

# The Sjögren's Syndrome Foundation Moisture Seekers



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SjogrensSyndromeFoundation

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## Q&A



*"The recent SSF Clinical Practice Guidelines for Caries Prevention mentioned fluoride treatment but I've heard it's a neurotoxin and can have negative health effects. What are the pros and cons of using fluoride as a patient?"*

**A** There are nuances to the statement that "fluoride is a neurotoxin," which should be clarified. The statement should read, "fluoride is possibly a neurotoxin in the developing brain." This statement is based on statistical studies using children living in non-industrialized areas with drinking water containing naturally occurring very, very, very high levels of fluoride. In fact, the fluoride levels were up to 10 to 16 times that which is allowed in drinking water in the United States. These studies suggested that the lower IQ's found in these children were the result of neurotoxicity in the developing brain from ingesting high levels of fluoride. The average loss of IQ was approximately 6.75 points with a standard deviation of 15 points. Thus the average loss of IQ was actually within the measurement of error of IQ testing. It was generally acknowledged that each of these studies had deficiencies including not mentioning if there were other contaminants in the ingested

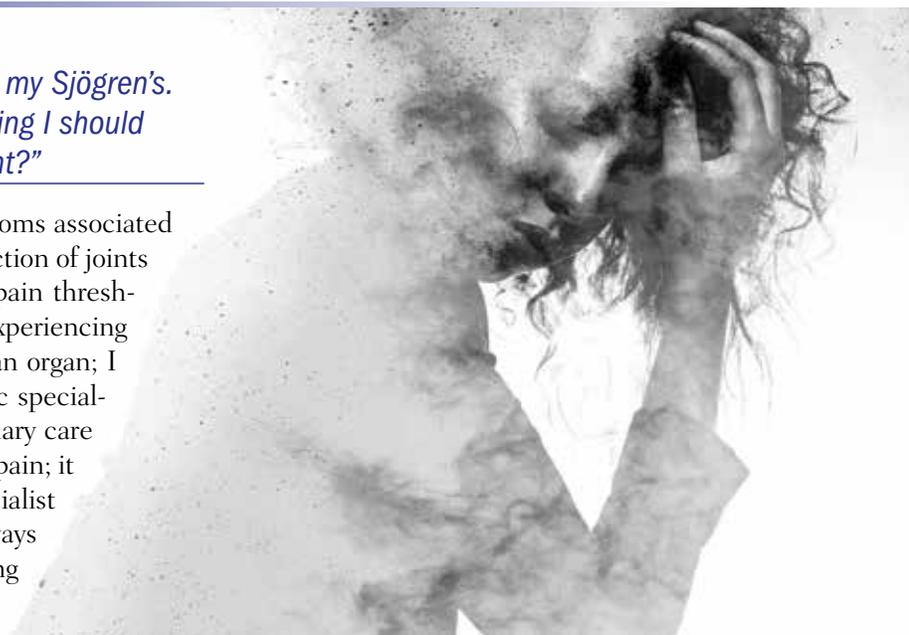
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*"I experience daily chronic pain with my Sjögren's. Who should I see and is there anything I should know before going to an appointment?"*

**A** Chronic pain is one of the most common symptoms associated with Sjögren's. Inflammation leads to the destruction of joints and sensitization of nerves, therefore, lowering the pain threshold. If you believe that the chronic pain you are experiencing may be visceral in origin, for instance coming from an organ; I recommend starting with primary care or the specific specialist in that area of medicine. Additionally, if your primary care provider has been managing your chronic abdominal pain; it may be prudent to seek out a consultation with a specialist to review further treatment options. It may not always be possible, to decipher whether the pain is originating

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### “Q&A” continued from page 1 ▼

water (i.e., lead, arsenic, iodine, or other chemicals), which could also affect the developing brain. It is important to remember that most ingested substances can be TOXIC if ingested in excessive quantities over a specified amount of time.

My statistics professor would also stress, “correlation does not imply causation.” Just because drinking water with very high fluoride levels is correlated with a drop in IQ, it does not mean that drinking the heavily fluoridated water actually caused the shift in IQ and thus neurotoxicity. There are many examples, but consider the case of hormone replacement therapy (HRT) being shown to be correlated with a decrease in coronary artery disease (CAD). Further trials showed that HRT actually increased CAD! Reanalysis of the data suggested that it was actually a healthier diet and lifestyle that was reducing the CAD, not HRT. Whether fluoride actually causes neurotoxicity as measured by IQ has not been well defined.

It is important to note that the Sjögren’s Syndrome Foundation (SSF) recommendation for caries prevention suggests the use of a topical fluoride. A topical application of fluoride results in little to no measurable fluoride in the blood. The fluoride is not directly ingested. Consequently, it would not be possible for a topical fluoride, applied as directed, to result in consistently high levels of fluoride within the body to cause toxicity. In addition, the majority of Sjögren’s individuals are considered to have mature brains. That means they are not susceptible to any potentially neurotoxic effects resulting in a loss of IQ points. There are no cons to the use of topical fluoride in an individual who is highly susceptible to caries because of low salivary flow. The pro to the use of topical fluoride is that it can inhibit and even reverse the dental caries process. Fluoride works. And this statement is supported by close to a century of research and scrutiny.

*Ava Wu, DDS*

*School of Dentistry Clinical Professor, University of California San Francisco*



*“I’m hearing a lot about the microbiome.*

*What is it and how could it affect my Sjögren’s?”*

**A**The prevalence of autoimmune diseases are on the rise, and this is true specifically for Sjögren’s. So what gives? Evidence clearly points to environmental changes, such as the food we eat and our exposure to microbes and toxins, as the likely root of autoimmunity.

Relatedly, your gut has also struggled to deal with changes in the environment. In the past decade, there have been thousands of research articles looking at the connection between the health of your gut, autoimmunity, and arthritis. Your gut microbiome, the 100 trillion or so bacteria that live within you, are key players in the health of your immune system. When this

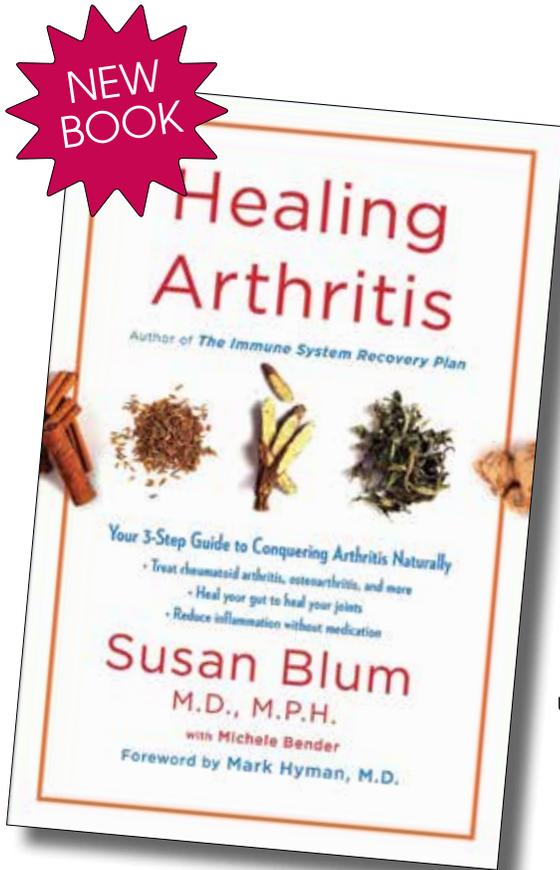
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## Healing Arthritis: Your 3-Step Guide to Conquering Arthritis Naturally

by Susan S. Blum, MD, MPH (Author), Mark Hyman (Foreword)

Author of the bestselling *The Immune System Recovery Plan* shares her science-based, drug-free treatment plan for the almost fifty million people who suffer from arthritis: an amazing 3-step guide to eliminate the disease naturally.

Arthritis is the most common cause of disability in the world—greater than both back pain and heart disease. One example, Rheumatoid Arthritis (RA), is the most common autoimmune disease, affecting 1% of the US population, and almost 68 million people worldwide. Conventional medicine tends to treat arthritis with strong, gut-damaging, immune-suppressing pain medications, temporarily relieving the symptoms of the disease without addressing its root causes. Now, in her groundbreaking new book, Dr. Susan Blum, a leading expert in functional medicine, offers a three-step protocol designed to address the underlying causes of the condition and heal the body permanently by:

- Treating Rheumatoid Arthritis, Osteoarthritis, and more
- Healing your gut to heal your joints
- Reducing inflammation without medication

Dr. Blum's innovative method includes a two-week plan to quickly reduce pain through anti-inflammatory foods and supplements; followed by an intensive gut

repair to rid the body of bad bacteria and strengthen the gastrointestinal system for a dramatic improvement in arthritis symptoms and inflammation; and then addresses the emotional issues that contribute to inflammation, and eating a simple, Mediterranean inspired diet to maintain a healthy gut.

Featuring detailed case studies, including Dr. Blum's own inspiring personal story, *Healing Arthritis* offers a revolutionary way to heal your gut, repair your immune system, control inflammation, and live a happier, healthier life... arthritis-free.

This book can be purchased using the order form below, online at [www.sjogrens.org](http://www.sjogrens.org) or by contacting the Sjögren's Syndrome Foundation office at 800-475-6473.

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~Sandy B.

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amazing difference in my skin."

~Victoria D.

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the SSF patient conference in Seattle.



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"Q&A" continued from page 2 ▼

microbiome is out of balance (a condition called dysbiosis), it causes increased permeability of the intestinal lining (also called leaky gut) and both of these conditions are believed to be at the root of autoimmune conditions like Sjogren's.

Using a Functional Medicine approach to treat autoimmunity, we address the root causes of disease, instead of just treating symptoms: Healing the gut is always where we start. I offer readers a deep understanding of the gut, including what can go wrong and how to repair it, in my new book, *Healing Arthritis*. You can also find our online "HealMyGut" programs at blumhealthmd.com.

Susan S. Blum, MD, MPH  
Founder and Director, Blum Center for Health

**Q** "I am starting to experience hair loss. Can this be connected with my Sjogren's and what can I do about it?"

**A** Hair loss can be caused by a number of conditions including hormonal or genetic causes, medications, inflammatory conditions of the scalp, autoimmune disorders, or shedding of the hair that can occur after a change in health status. Patients with Sjogren's can have hair loss, but their underlying Sjogren's is not always to blame. A thorough history and physical exam by a dermatologist can help to elucidate the underlying cause of the patient's hair loss and will guide treatment.

As Sjogren's patients often have a concurrent autoimmune disorder it is important to confirm entities like cutaneous or systemic lupus are not the cause of the hair loss. Control of the underlying autoimmune disease is the priority in this case to improve the hair loss. If cutaneous lupus is present, topical medications, injectable medications, and sometimes-internal medications are needed. Significant illness or major life events, which can affect Sjogren's patients, can produce a shedding of the hair called telogen effluvium that fortunately is self-resolving. Androgenetic alopecia, a type of hair loss that can be caused by genetic or hormonal factors, and is not related to Sjogren's, can begin with a widening of the midline part of the hair. Topical minoxidil (Rogaine) 5% foam or solution is usually the first line treatment. As a number of other conditions can also produce hair loss, I would encourage you to see your dermatologist to diagnose your type of hair loss and formulate a treatment plan.

Natalie Wright, MD, FAAD  
Texas

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# You Stood Up!

## *Nicole Celebrates her Birthday with the SSF!*

After going to the doctor for extreme fatigue in 2011, Nicole was diagnosed with Sjögren's. Of course, like many of you, her path to diagnosis was not smooth or swift. Once having the formal diagnosis and familiarizing herself with the disease, Nicole could now understand and had a name for, all of the seemingly random and unrelated symptoms she had experienced since she was a teen. She even recalls a few visits to a pediatric rheumatologist in high school and the consistent, unexplained high ANA (Anti-Nuclear Antibody) results.

Turning to the Sjögren's Syndrome Foundation (SSF) for information on the disease has helped her to understand how to help manage her symptoms, and also to find materials that help her explain what she is experiencing to loved ones and friends. The body image poster "This is Sjögren's" is one of her personal favorites!

In 2015, Nicole participated in two Team Sjögren's half marathon events, one at Walt Disney World® and one at Disneyland®, through these she raised \$5,000 for the SSF and was awarded Disney's coveted Coast-to-Coast medal. Since she is unable to participate in this year's Team Sjögren's event in Las Vegas, she was looking for a way to still show her support to the SSF.

Fortunately, she says, "my symptoms are manageable, but with each birthday, and as I get older, I wonder if that will always be the case." That is why this year she decided to celebrate her birthday with a fundraiser and set up a page for friends and loved ones to donate.

"The birthday fundraiser seemed like the perfect platform to spread awareness and raise critical funding for the SSF. I easily exceeded my birthday goal (\$10 for every year of life!) and was humbled by the generous donations from my friends and family. Seeing another year of life, whether it's my 31<sup>st</sup> year or 100<sup>th</sup> year, is a major blessing as a Sjögren's patient. I intend to run as many miles and raise as much money for the SSF as possible while I am still physically able, and on behalf of all the patients who are unable," said Nicole

The SSF is honored that Nicole shared her birthday with the SSF and helped raise the critical funds and awareness needed for Sjögren's.

Hosting your own awareness event is a great way to let your friends, family and community become more familiar with Sjögren's. The SSF is happy to support independent awareness/fundraising activities by supplying brochures and other materials. If you would like to learn more about hosting your own event, please contact the Foundation at 800-475-6473, ext. 207.



## “Chronic Pain” continued from page 1 ▼

from an organ, muscle, joint or nerve, as combination causes to pain are quite common.

Musculoskeletal pain in Sjögren’s is a leading cause of chronic debilitating symptoms. In addition to being evaluated by a rheumatologist, it may be helpful to seek out a consultation with a comprehensive pain medicine specialist to investigate underlying and contributing causes. For example, pain in the leg could be a variety of causes including: myalgia (muscle pain) commonly associated with Sjögren’s; neuropathy that is also a common manifestation in Sjögren’s or it could potentially represent a disc herniation in the lumbar spine, which is irritating neighboring nerve roots called radiculitis. While there are some overlapping treatments for these conditions, each ailment should have a distinct treatment plan. Diagnosing these conditions requires a thorough clinical evaluation, advanced imaging (usually in the form of an MRI or CT) and nerve conduction testing like an EMG (electromyography) study. Interventional pain management providers can perform specific injections or procedures to areas of inflammation or irritation as well as provide medications.

Lifestyle modifications such as eating a healthy diet, regular exercise, weight management, proper sleep, stress reduction, and eliminating tobacco have all been proven to decrease chronic pain in studies. Avoid foods that contribute to inflammation like highly processed and fried substances; excessive sugars, flour, dairy and red meat. Con-

sider an elimination diet to decipher which foods may be contributing to inflammation and pain. Incorporating more fresh fruits and vegetables, nuts and lean proteins may be beneficial. Ensure that you are getting the necessary vitamins vital for cellular healing. If not, take a supplement.

Specifically, vitamin B and D deficiencies have been shown to be a cause of pain. Other natural supplements like turmeric, ginger, rosemary, garlic and fish oil are powerful anti-inflammatories, which may diminish pain. It may also be helpful to seek out a physical therapist, chiropractor, acupuncturist, biofeedback specialist or massage therapist. A TENS (transcutaneous electrical nerve stimulation) unit can interfere with brain perception of pain and stimulate a release of endorphins and enkephalins, which are your bodies own natural pain blockers. Additionally, regular yoga, tai chi, qi gong and meditation practices may be effective for pain and induce healing. Always check with your healthcare provider if natural supplements and exercise are appropriate and safe prior to initiating.

It is vital to be your own best advocate. Have questions prepared ahead of time and if possible, educate yourself to gain a general knowledge base about the condition or area of concern. This may prove to be very valuable when conversing with the healthcare provider. Always seek additional opinions from specialists as you know your body best and if something does not feel right keep pushing for answers and solutions.

*Rebecca Hosey, DC, MSPAS, PA-C*

*Dr. Rebecca Hosey is a Board Certified Physician Assistant and Chiropractor. She was diagnosed with Sjögren’s in 2015.*

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# SSF in Action!

## Increasing Sjögren's Awareness among Healthcare Professionals

This fall the Sjögren's Syndrome Foundation (SSF) will be attending and exhibiting at the American Academy of Optometry 96<sup>th</sup> Annual Meeting in Chicago. The Academy's Annual Meeting offers a wide variety of clinically relevant continuing education (CE) courses and cutting edge research in the clinical and vision sciences. With over 7,000 in attendance, it is a wonderful opportunity for us to connect with optometrists from across the country and increase professional awareness of Sjögren's.

The SSF will have an exhibit booth where attendees can learn about Sjögren's, the Foundation and available resources for both patients and providers. We will chat with optometrists, share information and connect them with our medical newsletter and

clinical practice guidelines resource sheets for ocular management in Sjögren's.

We are excited about the clinical program on Sjögren's entitled "Crying without Tears: Sjögren's Syndrome" presented by Margarete Recalde, OD, FAAO. This will discuss Sjögren's, what to look for and its effects on patients, as well as, diagnosis and management.

Reaching healthcare professionals in conference settings is a wonderful opportunity to meet new optometrists who may be just learning about Sjögren's and taking a more in depth look at the disease, as well as, reaching seasoned providers who are looking to get the most up-to-date information on the disease and how they can help their patients. ■

“Q&A” continued from page 4 ▼

**Q** “I notice as the weather changes my Raynaud’s becomes more severe. What can I do to help prevent a flare?”

**A** Raynaud’s phenomenon (RP) is a painful condition that results in color changes of the fingers and toes. In cold temperatures, the blood vessels in the skin and digits normally contract and divert blood to essential organs. However, in RP the contraction of blood vessels in the skin and digits becomes exaggerated. RP can exist by itself or in association with an autoimmune disease, like scleroderma or Sjögren’s. RP is common in Sjögren’s, affecting 15-30% of patients; and more severe RP is seen in Sjögren’s patients who have anti-centromere antibodies.

During a flare of RP, the skin suddenly changes in color, including shades of white, blue, or red. The sequence of white to blue to red color changes may not be seen in all patients, but the white phase is a classic for RP. The hands may also be painful or achy; tingly or numb; or even clumsy while holding objects. Rarely, skin ulcers develop on the tip of the fingers or toes. Exposure to cold temperatures from the outdoors, air conditioning or refrigerators, or transitions from warm to cool temperatures can trigger a flare of RP. Also, activation of the sympathetic nervous system (“fight or flight” response) during pain or stress may provoke a flare of RP.

A detailed history and exam by a physician can confirm a diagnosis of RP and exclude other conditions that mimic RP. It is important to discuss treatment options with a rheumatologist, including the need for medications (e.g. calcium channel blockers) if flares are severe and unresponsive to non-pharmacologic measures. However, there are several tips to follow to help prevent a flare:

- Plan ahead and avoid abrupt shifts from warm to cool places
- Maintain a warm core body temperature by wearing long-sleeves, layered clothing, scarves, or a hat
- Keep extremities warm and dry with gloves/mittens, hand warmers, or thick socks
- Consider keeping a set of hand/foot warmers in your vehicle’s glove box for emergency use
- Avoid cigarette smoking as it can cause the blood vessels to contract
- Avoid decongestants or amphetamine-containing drugs that activate the “fight or flight” system
- Minimize caffeine intake
- Try relaxation techniques, stretching or yoga to control emotional stress

*Lindsay Kelmenson, MD*  
Instructor of Medicine, University of Colorado

**Q** “Is Sjögren’s common in dysautonomia patients?”

**A** Dysautonomia is an umbrella term used to describe several different medical conditions that cause a malfunction of the Autonomic Nervous System. The Autonomic Nervous System controls the “automatic” functions of the body that we do not consciously think about, such as heart rate, blood pressure, digestion, dilation and constriction of the pupils of the eye, kidney function, and temperature control. People living with various forms of dysautonomia have trouble regulating these systems, which can result in lightheadedness, fainting, unstable blood pressure, abnormal heart rates, malnutrition, and in severe cases, death. Dysautonomia is not rare. Over 70 million people worldwide live with various forms of dysautonomia. People of any age, gender or race can be impacted.

Sjögren’s is the second most common cause of autonomic neuropathy and has been associated with postural orthostatic tachycardia syndrome (POTS), orthostatic hypotension, orthostatic intolerance, autoimmune autonomic ganglionopathy, gastroparesis, and other forms of dysautonomia. In fact, the dry eye that Sjögren’s is well

*continued page 10 ▼*

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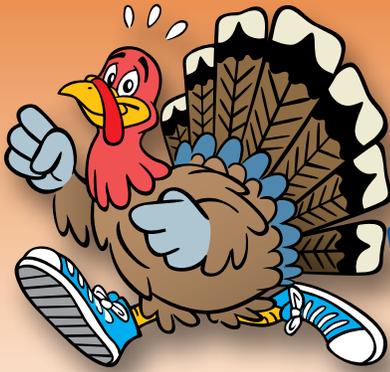
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# Team Sjögren's

## Team Sjögren's Goes Turkey!



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- Team Sjögren's T-shirt, with Turkey Trot logo on the front!
- Certificate of Participation
- "What is Sjögren's?" Brochure
- SSF Reusable Shopping Bag
- 1 SSF Pin



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- 2 Certificates of Participation
- 2 "What is Sjögren's?" Brochures
- 2 SSF Reusable Shopping Bags
- 2 SSF Hats
- 2 SSF Pins

This Thanksgiving, we hope you will consider participating in your community Turkey Trot as a member of Team Sjögren's!

What a great way to start your day of giving thanks – by purchasing a Team Sjögren's Turkey Trot Kit and walking or running with others in your area, increasing awareness for Sjögren's and helping raise crucial funds for Sjögren's research.

We hope you consider creating your own Turkey Trot by asking family and friends to join you for a morning walk on Thanksgiving in your neighborhood while wearing your Team Sjögren's T-shirts! You can also find a local Turkey Trot by visiting [www.active.com](http://www.active.com) or in your local newspaper.

Order your Team Sjögren's Turkey Kit by calling 800-475-6473 or online at [www.sjogrens.org](http://www.sjogrens.org). Additional T-shirts can be added to a Kit by calling the SSF office.

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**“Q&A”** *continued from page 8* ▼

known for is a symptom of dysautonomia, since the tear glands are controlled by the autonomic nervous system. 1 in 10 people who have dry eye have Sjögren’s, a disease that impacts 4 million Americans.

*Lauren E. Stiles, Esq.  
President and Co-Founder, Dysautonomia International*

*For more information on autonomic disorders, please visit [www.dysautonomiainternational.org](http://www.dysautonomiainternational.org).*

**Q** *“I can’t shake my recurring bronchitis. Could this be because of my Sjögren’s and are there treatment options?”*

**A** Bronchitis is broadly defined as a cough associated with an underlying upper airway inflammatory process, most often infectious in nature, but occasionally associated with other causes. In patients with Sjögren’s, the differential may be broad and include both superimposed and Sjögren’s related lung disease.

Symptoms that are considered chronic are those lasting or recurring for more than 3 months. In patients with Sjögren’s who may be on immunosuppressants that weaken or alter their immune system, ruling out infection should be the first step. Among infectious etiologies, viral syndromes are often the most common and lead to prolonged cough and airway irritation even after other symptoms have subsided. More serious infections such as those caused by bacteria or even fungus often crescendo and may require immediate medical attention.

After infection, intrinsic lung disease associated with Sjögren’s should be considered. This may affect up to 75% of all Sjögren’s patients in the course of their disease, and be symptomatic as a cough in as many as 41%. Lung manifestations may be broadly categorized into those that involve the airways such as xerotrachea or bronchiolitis, and those that involve the lung tissue such as interstitial lung disease or malignancy. A cough is often not the only respiratory symptom in this setting and may be accompanied by shortness of breath, low-grade fever, malaise, or weight loss. In order to diagnose a suspected pulmonary process associated with Sjögren’s, your doctor may need to order a chest CT scan and breathing tests. A more advanced evaluation may also include bronchoscopy or surgical biopsy.

Xerotrachea (which translates literally to ‘dry airway’) may manifest as dry cough and is often clinically diagnosed by bronchoscopy revealing dry and irritated airway mucosa. A biopsy may confirm decreased bronchial glands though some have theorized dysfunction with secretion rather than the absence of the glands themselves. Larger airways can also be affected by a process known as bronchiectasis, a structural abnormality identified on CT as thickened and non-tapering airways which often leads

to poor secretion clearance and increased risk of local infection and injury. This is often only diagnosable with a chest CT and defined by anatomical abnormalities even when respiratory symptoms are absent. More distant airways may be affected by bronchiolitis or so-called ‘small airways’ disease, which often manifests as a dry cough and shortness of breath. Pulmonary function testing is often abnormal and may mimic asthma or COPD-like findings though the disease is not associated with smoking and may often progress with little response to therapy.

Finally, the lung tissue itself may be affected by a wide range of presenting interstitial lung disease, from faint and patchy infiltrates to more consolidative and fibrotic findings and even thin-walled cysts. These by definition are not though may be difficult to distinguish from infection initially. Two particular features that might be helpful are the appearance and distribution of radiologic findings (diffuse and bilateral vs. focal or patchy) and their chronicity over time (often progressive without spontaneous resolution). While CT findings often point towards a specific diagnosis, some patients may require bronchoscopy or surgical lung biopsy to confirm the underlying disease process. The decision to pursue this requires close assessment of clinical findings and radiologic features, as some interstitial findings may be associated with certain forms of lymphoma.

In conclusion, a recurrent cough or bronchitis may require a broad approach, as there are multiple possible causes whose workup and treatment vary depending on the suspected underlying process. Close follow-up and evaluation of non-resolving symptoms with your physician are key to early management and preventing chronic or irreversible injury.

*Teng Moua, MD  
Division of Pulmonary and Critical Care Medicine, Mayo Clinic  
Rochester, MN*



 **in memoriam**

**In Memory of Emma Lauretti Harris**

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Maggie Rothstein  
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# Research Update

## New Breakthrough from SSF Grantees

*"Findings yield new clues to puzzling autoimmune disease"*

**O**klahoma Medical Research Foundation (OMRF) scientist and former SSF research grant recipient, Kathy Sivils, Ph.D., and her colleagues have identified a strong association between a variant in a gene called OAS1 and susceptibility to Sjögren's. This variant may provide valuable insight into the genetic basis of Sjögren's, as well as other autoimmune conditions with similar triggers.

This research was completed by the Sjögren's Genetics Network (SGENE) that consists of an international coalition of researchers led by scientists at OMRF, including two former SSF Research Grantees: Dr. Kathy Sivils and Dr. Christopher Lessard.

"There was very little evidence for a connection to autoimmune disease prior to our study. Firmly establishing this new association with Sjögren's then led us to look at the gene's function in more detail," said OMRF scientist, co-leader of the project and former SSF research grant recipient, Christopher Lessard, Ph.D.

"If we can get out ahead of the disease, it might help lessen the severe damage that can occur in salivary glands and other organs," Dr. Sivils said. "Early diagnosis and proper treatment are crucial, and discoveries like this one may give researchers and healthcare professionals more to work with as they look for clues to this perplexing disease."

Although this is only one step in unlocking the mystery of Sjögren's, this breakthrough gives hope for future researchers to investigate causes, progressions, and treatments at the disease's genetic level.

"On behalf of Sjögren's patients, the Sjögren's Syndrome Foundation (SSF) applauds OMRF for its commitment to finding the many unanswered questions about the disease," said SSF CEO, Steven Taylor. "Dr. Sivils and Dr. Lessard, along with their OMRF colleagues, continue to leave their mark in advancing Sjögren's research, and patients worldwide will benefit from their hard work."

It is because of your generous support that the SSF is able to fund talented researchers, like Dr. Sivils and

Dr. Lessard, who bring novel approaches to Sjögren's research. The SSF research program is designed to reward exceptional research efforts and encourage investigators to continue their focus on Sjögren's throughout their careers. ■

Visit [www.sjogrens.org](http://www.sjogrens.org) to learn more.

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\* Survey of 1168 dentists, March 2016 *Clinicians Report*®, an independent, non-profit, dental education and product testing foundation. Full report available at [oracoat.com](http://oracoat.com)

<sup>†</sup> These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

# Smart Patients

Sjögren's Community  
in partnership with the  
Sjögren's Syndrome  
Foundation

We're having honest conversations  
about Sjögren's and our health. Join SSF  
members in our online community:

**[smartpatients.com/ssf](https://smartpatients.com/ssf)**



# Save the Date

## 2018 National Patient Conference

**April 13-14, 2018**

**Hyatt Regency Aurora-Denver Conference Center  
13200 East 14<sup>th</sup> Place  
Aurora, Colorado**

**This spring we invite you to join with fellow Sjögren's patients, their families, medical experts, and product exhibitors and attend our 2018 National Patient Conference at the Hyatt Regency Aurora-Denver Conference Center.**

Sjögren's is not the same for every person diagnosed, which is why educating yourself on the most up-to-date information and treatment options are so important. Attending the SSF National Patient Conference is one way you can gain information from many different sources while also meeting fellow patients.

**This year's Conference will include opportunities to:**

- Learn from national Sjögren's experts, researchers and SSF staff
- Find new products and receive free samples in our exhibitor hall
- Share with your fellow patients
- Browse Sjögren's resources at the SSF Book Table

We encourage you to take this opportunity to gain an understanding of all the key aspects of Sjögren's. This two-day educational experience will give you the tools to take control of your health and learn how to manage and understand your Sjögren's symptoms and complications.

Watch for your Conference brochure coming in January or visit [www.sjogrens.org](http://www.sjogrens.org) to see updated Conference information.

**Presentation topics will include:**

- Sjögren's Overview
- Joint Pain and Sjögren's
- Oral Manifestations of Sjögren's
- Lymphoma: Risk, Treatment and Prognosis
- Ocular Manifestations of Sjögren's
- Transforming the Future of Sjögren's Panel
- And More To Be Announced!





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