



# Patient Education Sheet

## Rheumatoid Arthritis and Sjögren's Syndrome

*The SSF thanks Richard Brasington, MD for authoring this Patient Education Sheet.  
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- Rheumatoid arthritis (RA) and Sjögren's syndrome (SS) are both common autoimmune diseases. Because they often may occur together, physicians should be sure to look for evidence of Sjögren's in their RA patients!
- RA is a form of systemic inflammatory arthritis in which many joints, especially the small joints of the hands and feet, become swollen and stiff. If not treated effectively, RA can lead to permanent joint damage, disability and even a shortened life span.
- Sjögren's is another systemic inflammatory disease, typically causing dry eyes and dry mouth. Inflammation of "exocrine" glands lead to diminished tear and/or saliva production.
- Both RA and SS can involve other organs. For example, RA can involve inflammation of nerves and the lining of the heart. SS can cause inflammation of the peripheral and central nervous systems.
- We do not understand the cause of either condition. Both RA and SS are "autoimmune diseases" in which uncontrolled activity of the immune system becomes misdirected toward our own tissues rather than protecting us from infectious organisms.
- We believe that some people inherit the tendency to develop RA and Sjögren's and that the diseases develop when something in the environment, perhaps an infection, stimulates the immune system to react. The immune system becomes unrestrained and runs amok, producing damage to our own tissues and organs.
- In many cases, the diagnosis of RA and SS is straightforward: RA patients have swollen painful joints, and SS patients have dry eyes and mouth. However, sometimes the distinction is not so clear. For example, a patient with primary SS might have joint pain without swelling. Primary SS can also look very much like systemic lupus erythematosus (SLE), another systemic autoimmune disease.
- The diagnosis of both conditions is considered a "clinical diagnosis," meaning that recognizing a certain pattern of symptoms and clinical findings leads to the diagnosis.
- Laboratory tests are often helpful. For example, about 80% of RA patients have a positive blood test for "rheumatoid factor (RF)." Over half of SS patients are positive for "SSA" or "anti-Ro." But this is not as simple as it might seem. Patients with primary SS often have a positive RF test without having RA, and patients with RA and secondary SS may have a positive SSA test. Test results must be interpreted in the context of all other symptoms and findings in an individual patient.
- SS often causes very distressing dryness in the mouth, eyes, breathing tubes and vagina which can often be effectively treated with local lubricating agents and systemic medications. However, SS can sometimes have very serious complications: the risk of developing lymphoma is increased 40-fold in SS patients.
- Likewise, although the major problem in RA is joint pain and fatigue, severe RA which is not effectively treated shortens the life expectancy considerably, especially due to the increased risk of heart disease.
- Effective treatment is available for both RA and SS. Each person requires an individualized treatment plan based on the severity of his/her condition and specific problems. A rheumatologist is the physician most likely to be familiar with these conditions, although primary care doctors, ophthalmologists, orthopedists, dermatologists and other specialists have an important role to play.

For more information on Sjögren's syndrome contact the Sjögren's Syndrome Foundation at:  
6707 Democracy Blvd, Suite 325, Bethesda, MD 20817 • 800-475-6473 • [www.sjogrens.org](http://www.sjogrens.org) • [ssf@sjogrens.org](mailto:ssf@sjogrens.org).

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