As part of the Sjögren’s Syndrome Foundation’s (SSF) ongoing initiative to develop the first-ever U.S. Clinical Practice Guidelines (CPG) for Sjögren’s— we are proud to announce that our Ocular Guidelines have been finalized and published. These guidelines, the “Ocular Management in Sjögren’s” will help to ensure the quality and consistency of care for the assessment and management of Sjögren’s patients who suffer from dry eye.

In 2010, the SSF initiated the development of clinical guideline recommendations for medical practitioners in three categories: rheumatology, oral medicine/dentistry and eye care providers. These guidelines are being developed by various committees of healthcare professionals who each have taken on a different aspect of Sjögren’s— including systemic, ocular and oral manifestations.

Taking place every two years, the International Symposium on Sjögren’s Syndrome (ISSS) brings together researchers and clinicians from around the world. This symposium is the only scientific meeting that brings together a collaboration of rheumatologists, eye care providers, dentists and researchers to present the latest scientific research and discuss clinical findings for Sjögren’s.

This four day conference, chaired by Roland Jonsson DMD, PhD, in Bergen, Norway began on May 19th and featured numerous presentations on the various manifestations of Sjögren’s. This year, the Sjögren’s Syndrome Foundation (SSF) was honored to be invited to present the SSF’s work on developing the first-ever Clinical Practice Guidelines (CPG) for Sjögren’s. The presentation was given by four esteemed SSF volunteer medical leaders – Dr. Fred Vivino, Dr. Steven Carsons, Dr. Stephen Pflugfelder and Dr. Michael Brennan. These guidelines will help standardize patient care in the...
The work continues on 16 systemic manifestation guidelines and oral guidelines will each be published as they are finished and peer reviewed over the next year and coming years. The first set to be completed and peer reviewed is our ocular guidelines and we know you join with us in celebrating this momentous milestone for the Foundation but most importantly for Sjögren’s patients!

**SSF Ocular Guidelines Process:**

In creating the ocular guidelines, the 2007 report of the International Workshop on Dry Eye (DEWS) was used as a starting point for panels of eye care providers and consultants to evaluate peer-reviewed publications and develop recommendations for the evaluation and management of dry eye disease associated with Sjögren’s. The publications were graded according to the American Academy of Ophthalmology Preferred Practice Pattern guidelines for level of evidence and the strength of recommendation was according to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) guidelines. Final recommendations were then developed using a Delphi process, which relies on a panel of experts answering questionnaires in two or more rounds.

The process of developing these guidelines was extremely rigorous and time consuming for the SSF and all the physicians who donated their time.

**SSF Ocular Guidelines Symptom Evaluation Findings:**

The ocular CPG established that in a given patient, the clinician must first determine whether the dry eye is due to inadequate production of tears (aqueous-deficient dry eye), excess vaporization, or a combination of both. The success of a treatment option depends upon this proper recognition and approach to therapy. Evaluation of a patient’s symptoms should be determined through a number of questionnaires that grade severity of symptoms. Practical considerations recommend the use of three specific questions (Table 1).

**Table 1**

**Key screening questions for dry eye disease. A patient reporting ‘Yes’ to any of the following warrants a full ocular examination**

- How often do your eyes feel dryness, discomfort, or irritation? Would you say it is often or constantly? (Y/N)
- When you have eye dryness, discomfort, or irritation, does this impact your activities (e.g. do you stop or reduce your time doing them)? (Y/N)
- Do you think you have dry eye? (Y/N)
RESTASIS® is the only prescription treatment for this type of Chronic Dry Eye disease. You can use artificial tears for temporary relief, but they cannot help you make more of your own tears. Only continued use of RESTASIS® twice a day, every day, can help you make more tears. Individual results may vary.

**Approved Use**
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 anti-inflammatory eye drops or tear duct plugs.

**Important Safety Information**
Do not use RESTASIS® Ophthalmic Emulsion if you are allergic to any of the ingredients. To help avoid eye injury and contamination, do not touch the vial tip to your eye or other surfaces. RESTASIS® should not be used while wearing contact lenses. If contact lenses are worn, they should be removed prior to use of RESTASIS® and may be reinserted after 15 minutes.

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 the Brief Summary of the full Product Information. Call 1-866-271-6242 for more information.

Are you using artificial tears often?
Could you have a disease called Chronic Dry Eye, caused by reduced tear production due to inflammation?
Have you called your optometrist or ophthalmologist, asked to get screened, and seen if RESTASIS® is right for you?

Go to restasis.com. Take the Dry Eye Quiz and show the results to your eye doctor.

Make your eyes your priority—call your optometrist or ophthalmologist, ask to get screened, and see if RESTASIS® is right for you.
RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05%

BRIEF SUMMARY—PLEASE SEE THE RESTASIS® PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION.

INDICATION AND USAGE
RESTASIS® ophthalmic emulsion is indicated to increase tear production in patients whose tear production typically should not wear contact lenses. Advise patients that if contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reininserted 15 minutes following administration of RESTASIS®.  

ADVERSE REACTIONS

Clinical Trials Experience Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In clinical trials, the most common adverse reaction following the use of RESTASIS® was ocular burning (17%). Other reactions reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).  

Use with Contact Lenses 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 reininserted 15 minutes following administration of RESTASIS®.  

INFORMATION.

Pregnancy Teratogenic Effects: Pregnancy Category C Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 5,000 and 32,000 times greater (normalized to body surface area), respectively, than the daily human dose of one drop (approximately 28 mcL) of 0.05% RESTASIS® twice daily into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryotroblast toxicity was observed in rats 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 3,000 and 10,000 times greater (normalized to body surface area), 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 postpartum, a maternally toxic level, exhibited an increased in postnatal mortality; this dose is 7,000 times greater than the daily human topical dose (0.001 mg/kg/day) normalized to body surface area assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (2,000 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.

Geriatric Use 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 60 times greater than the daily human dose (0.001 mg/kg/day normalized to body surface area) for 9 weeks (male) and 2 weeks (female) prior to mating.  

PATIENT COUNSELING INFORMATION Handling the Container Advise patients to not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. To avoid the potential for injury to the eye, advise patients to not touch the vial tip to their eye.  

Use with Contact Lenses RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. Advise patients that if contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reininserted 15 minutes following administration of RESTASIS® ophthalmic emulsion.  

Administration Advise patients that 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.

Rx Only

ALLERGAN

Based on package insert 71876US18 © 2015 Allergan, Inc. Irvine, CA 92612, U.S.A.  

(n) marks owned by Allergan, Inc.  

Patented. See www.allergan.com/products/patent_notices Made in the U.S.A.
An Inside Look at Sjögren’s & Dry Eye

Congress officially declared July “Dry Eye Awareness Month” in 2005 to help educate the public about chronic dry eye symptoms and treatment options. During the month of July, the SSF partners with other organizations to help educate ocular professionals about the importance of properly treating patients with dry eyes and the possibility of an underlying medical condition like Sjögren’s.

Chronic dry eye affects millions of Americans and has two main causes: decreased secretion of tears by the lacrimal glands and loss of tears due to excess evaporation. Both can lead to ocular surface discomfort, often described as feeling of dryness, burning, a sandy/gritting sensation, itchiness, visual fatigue, sensitivity to light and blurred vision.

In Sjögren’s, a person’s white blood cells mistakenly invade moisture-producing glands, including the lacrimal glands, causing inflammation and reducing secretion, which causes dry eye to be one primary symptoms of the disease. The challenge is that normal healthy tears contain a complex mixture of proteins and other components that are essential for ocular health and comfort (see Figures 1&2 below) and this complex mixture is compromised with Sjögren’s.

As the SSF Ocular Clinical Practice Guidelines (CPG) outline, treatment options for dry eye depends on the cause and severity in each individual patient, and it is important to be examined by an eye care professional who is trained to diagnose and treat ocular diseases – the SSF has also developed a few simple solutions for coping with chronic dry eye.

SSF Dry Eye Survival Tips

- Carry a wet washcloth in a zip-top bag to place on your dry eyes when traveling.

Figure 1: Normal healthy tears.

Figure 2: Tears of chronic dry eye.
While currently there is no single test to diagnose Sjögren’s, which is one of the reasons that the SSF research program focuses on Novel Diagnostics projects, there are a number of clinical tear function tests that can be performed in an office setting to evaluate dry eye patients and determine the volume and stability of tear function. This includes tear meniscus height and rapid tear film breakup time (TFBUT) and the Schirmer test to find the tear secretion rate that helps differentiate evaporative dry eye from aqueous-deficient dry eye. A more advanced diagnosis of dry eye can be done by measuring tear film osmolarity. This test may also be used to monitor a therapy’s response.

Additional tests include evaluation of the lid blink function and health of the eyelid margin (particularly the meibomian glands) to quantify evaporative dry eye and the application of topical dyes, including fluorescein, rose bengal, and lissamine green, can be used to discover damage to the ocular surface.

SSF Ocular Guidelines Recommendations & Summary:

The algorithm presented in Figure 1 details the options available based upon both a patient’s severity level and response to previous therapies. Recommendations show how management of dry eye depends upon the nature of the dry eye and the severity of symptoms, further highlighting why an early Sjögren’s diagnosis and proper treatment is needed to help prevent the disease’s serious complications and improve a patient’s quality of life. As the disease’s severity increases, so does the type of treatment options that should be considered.

In early disease, tear replacement with topically applied artificial tear or lubricant solutions may be sufficient, but progressive or more severe inflammation of the lacrimal gland and ocular surface occur both as an inciting event in many cases and as a secondary effect as the dry eye disease worsens, called keratoconjunctivitis sicca (KCS), which can require the use of dietary supplements (omega 3 essential fatty acids), anti-inflammatory measures (e.g., topical corticosteroids or cyclosporine), or oral secretagogues.

Eye care providers need to be aware that the presence of dry eye may signal the process of Sjögren’s, particularly when it is associated with inflammation, difficulty in management, or the presence of dry mouth, fatigue and joint pain. If Sjögren’s is suspected, a physician should refer the patient to a rheumatologist for systemic treatment and may refer the patient to other specialties as needed.

**“Guidelines for Ocular Management” continued from page 2 ▼**

**“Guidelines for Ocular Management” continued from page 8 ▼**
# Treatment algorithm based upon severity level and response to therapy

Management algorithm based upon determined level of severity of dry eye disease using the International Dry Eye Workshop severity scale. Progression of therapy is determined by response to prior treatment option. Evidence and strength of recommendation are according to GRADE system.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Treatment</th>
<th>Severity Level 1</th>
<th>Severity Level 2</th>
<th>Severity Level 3</th>
<th>Severity Level 4</th>
<th>Evidence</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry eye disease – Aqueous deficiency without meibomian gland disease</td>
<td>Education and environment/diet modification</td>
<td>good</td>
<td>STRONG</td>
<td>MODERATE STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elimination of offending systemic medication</td>
<td>good</td>
<td>STRONG</td>
<td>MODERATE STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Artificial tears, gels, ointments</td>
<td>good</td>
<td>STRONG</td>
<td>MODERATE STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Omega 3 essential fatty acid supplement</td>
<td>moderate</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-inflammatory therapy: cyclosporine</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-inflammatory therapy: pulse steroids</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Punctal plugs</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretagogues</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moisture chamber spectacles</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Topical autologous serum</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact lenses</td>
<td>good</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permanent punctal occlusion</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systemic anti-inflammatory medication</td>
<td>moderate</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eyelid surgery</td>
<td>good</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry eye disease – Aqueous deficiency with meibomian gland disease</td>
<td>Education and environment/diet modification</td>
<td>good</td>
<td>STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elimination of offending systemic medication</td>
<td>good</td>
<td>STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Artificial tears with lipid component</td>
<td>good</td>
<td>STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eyelid therapy: warm compress, massage</td>
<td>good</td>
<td>STRONG</td>
<td>STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Omega 3 essential fatty acid supplement</td>
<td>moderate</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-inflammatory therapy: cyclosporine</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anti-inflammatory therapy: pulse steroids</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Topical azithromycin</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Liposomal spray</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Possible oral doxycycline</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expression of meibomian glands</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Punctal plugs</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretagogues</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moisture chamber spectacles</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Topical autologous serum</td>
<td>good</td>
<td>MODERATE STRONG</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact lenses</td>
<td>good</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permanent punctal occlusion</td>
<td>good</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uplift pulsed thermal compression</td>
<td>insufficient</td>
<td>DISCRETIONARY</td>
<td>DISCRETIONARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Probing of meibomian glands</td>
<td>insufficient</td>
<td>DISCRETIONARY</td>
<td>DISCRETIONARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Systemic anti-inflammatory medication</td>
<td>moderate</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eyelid surgery</td>
<td>good</td>
<td>DISCRETIONARY</td>
<td>MODERATE STRONG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Assumes use of the International Dry Eye Workshop severity scale
2 Evidence is graded as good, moderate and insufficient
3 Recommendations range from strong, moderate strong and discretionary
We encourage all patients to share these new guidelines with their eye care providers and talk to them about the recommended therapies published in these Ocular Clinical Practice Guidelines. Please also encourage them to sign up to receive the SSF’s Sjögren’s Quarterly, our complimentary scientific and medical journal written for healthcare providers. They can sign up by visiting our website at www.sjogrens.org or by calling the SSF office at (301)530-4420. Also, we encourage you to visit www.sjogrens.org to find the most updated information about upcoming SSF Clinical Practice Guidelines and watch future issues of The Moisture Seekers for additional guidelines as they are published.

The Sjögren’s Syndrome Foundation Clinical Practice Guidelines Committee (CPGC): Gary N. Fouls, MD, FACS, S. Lance Forstot, MD, FACS, Peter C. Donshik, MD, Joseph Z. Forstot, MD, FACP, FACR, Michael H. Goldstein, MD, MM, Michael A. Lemp, MD, J. Daniel Nelson, MD, FACS, Kelly K. Nichols, OD, MPH, PhD, Stephen C. Pflugfelder, MD, Jason M. Tanner, Dmd, PhD, Penny Asbell, MD, MBA, FACS, Katherine Hammitt, MA, and Deborah S. Jacobs, MD.

United States by giving rheumatologists, eye care providers, and dentists a road map of how to treat, monitor, and manage their Sjögren’s patients. The SSF’s CPGs were displayed as abstract posters during the Symposium.

In addition to being given the opportunity to present our CPGs at the symposium, the SSF’s CEO Steven Taylor and VP of Medical & Scientific Affairs Kathy Hammitt, were invited to take part in a patient panel to highlight the collaboration of 18 international patient groups who are working together to increase awareness and research for Sjögren’s. Steven Taylor moderated this panel with Kathy Hammitt representing patients from the United States, Maggy Pincemin representing France and Anne Britt representing Norway. This lively panel was the first time that patients were invited to present at the International Symposium and the SSF was proud to lead this panel.

The SSF was also impressed by the representation by U.S. researchers and clinicians who presented throughout the conference. We would like to thank all of our members and supporters who make it possible for the Foundation to attend and present at key conferences, like the ISSS, so that we can continue to be the leading advocate for those who suffer from Sjögren’s!
Dry Eye Glossary

Aqueous-deficient Dry Eye: Disruption of the tear film because of inadequate secretion of tears or because arteries become swollen and damaged.

Autologous Serum (Serum Tears): Autologous describes the fact that it is taken from the patient themselves; serum describes the component of the blood that is used to prepare the drop.

Blepharitis: Inflammation of the eyelids, often decreasing secretions from meibomian glands. Excess evaporation of tears can result, leading to dry eye.

Cornea: The clear dome on the front of the eye that covers the pupil and iris. Clear vision depends on a healthy, undamaged cornea.

Evaporative Dry Eye: Abnormally high evaporation of the tear film.

Lacrimal Glands: Glands that secrete water and most of the important proteins in tears.

Lateral Canthus: Corner of the eye situated laterally or away from the center of the face.

Meibomian Glands: Fat-producing glands in the eyelids that produce and secrete oils, an essential component of tears. These oils form a thin layer on top of the tear film, retarding evaporation.

Meibomian Gland Disease: The major cause of evaporative dry eye. One sign of meibomian gland disease is the presence of foamy debris, particularly at the lateral canthus.

Puncta: Small holes in the eyelids that normally drain tears. Punctal closure allows maximum tear preservation in patients with severe dry eye.

Punctal Plugs: Inserted in the puncta to increase the volume of tears retained on the surface of the eye.

Rose Bengal & Lissamine Green Test: Eyedrops containing dyes that an eye care specialist uses to examine the surface of the eye for dry spots.

Secretagogue: A substance/medication that can stimulate another substance (tears & saliva) to be secreted.

Schirmer Test: Measures tear production.

Tear Breakup Test: Measurement of tear breakup time is a standard part of the evaluation of dry eye since instability of the tear film is a characteristic of both aqueous-deficient and evaporative dry eye.

Tear Film: Protects and lubricates the cornea and the rest of the ocular surface. Natural tears are mostly water containing a complex mixture of proteins and other components.

Tear Osmolarity Test: Measures the concentration of the tear film, which can be elevated in either aqueous-deficient or evaporative dry eye.

Experience longer, thicker lashes and brows with AQ Skin Solutions® AQ Lash. Harnessing the power of natural growth factors, AQ Lash stimulates your body’s natural ability to grow longer lashes without unwanted side effects.

Longer, thicker lashes & brows
Natural products with no harsh chemicals
Based in regenerative medicine

CALL OR EMAIL TO PLACE YOUR ORDER TODAY.
Mention Sjogren’s, and receive a discount on your first order.
855.270.6740 | sjogrens@AQskinpro.com
Support your enamel health with BasicBites®... every day

BasicBites® are essential for individuals with dry mouth.

These delicious soft chews contain a unique, patented blend of vital nutrients that naturally help support enamel health... just like saliva.

The revolutionary technology in BasicBites Soft Chews was developed at Stony Brook University School of Dental Medicine.

- Landmark research identified beneficial bacteria on tooth surfaces.
- These helpful bacteria naturally convert a nutrient discovered in saliva (and contained in BasicBites) into tooth protective buffers which help keep teeth in their existing and healthy pH (acid/base) balance.
- Like healthy saliva, BasicBites also contain calcium to coat and support healthy enamel.

Two delicious BasicBites, every day, work behind the scenes to help maintain enamel health.

Leading dental professionals are recommending BasicBites. See why at www.basicbites.com/testimonials

Order Today with Free Shipping at basicbites.com or call 800 - 863 - 9943

Only $39.95
2 month supply

120 ct- 2 month supply carton, chocolate-flavored

* Also an excellent source of calcium.

sugar free soft chews essential for individuals with dry mouth

basicbites.com

The Seriously Delicious Oral Care Breakthrough
“Sjögren’s & Dry Eye” continued from page 5

- Avoid applying anything to the eyelids that can irritate your dry eye; products placed on the eyelid will get into the tear film.
- Sjögren’s patients with dry eye should carefully clean their eyelids with warm water or one of the commercially available eyelid cleansers.
- Try sterile eyelid cleansers or baby shampoo on a warm washcloth to help with blepharitis, a common condition in Sjögren’s that can cause chronic inflammation of the eyelids and eyelid margins.
- The mainstay of treatment for blepharitis, a chronic condition that accompanies dry eye and Sjögren’s, is warm compresses, lid massage and lid hygiene. If the blepharitis is acute, you might need a prescription antibiotic ointment.
- If your eyes are bothered by light, wear sunglasses or try lenses with a FL-41 filter.
- Use non-preserved artificial tears frequently and regularly, even when your eyes feel good. The goal is to keep your eyes comfortable, not to wait until they are uncomfortable.
- Keep the upper and lower eyelids free of facial creams at bedtime; they can enter the eye and cause irritation.
- Dry eye patients often develop or aggravate their environmental allergies. An over-the-counter allergy drop (even if preserved) used twice daily may help.
- Try ointments or gels at bedtime by first applying them only to the eyelids and lashes. If that is not helpful, place ~1/4 inch of ointment between the lower lid and eyeball.
- Eye ointments and gels can blur your vision and are usually reserved for overnight use.
- For dry eye, apply a warm, wet compress to the closed eyes using a washcloth. Apply at bedtime and upon awakening for 5 minutes, or more often if helpful.
- If your vision is blurred with artificial tear use, try a less thick (viscous) drop or ointment.
- Try moisture chamber glasses, wrap-around sunglasses, or other glasses, goggles or shields to prevent moisture evaporation and offer protection from air currents that irritate your dry eye.
IT’S TIME

United Way • Combined Federal Campaign • State Payroll Deduction

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. (CFC #10603)

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 they need more information, please contact the Foundation at 800-475-6473.

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:

In Memoriam

- In Memory of Barbara Birmingham
  - Mr. and Mrs. Romeo Bunag
  - Mr. and Mrs. Teddy Puchala
  - Richard and Pat Zdan
  - Claudia and Rich Kerbel
- In Memory of Bonnie Litton
  - Kathy Hammitt
- In Memory of Carol Bogol
  - Mary Ellen Mitch
- In Memory of Dennis Brintle
  - Reid and Debbie Link
- In Memory of Dolores B Ayotte
  - Cecile Charpentier
  - Clayton Ayotte
  - Jeremi Kahnik and Client Services Team
- In Memory of Donald L Gebhardt
  - John and Luella Lokemoen
  - Mr. and Mrs. Ulibari
  - Willis and Sherie Kelly
- In Memory of Doris Zemaitis Bauer
  - W.J. Bauer
- In Memory of Dr. Edmund C. Burke
  - David and Priscilla Sohn
- In Memory of Edna Lee Parsons
  - Betty Burkemper
  - Darlene March
  - Judy Grammenn
  - Leona and Robert Forbeck
  - Page and Tina Wagner
  - Ray and Sherry Diederich
  - Suzanne Simko
- In Memory of Faye Eddins
  - Holy Cross Board of Directors
  - Terri and Carol
- In Memory of Gail Henley
  - John and Marie Benjamin
  - McDonald Family
  - Mr. and Mrs. James Oslin
  - Richard and Marjorie Fisher
- In Memory of George Jacobs
  - Barbara Levin
  - Joan Goldberg
  - Scott and Debbie Rudin
- In Memory of Henrietta Hughes
  - Barbara and John Day
  - Edward and Margaret Demeter
  - Linda Coladonato and Joe Erb
  - Marie and Roger King
- In Memory of Margaret Spencer
  - Dane and Sharon Adams
  - Dorothy Bollinger
  - Larry Wilson BRAS
  - Martin and Susan Ackermann
  - William and Kathleen Reed
- In Memory of Mary Ann Kern Dick
  - Bobette Morgan
- In Memory of Norm Talal, MD, PhD
  - Kathy Hammitt
- In Memory of Penny Hammond Wolk
  - Sherree Meyers
- In Memory of Sally Thornton
  - Kathy Hammitt
- In Memory of Sajadill’s Syndrome Foundation San Diego – Imperial Chapter
- In Memory of Selena John
  - Dave and Mary Lou
  - Gene and Sylvia Gourley
- In Memory of Virginia G. Bullard
  - Dan Kumanich
  - Glenn and Dawn Confer

In Honor

- In Honor of Celine Kirts
  - Eileen and CJ
- In Honor of Liz Colavita
  - Moms Club of Abington Township
- In Honor of Lydia Spiegelman and Beth Dilk
  - Sue Laslo
- In Honor of Marie Kireker
  - Marilyn Yager
- In Honor of Mary McNeil
  - Paula and Ian Mercer
- In Honor of Penny and Joe O’Neill
  - Pat and Ed Meyerson
- In Honor of Sara Camuti
  - Felicia and Dominick Sansotta
  - Marty and Phyllis Ryan
- In Honor of Suzanne and Ray Paulson
  - Stephen Cohen, OD
- In Honor of Tim Lis
  - Heather Lis

Remember your loved ones and special occasions with a donation to the SSF in their name.
Missed the 2015 Conference?

Get all the vital information you need on audio CD!

Four of our most popular talks from the 2015 National Patient Conference held in Tampa, Florida, are available for purchase as audio CDs. Each talk is 30-40 minutes long and comes with the handouts used by the presenter.

In addition to the individual talks, you can purchase the conference kick-off session, a two-hour overview of Sjögren’s, its manifestations and treatment options.

Buy just the talks you want to hear or purchase the whole set!

<table>
<thead>
<tr>
<th>Title</th>
<th>Non-Member</th>
<th>Member</th>
<th>Qty</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Panel Discussion &amp; Overview: Systemic, Ocular and Oral Manifestations of Sjögren’s (2 hour CD) by Frederick Vivino, MD, MS, Stephen Cohen, OD, and Vidya Sankar, DMD, MHS.</td>
<td>$40</td>
<td>$25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Complications and Sjögren’s by Julius Birnbaum, MD, MHS</td>
<td>$30</td>
<td>$18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of Major Organ System Involvement in Sjögren’s by Daniel Small, MD</td>
<td>$30</td>
<td>$18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding the Otolaryngologic Manifestations of Sjögren’s by Myron B. Jones, MD</td>
<td>$30</td>
<td>$18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal Issues and Sjögren’s by Colin MacNeill, MD</td>
<td>$30</td>
<td>$18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maryland Residents add 6% sales tax

Shipping and Handling:
U.S. Mail: $5 for first item + $1 for each additional item
Canada: $14 for first item + $1 for each additional item
Overseas: $22 for first item + $1 for each additional item

Total Amount Due

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 ☐ Discover ☐ AmEx Card Number __________________________
Exp. Date ___________ Security Code ___________ Signature __________________________

Learning to Thrive with Sjögren’s 2015 National Patient Conference
The Sjögren’s Syndrome Foundation’s fiscal year ended on June 30th, and because of you standing up to Sjögren’s, we had an incredibly successful year.

It’s your help that allows the Foundation to continue to grow year after year! The SSF 2015-2016 National Event calendar will be released shortly, but you can view the first few events on the back of this issue.

The Foundation wants to thank everyone who stepped up by attending, volunteering or donating to one of our events over this past year! By working together with the many volunteers and participants in each community, our events alone raised over $500,000 to support the SSF’s scientific initiatives, research & patient programs. These SSF National Events included:

- Union Brewhouse Golf Tournament – September 8, 2014
- Brendanwood Financial Golf Tournament – September 12, 2014
- Cycle for Sjögren’s – September 13, 2014
- Vermont Rockin’ Trail Run & Walk – October 4, 2014
- Harrisburg Walkabout – October 18, 2014
- Mysterious Comedy Night – November 1, 2014
- Nashville Area Walkabout – November 8, 2014
- Capital Region Walkabout – November 15, 2014
- Chicago Area Streams in Desert Trivia – November 15, 2014
- Boston Sip for Sjögren’s – November 16, 2014
- Phoenix Walkabout & Health Fair – February 21, 2015
- New York City Sip for Sjögren’s – March 16, 2015
- National Patient Conference (NPC) – April 17-18, 2015
- Tampa Walkabout – April 18, 2015
- Philadelphia Walkabout & Health Fair – May 2, 2015
- Dallas Walkabout & Health Fair – May 16, 2015
- Atlanta Sip for Sjögren’s – May 31, 2015
- Denver Walkabout – June 6, 2015
And a special thank you to everyone who achieved our “Sjögren’s Star Status” by raising over $1,000 for an SSF Walkabout! View our Sjögren’s Stars on www.sjogrens.org.
Join in the fun!  
2015 SSF Fall Event Calendar

The SSF is very excited for all of our events coming this Fall. Look at our special event calendar below to see if there is an event coming to your area.

**September**

- **5-6** Team Sjögren’s  
  Disneyland Half-Marathon or 10K  
  Anaheim, California
- **13** Cycle for Sjögren’s  
  Marsh Jr. High School  
  Chico, California

**October**

- **3** Nashville Area Walkabout  
  More information will be posted on the SSF website
- **10** Rockin’ Trail Run 10K or 5K  
  Niquette Bay State Park, Vermont
- **17** Harrisburg Walkabout  
  Harrisburg Mall  
  Harrisburg, Pennsylvania
- **18** Northern Virginia Sip for Sjögren’s  
  Frying Pan Farm Park Auditorium  
  Herndon, Virginia

For us to grow and continue to fight for patients, we need volunteers to help us organize SSF events. If you are interested in getting involved, please contact Ben Basloe at (301) 530-4420 x207 or bbasloe@sjogrens.org.