

CONQUERING Sjögren's

May/June 2022

The Many Faces of Sjögren's



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CONQUERING Sjögren's

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Carrie Ann Inaba and Venus Williams Support Sjögren's Awareness

The Foundation was thrilled to have both Carrie Ann Inaba and Venus Williams join with us during Sjögren's awareness month to show their support for all patients. Every patient has a unique and powerful story to share, which is why Sjögren's Awareness Month 2022 featured 30 real patients and shared their stories to raise awareness about the complexity of the disease. This year, Carrie Ann and Venus used their public platforms to highlight the patient voice and the strength of this community.



Photo credit: Glenn Nutley, The Content Collective

On April 1, Carrie Ann Inaba, judge on ABC TV's "Dancing with the Stars," and Sjögren's patient, launched this year's awareness month by sharing her story as a patient.

"As a patient, I am proud to kick-off the #ThisIsSjögrens campaign where 30 real patients will share insight into their Sjögren's journey. I hope these stories will help create a better understanding of Sjögren's."



Photo Credit: Laura Metzler Photography

Venus Williams, professional tennis player and Sjögren's patient, closed out the campaign on April 30 by sharing a personal and very powerful message to fellow patients.

"I am Venus Williams, and I have Sjögren's. Sjögren's is a complex and often invisible disease. As a patient, I was misdiagnosed many times and my symptoms got progressively worse to the point where I couldn't play professional tennis anymore. I understand the daily struggles and the strength it takes to open about your journey, but I also know the support and education that is created by awareness. I applaud all the patients who shared their stories during Sjögren's Awareness Month and everyone who is living with this disease. Your stories have inspired me, and I encourage all patients to continue to talk about their disease and make their health a priority. You are not alone."

We applaud Carrie Ann, Venus, and everyone who stood up this month by sharing their Sjögren's journey to help increase awareness of this serious, systemic, and prevalent disease. Learn more about Sjögren's Awareness Month 2022 on page 4. ■

Sjögren's Awareness Month: Real Patients, Real Stories #ThisIsSjögrens

Sjögren's is one of the most prevalent but still lesser-known autoimmune diseases, which creates a misunderstanding about the disease. Often described as an "invisible disease," Sjögren's affects patients differently and everyone has a unique and powerful story to share. The Foundation's #ThisIsSjögrens campaign was created to tell the stories of real Sjögren's patients, because you are the voice and face of the Foundation. It is the collection of your experiences, physically and emotionally, that truly portrays the diversity of this complex disease.

Every day in April, the Foundation featured a different patient on our website and shared insight into their life. This year's campaign focused on both the complexity of symptoms and tips about how self-care can be used to help manage Sjögren's. Each daily post gave a small glimpse into *what is Sjögren's* and together, these 30 stories showcased the complexity of the disease and the strength of this community.

Thank you to everyone who supported this year's awareness month and helped make it our most successful awareness campaign to date! Even though April is over, every day is an opportunity to start a conversation about Sjögren's and how it affects you. We encourage you to continue to look for ways to connect with the Foundation and add your voice to ours as we work to conquer the complexities of Sjögren's and transform the future for all patients.

Below are seven of the stories shared this year and we hope you will visit www.sjogrens.org to view all the stories highlighted during Sjögren's awareness month.



Jacqueline 36 (diagnosed at 25)

My dry eye symptoms evolved into corneal ulcers and scarring, which has caused me to go blind in one eye. Sjögren's has taught me humility. I have limitations and that's okay. I am often emotionally exhausted from the daily struggle of living in a body that is at war with itself. While it can be difficult to talk about Sjögren's, life with this disease is easier with allies. #ThisIsSjögrens



D.J. 61 (diagnosed at 45)

My most difficult Sjögren's symptoms are tooth decay from dry mouth and muscle stiffness. I wish people understood that men can be diagnosed with this disease. My best Sjögren's tip is that you can say no when it's appropriate. Rest is often the best medicine when in a disease flare. #ThisIsSjögrens



Jo 87 (diagnosed at 52)

Although I was diagnosed at 52, I believe I've had Sjögren's for over 60 years. My best Sjögren's tip is to find a knowledgeable rheumatologist, ophthalmologist, and a good support group! #ThisIsSjögrens

Faces of Sjögren's



“Faces of Sjögren’s” *continued from page 5* ▼



Maci 19 (diagnosed at 15)

Sjögren’s has taught me to be someone who isn’t afraid to reach out to others and isn’t ashamed to admit my internal flaws. It might feel like nobody in the world understands, but there is a community of us who can relate and that is

what’s so important about the Sjögren’s Foundation. #ThisIsSjögrens



Ashley 29 (diagnosed at 26)

My most difficult Sjögren’s symptoms are fatigue, dizziness, and brain fog. I wish people truly understood that living with Sjögren’s is not easy. Although, I may not look sick, there are days when I feel awful. Despite all the ups and downs

that come with battling this chronic illness, it’s important to practice self-love. #ThisIsSjögrens



Jody 52 (diagnosed at 50)

Sjögren’s feels a bit like a roller coaster ride with the on again, off again symptoms and variety of problems. It is a lot to handle emotionally and physically. This disease has taught me to advocate for myself, not be afraid to ask questions

and speak up for my health. #ThisIsSjögrens



Konisha 47 (diagnosed at 45)

I have been diagnosed with Sjögren’s, lupus, and rheumatoid arthritis (RA), which impacts my life a lot more than what is visible to other people. My best Sjögren’s tip is to take it one day at a time.

#ThisIsSjögrens ■

Learn more about Sjögren’s Awareness Month 2022 by visiting www.sjogrens.org or scanning the QR code below.)



Support for Sjögren’s Awareness Month!

The Sjögren’s Foundation is honored to have outside organizations feature the Foundation and resources in support of Sjögren’s Awareness Month. Their support highlights the importance of listening to patients and the role that the patient story plays in research and advocacy for the disease.

2022 Sjögren’s Awareness Month Non-Profit Partners included:

- Arthritis Foundation
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- Foundation for the National Institutes of Health (FNIH)
- National Health Council (NHC)
- Research!America
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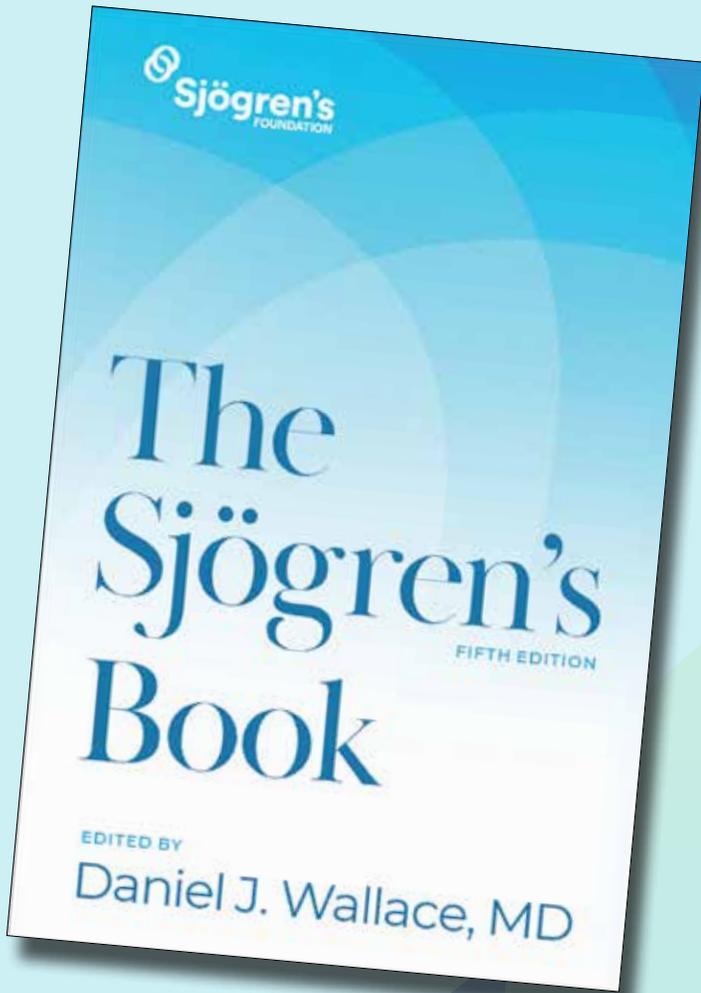
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Faces of Sjögren's





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The *Sjögren's Book*, Fifth Edition is a comprehensive and authoritative guide, produced by the Sjögren's Foundation and its medical advisors and edited by a leading authority on autoimmune disorders.

This expanded edition provides readers with the best medical and practical information on this disease, bringing together current thinking about Sjögren's in an easily readable and understandable book and providing important new content on areas not covered in previous editions.

With more than fifty chapters written by leading experts, this book illuminates the major clinical aspects of the disease and is loaded with practical tips and advice as well as scientific advancements in the field.

Recognized as the bible for Sjögren's sufferers, this reliable and informative guide is the first place for patients to look when they have questions about this disabling disease. It is a valuable aid that patients can use while discussing their illness with their physician and an excellent resource for family members.

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Clinician's Corner:

“I've recently heard about the benefits of low-dose naltrexone. How is this medication used to treat Sjögren's patients and are there questions I should ask my doctor about when seeing if a prescription would be right for me?”

by Scott Zashin, MD, FACP, FACR
Private Practice, Dallas, Texas

Note from the Sjögren's Foundation

We don't know for certain whether low dose naltrexone (LDN) works as a treatment for prominent symptoms of Sjögren's, because no large-scale, randomized placebo-controlled trials (the gold standard for determining if a therapy is effective in a disease) have been done. However, the potential for its use in Sjögren's patients is intriguing. The Foundation encourages all patients to talk to their physician about what specific treatment plan is best for their Sjögren's symptoms.

Low Dose Naltrexone As A Treatment For Sjögren's: What You Need to Know Before You Talk to Your Doctor

In the last three years, I have published two peer-reviewed case reports demonstrating the efficacy of low dose naltrexone, (LDN) in patients with Sjögren's disease.^{1,2} Prior to these publications, a pilot study was published showing effectiveness in the treatment of ten patients with fibromyalgia, a common condition associated with Sjögren's.³ Patients with muscle aches and pain, fatigue, brain fog and/or neurological symptoms might wish to discuss with their doctor the possibility of trying LDN to see if it helps with those symptoms. Be aware that all medications can have side effects (those associated with LDN are discussed later in this article) and potentially interact with other treatments, so discussions should include these possibilities. We hope larger studies will be done on LDN use in Sjögren's, but in the meantime, if you're considering trying LDN, it's important to understand how LDN affects the body, how it might help symptoms, its potential side effects, how to obtain the therapy, and how to talk with your doctor about it.

Naltrexone is a U.S. Food and Drug Administration (FDA) approved medicine that blocks the effects of opioids, which are potent pain medications. The dose of naltrexone that is FDA approved ranges between 50-100 mg. Surprisingly, when naltrexone is prescribed

in very low doses, (0.5 mg -4.5 mg) it provides both anti-inflammatory and pain-relieving properties.⁴⁻⁹ When one uses the term LDN, they are referring to the use of naltrexone at a very low dose.

Many Sjögren's patients describe widespread achiness and fatigue, as if they have the flu. Yet, as opposed to the flu, which is self-limited, Sjögren's patients deal with their symptoms every day. In addition, many complain of neurological symptoms such as burning pain and brain fog. In my experience, LDN may help with improving these neurological symptoms as well as pain and fatigue. Doctors have been prescribing LDN for many years but because it is off label, (i.e. not FDA approved), no pharmaceutical company manufactures the product. As a result, it needs to be obtained from a compounding pharmacy. Your doctor can send a prescription to one of the pharmacies listed on the website lowdosenaltrexone.org.⁷ Some of the pharmacies I have used over the years on that list include, Belmar in Golden Colorado, Skips in Deerfield Beach, and CareFirst in Cinnaminson, New Jersey.⁷ Once your doctor sends in the prescription, the pharmacy will typically contact you by phone to get a credit card. The pharmacies charge by the pill and costs typically range from 60 cents to one dollar. In general, patients will begin at a dose of 0.5 mg in the evening and then increase the medication by one pill weekly

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“Clinician's Corner” *continued from page 9* ▼

until they reach the 4.5 mg level. Some patients may start at a slightly higher dose to try to achieve efficacy sooner. Others may never need to get up to the 4.5 mg as lower doses may be effective. Pharmacies often offer a price break for 60 or more pills. Some pharmacies will fill the prescription with capsules and others with tablets.

To save additional cost, check with the pharmacy if their tablets can be broken in half. In other words, if the starting dose is 0.5 mg, your doctor could prescribe 1 mg tablets so you could split the pill. Because the tablets are small, patients may prefer not to cut the pills. You can also get the drug from a local compounding pharmacy. If you use a local pharmacy, make sure that the doctor writes on the prescription to use a short acting filler in case the pharmacy does not compound this medication frequently. By using a short acting filler, the drug inhibits the opioid receptors and endorphin receptors for a brief period which allows your body to increase the production of endorphins as a response to this blockade. The increase or up regulation of endorphins that occur with taking this medication is an important reason why the drug is efficacious.⁸ In addition, it is felt that LDN inhibits toll like receptors (TLR). TLR exist on many cells in the body such as microglial

cells which produce inflammatory causing substances. Inhibition of the TLR is an important mechanism for the anti-inflammatory properties associated with LDN.⁸ A common medication used in Sjögren's, hydroxychloroquine, also inhibits TLR.

LDN is well tolerated in most patients. It can be taken either in the morning or evening, but it is typically given in the evening due to some early research demonstrating efficacy with dosing this time of day.⁷ Its use may be associated with vivid dreams. If the dreams affect sleep adversely, the medication should be given in the morning. Uncommonly, a patient will feel agitated and if that happens the drug should be stopped. If surgery is planned, it is recommended to stop the medication at least 72 hours before the procedure so the patient can get maximum efficacy from narcotic medications that are typically used for surgery. In addition, if a patient is already on narcotics, these medications should be gradually tapered off and out of their system before starting LDN so there is no withdrawal effect. Depending on the duration of action of the pain medication or half-life, this can be up to one week or even longer. LDN can occasionally effect lab values, so blood work including kidney and liver function should be monitored periodically. It is also possible that patients on thyroid

continued page 12 ▼

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Description

- Holds 16.9 ounces (500ML) of liquid
- Double wall 18/8 stainless steel thermal bottle with copper vacuum insulation
- Threaded insulated lid, and powder coated finish
- Durable, scratch resistant, and smudge-proof with extra grip
- Height: 10.75"
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- Sjögren's Foundation signature color logo imbedded

Member Price \$35

Non-Member Price: \$38

	Qty.	Total
Sjögren's Foundation Water Bottle		
Member Pricing	\$35 ea.	
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Sjögren's Foundation Face Masks (2 pack)		
Member Pricing	\$12 ea.	
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Multiple layers of fabric made of 95% cotton and 5% spandex for flexibility and comfort with adjustable ear straps and built-in pocket for filter insert (filter not included).

Member Price \$12

Non-Member Price: \$15

“Clinician's Corner” *continued from page 10* ▼

supplementation may not need as much thyroid hormone if they are also taking LDN. As a result, it is important to monitor thyroid function as patients may become hyperthyroid (too high of levels) when LDN is combined with thyroid medication. It has been recommended that patients who are taking immunosuppressive medications for organ transplants avoid using LDN.⁸ Finally, like any medication, gastrointestinal symptoms can develop but sometimes changing the filler or mode of administration (switching to a ginger filler, or sublingual administration) may be helpful.

In summary, if you are interested in LDN, the following suggestions may be helpful when you communicate with your physician.

- Let your physician know you are aware of a treatment that might help improve some of your symptoms related to Sjögren's including musculoskeletal discomfort, nerve pain, brain fog and fatigue.
- Your doctor or provider may prefer you first try medications or other treatments that are used more frequently. These medications include, but are not limited to gabapentin, duloxetine corticosteroids, NSAIDs, hydroxychloroquine and other disease modifying medications.
- If your doctor or provider is open to prescribing LDN, provide them the name, phone number and fax of the pharmacy you would like to use.
- Let them know that you have read about the medication and are willing to accept the potential risks of trying a medication that is not FDA approved.
- Let them know that you are willing to have your blood monitored periodically to look for potential lab abnormalities that could be related to the medication.

Finally, provide them information or publications from medical journals listed below where they can learn more about the medication. ■

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Additional publications

1. Dickson, Windham, Smith, et al.: *The LDN Book*. Linda Elsgood (ed): Chelsea Green Publishing, White River Junction, VT; 2016
2. *The Promise of Low Dose Naltrexone Therapy: Potential Benefits in Cancer, Autoimmune, Neurological and Infectious Disorders* (McFarland Health Topics) 1st Edition: Elaine A. Moore

Review

Pharmacotherapy . 2018 Mar;38(3):382-389. doi: 10.1002/phar.2086. Epub 2018 Feb 23.

The Safety and Efficacy of Low-Dose Naltrexone in the Management of Chronic Pain and Inflammation in Multiple Sclerosis, Fibromyalgia, Crohn's Disease, and Other Chronic Pain Disorders
Denise K Patten 1, Bob G Schultz 1, Daniel J Berlau 1



IN MEMORIAM

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Gayle Godwin

In Memory of Brenda Koplin
Judith Strausberg

In Memory of Cindy Martin
Michelle Lauchner

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Brad Holt

Mary Elizabeth Boykin

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Darla Rae

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In Memory of Henri Bromberg

Tracey Edwards

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Hugh Aguinaga

In Memory of Mary Bachani

Maxine Patrone

Ed and Mary Sinkovich

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Prayer Partner

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Don Perry

In Honor of Lois Pippin
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Sandra Williams

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In Honor of Sjögren's Warriors
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Patient Survey *Living with Sjögren's* Summary of Major Findings

The Sjögren's Foundation is excited to share results from our recent *Living with Sjögren's* patient survey – a project that many of you contributed to by sharing your experience of living with this serious and systemic disease.

The *Living with Sjögren's* patient survey was conducted by The Harris Poll on behalf of the Sjögren's Foundation. This survey was designed to gain insight

into the variety and severity of what adult Sjögren's patients living in the U.S. experience and how the disease impacts their quality of life.

This summary of major findings includes details on the experiences of patients, physical, mental, emotional and financial impact of the disease. The following data demonstrates the serious and systemic nature of Sjögren's.

Find Support and Advice from a Sjögren's Support Group!

Attend free meetings and connect with others living with Sjögren's, while also learning how to best manage your disease.

To find a Sjögren's Foundation Support Group, please visit www.sjogrens.org.

Support Groups Provide:

- Patient-to-patient sharing of experiences
- An opportunity to connect and exchange helpful coping techniques
- A place to learn about new resources, products and services



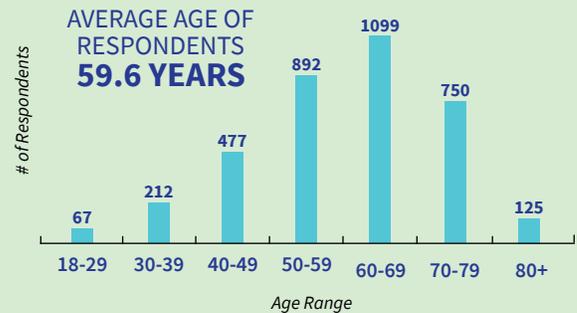
LIVING WITH Sjögren's

SUMMARY OF PATIENT SURVEY

The Living with Sjögren's patient survey was conducted by The Harris Poll on behalf of the Sjögren's Foundation and was designed to gain insight into the variety and severity of what adult Sjögren's patients living in the U.S. experience and how the disease impacts their quality of life. The following data demonstrates the serious and systemic nature of Sjögren's.

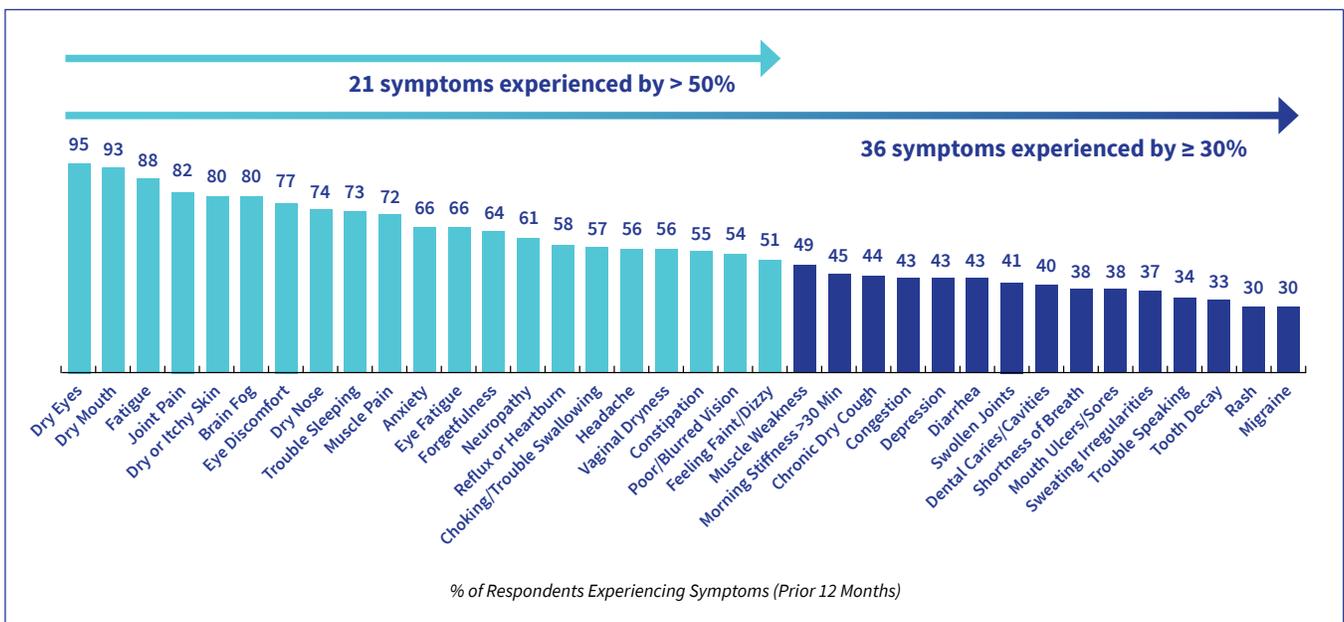
Demographic Profile

Respondents (n=3,622) ranged in age from 18 to 94 years old and were predominantly female (97%). The average age when receiving a diagnosis was 49.7 years, though 13.6% of respondents were diagnosed at 35 years or younger. When the shortest (5%) and longest (5%) times to diagnosis were removed, the average time to receive a diagnosis was 3 years. The median time to diagnosis was 1 year. More than half of all respondents believe they had Sjögren's in early adulthood (<35) or childhood (<18).



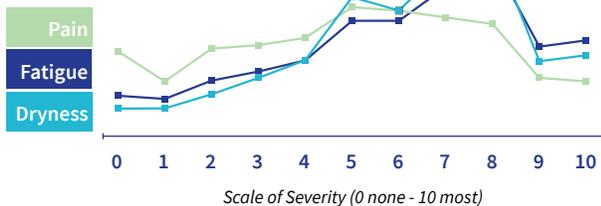
Symptoms Experienced in the Past Year

The complex and multi-system nature of Sjögren's means that patients experience a wide range of symptoms. Symptom frequency for the 48 symptoms provided ranged from 6% to 95% for the prior 12 months. A majority of respondents stated that 8 of these symptoms have a major or moderate impact on their life, including: fatigue (79%); dry eyes (75%); dry mouth (73%); joint pain (65%); trouble sleeping (64%) eye discomfort (60%); muscle pain (56%); and brain fog (54%).



Subjective Burden

When considering symptoms during the past two weeks, respondents rated the subjective burden (0-10 scale) of dryness as 6.5, fatigue as 6.4 and pain as 5.0. These averages are comparable to the data collected in 2016, with slight increases seen in both pain and fatigue.



25%

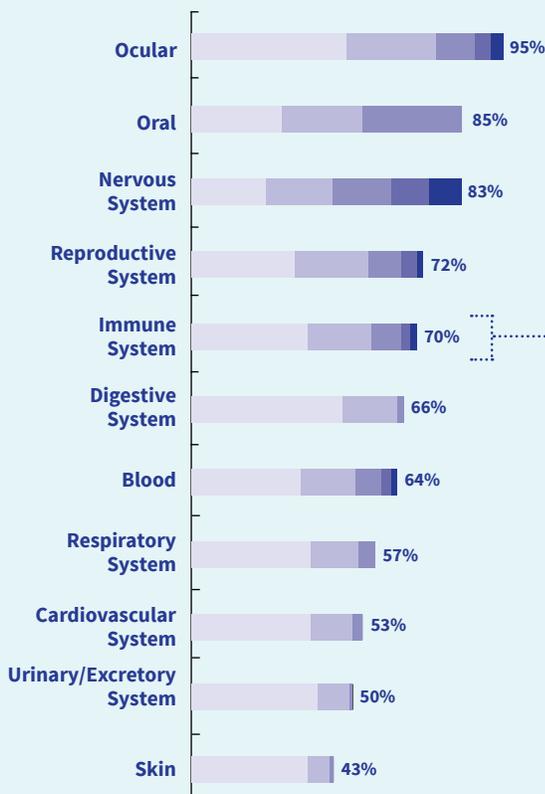
of respondents claimed **fatigue** had the greatest negative impact on their life.



Diagnosed Conditions

More than 80% of respondents are diagnosed with at least one ocular, oral and nervous system-related condition. Gastroesophageal reflux disease (GERD) (55%) continues to be a leading medical issue diagnosed among Sjögren's patients, as are dryness-related conditions (dry eye, 94%; dry mouth leading to major dental work, 64%; and vaginal dryness, 58%). Other frequently diagnosed manifestations and comorbidities include: anxiety/depression (50%); neuropathy (45%); sinusitis (40%); irritable bowel syndrome (38%); Raynaud's syndrome (37%); and hypertension (36%).

Other Diagnosed Conditions by Type & System



% = total with a diagnosed condition

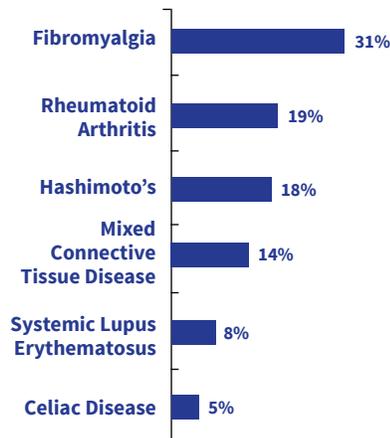


Colors indicate portion of total with a certain # of diagnosed conditions

Diagnosed Autoimmune Conditions

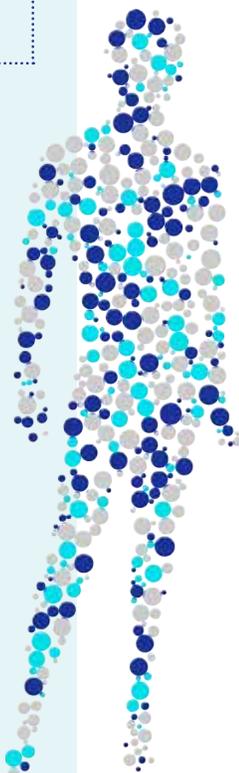
Seventy percent (70%) of respondents have at least one immune-related condition other than Sjögren's, and, within this group, 49% have two or more.

Reported Diagnosed Autoimmune Conditions



A majority of respondents have a blood relative with an autoimmune disease.

Of those who did, 18% have a blood relative with Sjögren's and 63% have a blood relative with another autoimmune disease.



Day to Day Impact

For the majority of respondents, living with Sjögren's makes every day a challenge (79%), and nearly one quarter of respondents feel their ability to be independent is greatly impacted. Additionally, many respondents experience a negative impact on their ability to exercise (55%), participate in hobbies, social activities, and extracurricular activities (52%), travel or take a vacation (44%), perform activities of daily living (36%) and drive (17%) due to their Sjögren's.

The majority of respondents stated they have had to make changes at home (79%) and or work (64%).

In the home, the majority of patients have had to stop or cut back on housework (76%) and many have had to hire additional service providers for help (33%). Nearly one quarter of respondents have had to modify their living space to accommodate their mobility limitations.



Sjögren's impacts the ability of many to enjoy (33%) or taste (17%) food and has led patients to make dietary adjustments (36%).



Work:

Many respondents have had to take days off (42%), work a reduced schedule of hours (30%), stop working altogether (30%) or make a career change (29%) because of their Sjögren's.

Financial Impact

The majority of respondents stated that Sjögren's adds a significant financial burden to their life (67%), with the greatest single cost, on average, being dental care (\$1,580). Across age groups, costs did not vary greatly, with respondents who reported costs spending an average of \$6,769 annually on disease management and care. The inability to work led 9% of respondents to apply for financial aid.

Mental & Emotional Burden

Respondents stated that living with Sjögren's causes a significant emotional burden (81%) and the majority struggle to cope with their disease (66%). Respondents aged 18-29 were most likely to report a significant emotional burden (91%) and those aged 30-39 were most likely to state that they struggle to cope with their disease (71%). Forty percent (40%) of all respondents stated they experience a great deal or a lot of negative impact on their mood, with younger respondents reporting this most frequently (18-29, 63%; 30-39, 58%). Additionally, anxiety and depression (50%) were common diagnoses in the group as a whole, and in those experiencing anxiety, 63% said it has a major or moderate impact on their life.

Respondents stated that personal relationships were negatively impacted by Sjögren's as well, including sex life (41%), relationships with friends and family (28%) and caring for children (11%).

Forty percent (40%) of respondents stated they have trouble remembering details related to work and home. Additionally, many respondents have an impaired ability to concentrate, both on a single task (39%) and multiple tasks (46%) and nearly half have trouble finding the correct word during conversations (45%).

81%

of respondents say living with Sjögren's causes a significant emotional burden.



“Brain fog” (80%)

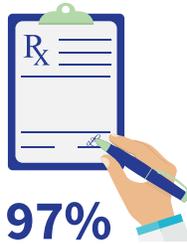
is a commonly experienced symptom in Sjögren's.

Treatment & Care

The complexities of Sjögren's lead many patients to require frequent care and the use of multiple treatments and medications. On average, respondents use 3.7 over-the-counter (OTC) products, 3.3 prescription products and see 4.4 health care providers, annually. On the higher end of care, 23% of respondents reported using 10+ medications (OTC and prescription combined) and see 6+ health care providers.

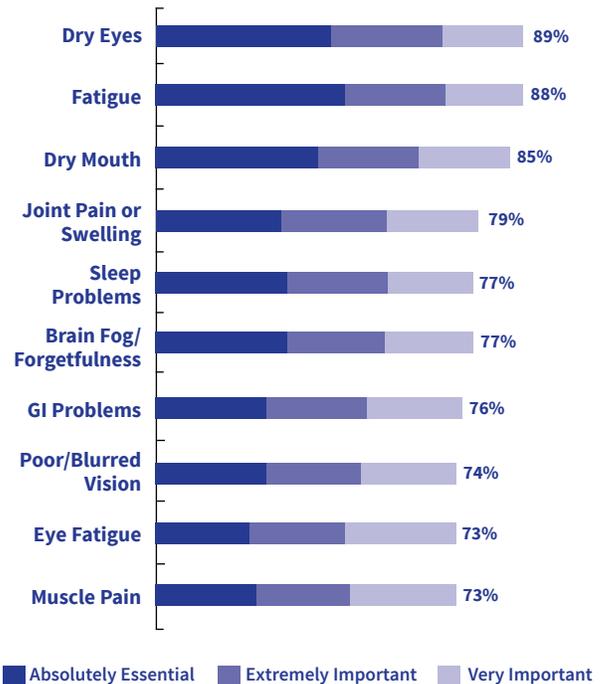
The most common currently used products are eye drops, artificial tears and eye ointments (85%) and vitamin D supplements (82%). Notably, 54% of respondents stated they currently exercise as a way to help manage their Sjögren's, while 32% stated that they used to exercise but no longer do. More than half of the respondents currently or have previously used anti-depressants, with those aged 18-29 (37%) and 50-59 (36%) the most likely to report current use.

Despite the high number of treatments and medications being used, more than 50% of respondents noted 21 symptoms in which they feel improved treatments are necessary.



97% of respondents somewhat or strongly agree that they wish there were **better treatments for their Sjögren's.**

Better Treatments Needed



About the Survey

The *Living with Sjögren's* patient survey was conducted by The Harris Poll on behalf of the Sjögren's Foundation and was available online between October 13 and November 8, 2021. This survey was open to all adult (≥18 years old) Sjögren's patients living in the United States and 3,622 completed responses were received. Data represents only the individuals surveyed.

About the Sjögren's Foundation

The Sjögren's Foundation is the only non-profit organization focused on increasing research, education and awareness for Sjögren's, one of the most prevalent autoimmune disorders, affecting as many as 4 million Americans, with an estimated 2.5 million patients currently undiagnosed. For more information, visit www.sjogrens.org or call (301) 530-4420.

Sjögren's Fast Facts

As many as **4 MILLION AMERICANS** have Sjögren's with an estimated **2.5 MILLION PATIENTS** currently undiagnosed

9 OUT OF 10 Sjögren's patients ARE WOMEN

The average age of Sjögren's diagnosis is **40 YEARS** It can occur in ALL AGE GROUPS Frequency appears to INCREASE WITH AGE

It now takes an average of **2.8 YEARS** to receive a Sjögren's Diagnosis



LEARN MORE sjogrens.org

(301) 530-4420
www.sjogrens.org
 10701 Parkridge Blvd. Suite 170
 Reston, VA 20191



COVID-19 Vaccine: *Fourth Dose Recommendations and Sjögren's*

The Sjögren's Foundation's COVID-19 Vaccination Committee is continually monitoring the pandemic to keep you accurately informed about COVID-19, vaccines, and boosters. This committee is made up of rheumatology and immunization experts and led by Dr. Alan Baer.

On April 4, 2022, Janet E. Church, Sjögren's Foundation CEO, and Cassandra Calabrese, DO, member of the Foundation's COVID-19 Vaccination Committee, discussed the current recommendations for the "second booster" of the vaccine. In a video available on the Foundation's website, they discuss evolving COVID-19 precautions, the fourth dose vaccine recommendation, and other topics that could impact you as a Sjögren's patient.

Information includes:

- Vaccine & booster risk/benefit recommendations
- New medication options for Sjögren's patients on immunosuppressive drugs such as rituximab
- New option for Sjögren's patients on immunosuppressive drugs such as rituximab! EVUSHELD™ (tixagevimab co-packaged with

cilgavimab) is a long-acting monoclonal antibody used as a preventive medicine to increase antibodies to COVID-19 before COVID-19 exposure. Ask your doctor about EVUSHELD™

- The new COVID-19 Omicron variant BA.2
- Suggestions about social distancing and masking

We encourage you to visit our website and view all our COVID-19 resources, including the recent video with Dr. Calabrese about recommendations for the "second booster" of the vaccine.



Clinical Trials in Sjögren's

Clinical trials are a crucial element in medicine and healthcare to help develop drugs that will treat or possibly cure certain diseases. Researchers use clinical trials to test if a drug works, how well it works, how safe it is and how it compares to any currently available treatments.

The Sjögren's Foundation has a section on its website devoted to clinical trials in Sjögren's and a listing of clinical trials that are currently recruiting Sjögren's patients.

To learn more visit:

www.sjogrens.org/living-with-sjogrens/clinical-trials





Conquering Sjögren's

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If you would like to receive this newsletter but are not currently a Member, please contact us at (301) 530-4420

Event Calendar



June

Team Sjögren's Virtual Race

Saturday, June 4-5, 2022

Colorado Virtual Walk for Sjögren's

Saturday, June 11, 2022

Texas Virtual Walk for Sjögren's

Saturday, June 11, 2022

July

World Sjögren's Day

Saturday, July 23, 2022

**Team,
Sjögren's**

 **Walk for
Sjögren's** 2022
CELEBRATING OUR STRENGTH

To learn more about a Walk for Sjögren's event, please visit:
events.sjogrens.org or contact Jessica Levy at (301) 530-4420 ext. 218.

events.sjogrens.org