-free hotel reservation number at 800-228-9290 or call the San Diego Marriott La Jolla directly at 858-587-1414 and refer to the group name “Sjögren’s Syndrome Foundation” for the discounted rate.

The San Diego Marriott La Jolla is approximately 15 miles from the San Diego International Airport. The hotel does not provide a shuttle service. Alternate transportation suggestions: Super Shuttle/800-974-8885. Estimated Taxi Fare/$43 (one way).

Questions? Call 800-475-6473 or visit www.sjogrens.org
Coordinate a Bold Blue Day for Sjögren’s!

**What is Bold Blue Day?**

Imagine your colleagues or classmates trading in their tailored slacks or dresses for a day in **blue jeans** or **bold blue** to raise vital funds for Sjögren’s research and awareness.

Ask your company or your school (even your kid’s school) to consider doing a dress down day for the SSF.

**How does it work?**

Each person choosing to dress down would donate a suggested amount to the SSF as their fee for participating. Some companies suggest $5 while others companies/schools let each person decide how much they want to donate.

**What if your company doesn’t ever allow jeans?**

Then just have a **BOLD BLUE DAY** – where on a certain day everyone chooses to wear their favorite **BOLD BLUE** outfit! Then collect donations for the SSF that day as well.

To receive more information or have a “Bold Blue Day” kit sent to you, contact Cynthia Williamson at (800) 475-6473 ext. 205 to receive your “Bold Blue Day” kit.