About Sjögren’s

Sjögren’s (“SHOW-grins”) is a systemic autoimmune disease that affects the entire body. Along with symptoms of extensive dryness, other serious complications include profound fatigue, chronic pain, major organ involvement, neuropathies and lymphomas.

Sjögren’s is the second most common autoimmune rheumatic disease, affecting as many as four million Americans, with an estimated 2.5 million patients currently undiagnosed. Women are nine times more likely than men to develop Sjögren's. The average age of diagnosis is around 40, although it can occur at all ages and ethnicities.

Sjögren’s is a systemic autoimmune disease in which the body attacks moisture-producing glands and affects the entire body. Although the most common symptoms are dry eyes, dry mouth, fatigue and joint pain, Sjögren’s may cause dysfunction of other organs, affecting the kidneys, gastrointestinal system, blood vessels, lungs, liver, pancreas, and the nervous system. While some people experience mild discomfort, others suffer debilitating symptoms that greatly impair their functioning. Patients also have a higher risk of developing lymphoma, a group of blood cancers that start in the lymphatic system or the lymph nodes or glands.

Early diagnosis and proper treatment is critical for preventing serious complications and may greatly improve the quality of life for individuals living with Sjögren’s. Unfortunately, reaching a diagnosis can often be difficult and has been found to take an average of three years. Sjögren’s often is undiagnosed or misdiagnosed because disease symptoms frequently overlap with or “mimic” those of menopause, allergies, or medical conditions such as lupus, rheumatoid arthritis, fibromyalgia, and chronic fatigue syndrome.

Healthcare providers sometimes treat each symptom individually and do not recognize that a systemic disease is present, because all disease symptoms are not always present at the same time and because Sjögren’s can involve several body systems. Currently, there is no single test to confirm a diagnosis.

Rheumatologists have primary responsibility for managing Sjögren’s and patients are also seen and treated by specialists such as ophthalmologists, optometrists, dentists and other specialists depending on their complications. Today there is no cure for Sjögren’s, however both prescription and over-the-counter treatments may improve various symptoms and prevent complications. Since Sjögren’s affects each patient differently, a patient and their physician should work together to develop a personalized plan to treat various symptoms.

The Sjögren’s Foundation is the only non-profit organization focused on increasing research, education and awareness for Sjögren’s. The Foundation strives to foster innovative research with novel approaches that will have the greatest potential impact on Sjögren’s patients, to ensure new therapeutics are developed and a cure found. In addition, clinical research is being conducted to develop new therapeutics that will treat the entire disease, not just one symptom.

For more information about Sjögren’s, visit the Sjögren’s Foundation at www.sjogrens.org or call (301) 530-4420.