The Moisture Seekers

Sjögren's Syndrome Foundation

www.sjogrens.org

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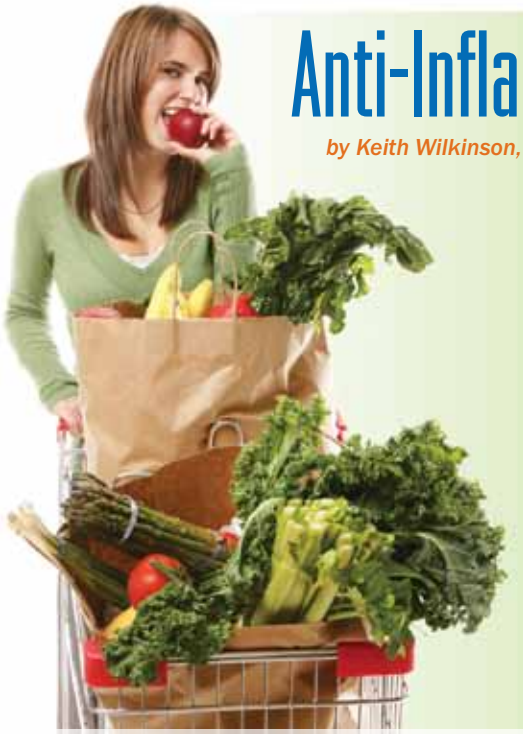

Anti-Inflammatory Diet

by Keith Wilkinson, ND

Inflammation is a component of Sjögren's syndrome and essentially all autoimmune disease. From a naturopathic perspective of treating the cause of disease, one of the first ways to address this is through an anti-inflammatory diet. This upstream approach to treatment focuses on avoiding pro-inflammatory foods and eating a diet rich in anti-inflammatory foods. Additionally, since medical research is converging on inflammation as the common link in most diseases (i.e., heart disease, Alzheimer's, asthma, diabetes, cancer, etc.), eating an anti-inflammatory diet is a great model of dietary health for everyone.

Avoid most packaged foods with a long list of ingredients. When preparing foods, select raw, fresh, steamed, or broiled options over fried, barbecued or highly-processed choices. Specific recommendations are:

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Spring Special Events 2010 – Were you seen...?

continued page 3 ▼

Sjögren's Walkabout

Philadelphia

sip for Sjögren's

a fine water tasting event

Atlanta

In This Issue

"Diet" continued from page 1 ▼

Eat More

- Colorful Whole Fruits and Vegetables – Eating foods with deep red, yellow, orange and green colors provides vitamins and minerals, phytonutrients, fiber and potent antioxidants that minimize inflammation. Eating foods as close as possible to their unrefined state preserves the content of these beneficial nutrients.
- Healthy Fats – This includes the omega-3 oils found in fatty fish (salmon, mackerel, sardines) and foods such as avocados, extra-virgin olive oil, raw nuts and seeds.
- Fiber – Fiber promotes adequate bowel movements, creates a favorable environment for healthy bacteria in your gut, and supports the body's overall detoxification process. A few tablespoons of ground flax seeds daily are a great way to add soluble and insoluble fiber.
- Moderate Amounts of Organic Meat – Grass-fed beef or bison is higher in anti-inflammatory essential fats. Organic free-range chicken tend to be lower in antibiotics and are fed a vegetable/grain-based diet which tends to offer cleaner sources of protein.
- Spices/Herbs – Seasonings such as garlic, ginger and turmeric add an anti-inflammatory component to the diet.

Eliminate / Eat Less

- Trans or Hydrogenated Fats – The body has no mechanism to use these unnatural fats that ultimately cause inflammation. These should be eliminated from your diet.
- Refined Oils – Commercial safflower, corn, and canola oils have had much of their health-promoting content removed for shelf-storage purposes and tend to be high in omega-6 fats that can be converted to inflammatory arachadonic acid, a type of fat that stimulates inflammation in the body.
- High Glycemic or Processed Foods – Highly processed carbohydrates such as bread, pastas, cakes, candy, fruit juice and corn syrup are quickly digested leading to a rapid rise in blood sugar and a subsequent inflammatory cascade stimulated by insulin.
- Red Meat – Avoid these meats when possible or eat organic grass-fed meat to reduce ingesting high levels of pro-inflammatory arachadonic acid.
- Common Food Allergies – Milk products, eggs, gluten from wheat and peanuts can cause inflammatory reactions in many people and are best avoided.
- Artificial Sweeteners and Preservatives – These additives have no nutritional value and tend to promote inflammatory reactions. ■

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"Spring Events" continued from page 1 ▼

Atlanta sip for Sjögren's a fine water tasting event

PARTICIPATE. RAISE AWARENESS. SUPPORT RESEARCH.

Frustrated because of the lack of Sjögren's awareness?

Do you feel at times that you are alone with Sjögren's?

How can you help to find a cure?

You can participate!

This spring, many of you joined and participated in a Sjögren's event in your community to make a difference. With support from family, friends and the local community – as well as your personal donations – the Sjögren's Syndrome Foundation once again gained the resources to fund our programs of research, education and awareness.

What's exciting about our events is that with all of your help, we

- ***increased awareness of Sjögren's in each community that held an event.***
- ***raised funds to further Sjögren's research that could lead to a cure!***
- ***created a community of Sjögren's patients, their friends and family members who came together to fight back.***

Sjögren's Walkabout Denver

continued page 4 ▼

"Spring Events" continued from page 3 ▼

Sjögren's Walkabout®

Greater Washington Area

Thanks to all of you who chose to make a difference and join forces at a* Sjögren's Walkabout *or* Sip for Sjögren's *event.

Thanks to everyone who participated! You are the key to awareness!

TOGETHER WE RAISED OVER $300,000

sip for Sjögren's

a fine water tasting event

San Diego

Sjögren's Walkabout®

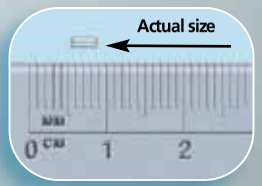
Philadelphia

If you drop artificial tears ≥4 times a day, give yourself

More Freedom to Go DROPLESS

LACRISERT®: All-day dry eye relief in a single daily dose*

- **Significant improvement** in symptoms, signs, and activities of daily living [1,2†]
- **Dissolves comfortably** in the eye to begin all-day relief—like a s low-release artificial tear[2,3]
- **No preservatives** to cause irritation or damage, even with long-term use[3,4]
- **Simple and easy** placement[3,4]
- **Preferred** by nearly 4 in 5 patients over artificial tears[2]



For more information, visit www.LACRISERT.com or call 1-877-ATON-549.

Ask your doctor about LACRISERT® today!

*Some patients may require twice-daily use for optimal results.[3]

†Multicenter, 2-visit, 4-week, single-arm study conducted in moderate to severe Dry Eye patients who had previously been using ATs (N=520). Results are based on 418 patients who completed the study.

LACRISERT®
(hydroxypropyl cellulose ophthalmic insert)

LACRISERT® is indicated in patients with moderate to severe Dry Eye syndromes, including keratoconjunctivitis sicca. LACRISERT® is indicated especially in patients who remain symptomatic after an adequate trial of therapy with artificial tear solutions. LACRISERT® is also indicated for patients with exposure keratitis, decreased corneal sensitivity, and recurrent corneal erosions.

LACRISERT® is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose. The following adverse reactions have been reported in patients treated with LACRISERT® but were, in most instances, mild and temporary: blurring of vision, eye discomfort or irritation, matting or stickiness of eyelashes and red eyes. If improperly placed, LACRISERT® may result in corneal abrasion.

Please see brief summary of Prescribing Information on adjacent page.

All-Day Relief

Do we have your e-mail address?

If you want to receive all the latest updates from the Sjögren's Syndrome Foundation, then you should make sure we have your most up-to-date e-mail address! The SSF is starting to share more information via e-mail, from news about the SSF and Sjögren's to information about the latest treatments and medicines to local Support Group updates and more. So contact us at ssf@sjogrens.org to be certain we have your latest e-mail address in our database, and then keep an eye out in your Inbox for Sjögren's news.

Just like all information you give the Foundation, your e-mail address will remain private and will never be given or sold to an outside organization.

I Stood Up...

Meet the Sosin Family

The Sosin Family, owners of two Ben & Jerry's locations, have stood up to increase Sjögren's awareness in Maryland by designing awareness events in their Rockville & Bethesda stores.

When their daughter Paula was diagnosed during her freshman year at college, her family faced the challenge straight-on, deciding to *Stand Up* and make a difference. After attending the Washington D.C.'s Sjogren's conference, Paula created her own webpage on www.firstgiving.com/ssf and emailed the link out to family and friends to educate them about Sjögren's. The Sosins successfully increased awareness of Sjögren's at their shops by displaying Foundation brochures and material that Paula designed herself including money jar labels, posters, table cards and brochures with her story.

In addition, the family also raised funds by donating $1.00 for every Smoothie sold in their stores, a campaign they called "Smoothies for Paula." With their combined effort, they ended up raising over $7,000 last year, and close to $4,500 this year. Congratulations to The Sosin Family for taking the initiative to increase awareness in their community!

Remember – everyone can *Stand Up for Sjögren's*. We hope you will think of anyone you know who can use their company or business to help to increase Sjögren's awareness. It can be as simple as letting you host a table in their business lobby or coordinating a dress down day at their place of employment for Sjögren's. Begin by thinking of your contacts and help make the connection. Together we will make a huge impact by helping to get Sjögren's known.

How will you Stand Up?

Six of our most popular talks from the 2010 National Patient Conference held in San Francisco, California are available for purchase as audio CDs.

2010 National Patient Conference CD's

Each talk is 30-40 minutes long and each CD comes enclosed with the handouts and visual aids used by the presenter. Buy just the talks you want to hear or purchase the whole set! Whether you attended the conference or not, these audio CDs are an excellent way to have a permanent resource with some of the most vital information available to Sjögren's patients.

Overview of Sjögren's Syndrome – Nancy L. Carteron, MD, FACR: A specialist in rheumatology, autoimmune disease and inflammation, Dr. Carteron is co-author of our best seller, *A Body Out of Balance*. Dr. Carteron presents a comprehensive explanation of the range of symptoms that Sjögren's patients experience, explains their causes, and offers practical tips for managing them.

Dry Eye and Sjögren's – Stephen Cohen, OD: A private practice optometrist in Scottsdale, Arizona, a founding board member of the Arizona Optometric Charitable Foundation and published often in professional journals for optometry and ophthalmology. This esteemed eye care expert will describe the latest methods and treatment options available for managing dry eye.

The Importance of Saliva: Dry Mouth and Sjögren's – Troy E. Daniels, DDS, MS: Professor of Oral Medicine and Oral Pathology at the University of California, San Francisco, Schools of Dentistry and Medicine. Saliva is an essential body fluid for the protection of oral functions, and its value is seldom appreciated until there is not enough. Dr. Daniels will show a lack of saliva can impact your oral health. This enlightening talk will answer your questions about your teeth, gums, saliva, swallowing and more.

CNS Disease in Sjögren's: Update and New Paths Forward – Elaine L. Alexander, MD, PhD: A rheumatologist, immunologist, and former Assistant Professor of Medicine at Johns Hopkins Medical Institutions, and current Chair of the SSF Medical and Scientific Advisory Board. Her research has focused on potential causes and treatment of autoimmune, inflammatory, rheumatologic and neurologic disorders, with a particular emphasis on Sjögren's. Dr. Alexander understands the challenges that may afflict patients with central nervous system complications of Sjögren's and will share insights and strategies with you.

Lung Complications & Sjögren's – Richard T. Meehan, MD, FACP, FACR: Chief of Rheumatology and Professor of Medicine at National Jewish Health in Denver, Colorado, as well as Co-Director of the Autoimmune Lung Center. Lung complications are sometimes the most misunderstood and life-threatening manifestations of Sjögren's. Dr. Meehan will add to your understanding of the various pulmonary complications and leave you with knowledge to share with your own physician.

Heart Disease: The Impact of Inflammation & Autoimmune Diseases – Debra R. Judelson, MD, FACC, FACP: An internist and cardiologist in private practice in Beverly Hills with the Cardiovascular Medical Group of Southern California and Director of their Women's Heart Institute. Dr. Judelson is a nationally recognized speaker on heart disease and created the first program to educate doctors about heart disease in women with the American Medical Women's Association. Dr. Judelson will cover the risk factors, symptoms and diagnostic tests for heart disease, a critical but often overlooked facet of women's health.

All of these audio CDs can be purchased using the order form below, online at www.sjogrens.org or by contacting the Sjögren's Syndrome Foundation office at 800-475-6473.

	Non-Member Price	Member Price	Qty	Amount
Overview of Sjögren's Syndrome – Nancy L. Carteron, MD, FACR	$30	$12		
Dry Eye and Sjögren's – Stephen Cohen, OD	$30	$12		
The Importance of Saliva: Dry Mouth and Sjögren's – Troy E. Daniels, DDS, MS	$30	$12		
CNS Disease in Sjögren's: Update and New Paths Forward – Elaine L. Alexander, MD, PhD	$30	$12		
Lung Complications & Sjögren's – Richard T. Meehan, MD, FACP, FACR	$30	$12		
Heart Disease: The Impact of Inflammation & Autoimmune Diseases – Debra R. Judelson, MD, FACC, FACP	$30	$12		
Maryland Residents add 6% sales tax				
Shipping and Handling: US Mail: $5 for first item + $1 for each additional item Canada: $8 for first item + $1 for each additional item Overseas: $18 for first item + $2 for each additional item				
Total Amount				

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 ❑ AmEx Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____

For patients with
Sjögren's syndrome,

Dry mouth is no piece of cake.

Evoxac® (cevimeline HCl) 30 mg Capsules

Are you one of the 2-4 million patients with Sjögren's syndrome? If you have experienced dry-mouth symptoms, then you know how difficult it can be to eat, chew and swallow food. But does your healthcare provider understand?

In the past, you may have tried to explain the uncomfortable feeling of your dry-mouth symptoms to your healthcare provider. Maybe it's time to talk to him or her again.

Ask your healthcare provider about EVOXAC, a prescription treatment option for dry-mouth symptoms associated with Sjögren's syndrome that works by stimulating the production of your body's own natural saliva.

Visit DiscoverEVOXAC.com for a list of questions to take to your healthcare provider.

IMPORTANT SAFETY INFORMATION ABOUT EVOXAC (cevimeline HCl)

What is EVOXAC ?

EVOXAC (cevimeline hydrochloride) is a prescription medicine used to treat symptoms of dry mouth in patients with Sjögren's syndrome.

Who Should Not Take EVOXAC?

You should not take EVOXAC if you have uncontrolled asthma, allergies to EVOXAC, or a condition affecting the contraction of your pupil, such as narrow-angle (angle-closure) glaucoma or inflammation of the iris.

What should I tell my Healthcare Provider?

Tell your healthcare provider if you have any of the following conditions:

- History of heart disease
- Controlled asthma
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- History of kidney stones
- History of gallbladder stones

- Tell your healthcare provider if you are trying to become pregnant, are already pregnant, or are breastfeeding.
- Tell your healthcare provider about all medications that you are taking, including those you take without a prescription. It is particularly important to tell your healthcare provider if you are taking any heart medications, especially "beta-blockers".
- If you are older than 65, your healthcare provider may want to monitor you more closely.

General Precautions with EVOXAC

- When taking EVOXAC, use caution when driving at night or performing other hazardous activities in reduced lighting because EVOXAC may cause blurred vision or changes in depth perception.
- If you sweat excessively while taking EVOXAC, drink extra water and tell your healthcare provider, as dehydration may develop.
- The safety and effectiveness of EVOXAC in patients under 18 years of age have not been established.

What are some possible side effects of EVOXAC?

- In clinical trials, the most commonly reported side effects were excessive sweating, headache, nausea, sinus infection, upper respiratory infections, running nose, and diarrhea.

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 a brief summary of Important Information for EVOXAC on the next page.

Brief Summary – See package insert for full prescribing information.

EVOXAC® Capsules

(cevimeline hydrochloride)

INDICATIONS AND USAGE
Cevimeline is indicated for the treatment of symptoms of dry mouth in patients with Sjögren's Syndrome.

CONTRAINDICATIONS
Cevimeline is contraindicated in patients with uncontrolled asthma, known hypersensitivity to cevimeline, and when miosis is undesirable, e.g., in acute iritis and in narrow-angle (angle-closure) glaucoma.

WARNINGS
Cardiovascular Disease:
Cevimeline can potentially alter cardiac conduction and/or heart rate. Patients with significant cardiovascular disease may potentially be unable to compensate for transient changes in hemodynamics or rhythm induced by EVOXAC®. EVOXAC® should be used with caution and under close medical supervision in patients with a history of cardiovascular disease evidenced by angina pectoris or myocardial infarction.

Pulmonary Disease:
Cevimeline can potentially increase airway resistance, bronchial smooth muscle tone, and bronchial secretions. Cevimeline should be administered with caution and with close medical supervision to patients with controlled asthma, chronic bronchitis, or chronic obstructive pulmonary disease.

Ocular:
Ophthalmic formulations of muscarinic agonists have been reported to cause visual blurring which may result in decreased visual acuity, especially at night and in patients with central lens changes, and to cause impairment of depth perception. Caution should be advised while driving at night or performing hazardous activities in reduced lighting.

PRECAUTIONS
General:
Cevimeline toxicity is characterized by an exaggeration of its parasympathomimetic effects. These may include: headache, visual disturbance, lacrimation, sweating, respiratory distress, gastrointestinal spasm, nausea, vomiting, diarrhea, atrioventricular block, tachycardia, bradycardia, hypotension, hypertension, shock, mental confusion, cardiac arrhythmia, and tremors.

Cevimeline should be administered with caution to patients with a history of nephrolithiasis or cholelithiasis. Contractions of the gallbladder or biliary smooth muscle could precipitate complications such as cholecystitis, cholangitis and biliary obstruction. An increase in the ureteral smooth muscle tone could theoretically precipitate renal colic or ureteral reflux in patients with nephrolithiasis.

Information for Patients: Patients should be informed that cevimeline may cause visual disturbances, especially at night, that could impair their ability to drive safely.

If a patient sweats excessively while taking cevimeline, dehydration may develop. The patient should drink extra water and consult a health care provider.

Drug Interactions:
Cevimeline should be administered with caution to patients taking beta adrenergic antagonists, because of the possibility of conduction disturbances. Drugs with parasympathomimetic effects administered concurrently with cevimeline can be expected to have additive effects. Cevimeline might interfere with desirable antimuscarinic effects of drugs used concomitantly.

Drugs which inhibit CYP2D6 and CYP3A3/4 also inhibit the metabolism of cevimeline. Cevimeline should be used with caution in individuals known or suspected to be deficient in CYP2D6 activity, based on previous experience, as they may be at a higher risk of adverse events. In an *in vitro* study, cytochrome P450 isozymes 1A2, 2A6, 2C9, 2C19, 2D6, 2E1, and 3A4 were not inhibited by exposure to cevimeline.

Carcinogenesis, Mutagenesis and Impairment of Fertility:
Lifetime carcinogenicity studies were conducted in CD-1 mice and F-344 rats. A statistically significant increase in the incidence of adenocarcinomas of the uterus was observed in female rats that received cevimeline at a dosage of 100 mg/kg/day (approximately 8 times the maximum human exposure based on comparison of AUC data). No other significant differences in tumor incidence were observed in either mice or rats.

Cevimeline exhibited no evidence of mutagenicity or clastogenicity in a battery of assays that included an Ames test, an *in vitro* chromosomal aberration study in mammalian cells, a mouse lymphoma study in L5178Y cells, or a micronucleus assay conducted *in vivo* in ICR mice.

Cevimeline did not adversely affect the reproductive performance or fertility of male Sprague-Dawley rats when administered for 63 days prior to mating and throughout the period of mating at dosages up to 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human following normalization of the data on the basis of body surface area estimates). Females that were treated with cevimeline at dosages up to 45 mg/kg/day from 14 days prior to mating through day seven of gestation exhibited a statistically significantly smaller number of implantations than did control animals.

Pregnancy:
Pregnancy Category C.
Cevimeline was associated with a reduction in the mean number of implantations when given to pregnant Sprague-Dawley rats from 14 days prior to mating through day seven of gestation at a dosage of 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human when compared on the basis of body surface area estimates). This effect may have been secondary to maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Cevimeline should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:
It is not known whether this drug is secreted in human milk. Because many drugs are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from EVOXAC®, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use:
Safety and effectiveness in pediatric patients have not been established.

Geriatric Use:
Although clinical studies of cevimeline included subjects over the age of 65, the numbers were not sufficient to determine whether they respond differently from younger subjects. Special care should be exercised when cevimeline treatment is initiated in an elderly patient, considering the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy in the elderly.

ADVERSE REACTIONS
Cevimeline was administered to 1777 patients during clinical trials worldwide, including Sjögren's patients and patients with other conditions. In placebo-controlled Sjögren's studies in the U.S., 320 patients received cevimeline doses ranging from 15 mg tid to 60 mg tid, of whom 93% were women and 7% were men. Demographic distribution was 90% Caucasian, 5% Hispanic, 3% Black and 2% of other origin. In these studies, 14.6% of patients discontinued treatment with cevimeline due to adverse events.

The following adverse events associated with muscarinic agonism were observed in the clinical trials of cevimeline in Sjögren's syndrome patients:

Adverse Event	Cevimeline 30 mg (tid) n*=533	Placebo (tid) n=164
Excessive Sweating	18.7%	2.4%
Nausea	13.8%	7.9%
Rhinitis	11.2%	5.4%
Diarrhea	10.3%	10.3%
Excessive Salivation	2.2%	0.6%
Urinary Frequency	0.9%	1.8%
Asthenia	0.5%	0.0%
Flushing	0.3%	0.6%
Polyuria	0.1%	0.6%

*n is the total number of patients exposed to the dose at any time during the study.

In addition, the following adverse events (≥3% incidence) were reported in the Sjögren's clinical trials:

Adverse Event	Cevimeline 30 mg (tid) n*=533	Placebo (tid) n=164	Adverse Event	Cevimeline 30 mg (tid) n*=533	Placebo (tid) n=164
Headache	14.4%	20.1%	Conjunctivitis	4.3%	3.6%
Sinusitis	12.3%	10.9%	Dizziness	4.1%	7.3%
Upper Respiratory Tract Infection	11.4%	9.1%	Bronchitis	4.1%	1.2%
Dyspepsia	7.8%	8.5%	Arthralgia	3.7%	1.8%
Abdominal Pain	7.6%	6.7%	Surgical Intervention	3.3%	3.0%
Urinary Tract Infection	6.1%	3.0%	Fatigue	3.3%	1.2%
Coughing	6.1%	3.0%	Pain	3.3%	3.0%
Pharyngitis	5.2%	5.4%	Skeletal Pain	2.8%	1.8%
Vomiting	4.6%	2.4%	Insomnia	2.4%	1.2%
Injury	4.5%	2.4%	Hot Flushes	2.4%	0.0%
Back Pain	4.5%	4.2%	Rigors	1.3%	1.2%
Rash	4.3%	6.0%	Anxiety	1.3%	1.2%

*n is the total number of patients exposed to the dose at any time during the study.

The following events were reported in Sjögren's patients at incidences of <3% and ≥1%: constipation, tremor, abnormal vision, hypertonia, peripheral edema, chest pain, myalgia, fever, anorexia, eye pain, earache, dry mouth, vertigo, salivary gland pain, pruritus, influenza-like symptoms, eye infection, post-operative pain, vaginitis, skin disorder, depression, hiccup, hyporeflexia, infection, fungal infection, sialoadenitis, otitis media, erythematous rash, pneumonia, edema, salivary gland enlargement, allergy, gastroesophageal reflux, eye abnormality, migraine, tooth disorder, epistaxis, flatulence, toothache, ulcerative stomatitis, anemia, hypoesthesia, cystitis, leg cramps, abscess, eructation, moniliasis, palpitation, increased amylase, xerophthalmia, allergic reaction.

The following events were reported rarely in treated Sjögren's patients (<1%): Causal relation is unknown:

Body as a Whole Disorders: aggravated allergy, precordial chest pain, abnormal crying, hematoma, leg pain, edema, periorbital edema, activated pain trauma, pallor, changed sensation temperature, weight decrease, weight increase, choking, mouth edema, syncope, malaise, face edema, substernal chest pain

Cardiovascular Disorders: abnormal ECG, heart disorder, heart murmur, aggravated hypertension, hypotension, arrhythmia, extrasystoles, t wave inversion, tachycardia, supraventricular tachycardia, angina pectoris, myocardial infarction, pericarditis, pulmonary embolism, peripheral ischemia, superficial phlebitis, purpura, deep thrombophlebitis, vascular disorder, vasculitis, hypertension

Digestive Disorders: appendicitis, increased appetite, ulcerative colitis, diverticulitis, duodenitis, dysphagia, enterocolitis, gastric ulcer, gastritis, gastroenteritis, gastrointestinal hemorrhage, gingivitis, glossitis, rectum hemorrhage, hemorrhoids, ileus, irritable bowel syndrome, melena, mucositis, esophageal stricture, esophagitis, oral hemorrhage, peptic ulcer, periodontal destruction, rectal disorder, stomatitis, tenesmus, tongue discoloration, tongue disorder, geographic tongue, tongue ulceration, dental caries

Endocrine Disorders: increased glucocorticoids, goiter, hypothyroidism

Hematologic Disorders: thrombocytopenic purpura, thrombocythemia, thrombocytopenia, hypochromic anemia, eosinophilia, granulocytopenia, leucopenia, leukocytosis, cervical lymphadenopathy, lymphadenopathy

Liver and Biliary System Disorders: cholelithiasis, increased gamma-glutamyl transferase, increased hepatic enzymes, abnormal hepatic function, viral hepatitis, increased serum glutamate oxaloacetic transaminase (SGOT) (also called AST-aspartate aminotransferase), increased serum glutamate pyruvate transaminase (SGPT) (also called ALT-alanine aminotransferase)

Metabolic and Nutritional Disorders: dehydration, diabetes mellitus, hypercalcemia, hypercholesterolemia, hyperglycemia, hyperlipemia, hypertriglyceridemia, hyperuricemia, hypoglycemia, hypokalemia, hyponatremia, thirst

Musculoskeletal Disorders: arthritis, aggravated arthritis, arthropathy, femoral head avascular necrosis, bone disorder, bursitis, costochondritis, plantar fasciitis, muscle weakness, osteomyelitis, osteoporosis, synovitis, tendinitis, tenosynovitis

Neoplasms: basal cell carcinoma, squamous carcinoma

Nervous Disorders: carpal tunnel syndrome, coma, abnormal coordination, dysesthesia, dyskinesia, dysphonia, aggravated multiple sclerosis, involuntary muscle contractions, neuralgia, neuropathy, paresthesia, speech disorder, agitation, confusion, depersonalization, aggravated depression, abnormal dreaming, emotional lability, manic reaction, paroniria, somnolence, abnormal thinking, hyperkinesia, hallucination

Miscellaneous Disorders: fall, food poisoning, heat stroke, joint dislocation, post-operative hemorrhage

Resistance Mechanism Disorders: cellulitis, herpes simplex, herpes zoster, bacterial infection, viral infection, genital moniliasis, sepsis

Respiratory Disorders: asthma, bronchospasm, chronic obstructive airway disease, dyspnea, hemoptysis, laryngitis, nasal ulcer, pleural effusion, pleurisy, pulmonary congestion, pulmonary fibrosis, respiratory disorder

Rheumatologic Disorders: aggravated rheumatoid arthritis, lupus erythematosus rash, lupus erythematosus syndrome

Skin and Appendages Disorders: acne, alopecia, burn, dermatitis, contact dermatitis, lichenoid dermatitis, eczema, furunculosis, hyperkeratosis, lichen planus, nail discoloration, nail disorder, onychia, onychomycosis, paronychia, photosensitivity reaction, rosacea, scleroderma, seborrhea, skin discoloration, dry skin, skin exfoliation, skin hypertrophy, skin ulceration, urticaria, verruca, bullous eruption, cold clammy skin

Special Senses Disorders: deafness, decreased hearing, motion sickness, parosmia, taste perversion, blepharitis, cataract, corneal opacity, corneal ulceration, diplopia, glaucoma, anterior chamber eye hemorrhage, keratitis, keratoconjunctivitis, mydriasis, myopia, photopsia, retinal deposits, retinal disorder, scleritis, vitreous detachment, tinnitus

Urogenital Disorders: epididymitis, prostatic disorder, abnormal sexual function, amenorrhea, female breast neoplasm, malignant female breast neoplasm, female breast pain, positive cervical smear test, dysmenorrhea, endometrial disorder, intermenstrual bleeding, leukorrhea, menorrhagia, menstrual disorder, ovarian cyst, ovarian disorder, genital pruritus, uterine hemorrhage, vaginal hemorrhage, atrophic vaginitis, albuminuria, bladder discomfort, increased blood urea nitrogen, dysuria, hematuria, micturition disorder, nephrosis, nocturia, increased nonprotein nitrogen, pyelonephritis, renal calculus, abnormal renal function, renal pain, strangury, urethral disorder, abnormal urine, urinary incontinence, decreased urine flow, pyuria

In one subject with lupus erythematosus receiving concomitant multiple drug therapy, a highly elevated ALT level was noted after the fourth week of cevimeline therapy. In two other subjects receiving cevimeline in the clinical trials, very high AST levels were noted. The significance of these findings is unknown.

Additional adverse events (relationship unknown) which occurred in other clinical studies (patient population different from Sjögren's patients) are as follows:

cholinergic syndrome, blood pressure fluctuation, cardiomegaly, postural hypotension, aphasia, convulsions, abnormal gait, hyperesthesia, paralysis, abnormal sexual function, enlarged abdomen, change in bowel habits, gum hyperplasia, intestinal obstruction, bundle branch block, increased creatine phosphokinase, electrolyte abnormality, glycosuria, gout, hyperkalemia, hyperproteinemia, increased lactic dehydrogenase (LDH), increased alkaline phosphatase, failure to thrive, abnormal platelets, aggressive reaction, amnesia, apathy, delirium, delusion, dementia, illusion, impotence, neurosis, paranoid reaction, personality disorder, hyperhemoglobinemia, apnea, atelectasis, yawning, oliguria, urinary retention, distended vein, lymphocytosis

The following adverse reaction has been identified during post-approval use of EVOXAC®. Because post-marketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Post-Marketing Adverse Events: *Liver and Biliary System Disorders:* cholecystitis

MANAGEMENT OF OVERDOSE
Management of the signs and symptoms of acute overdosage should be handled in a manner consistent with that indicated for other muscarinic agonists: general supportive measures should be instituted. If medically indicated, atropine, an anti-cholinergic agent, may be of value as an antidote for emergency use in patients who have had an overdose of cevimeline. If medically indicated, epinephrine may also be of value in the presence of severe cardiovascular depression or bronchoconstriction. It is not known if cevimeline is dialyzable.

℞ Only

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Edison, NJ 08837

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For additional information
please call toll free:
1-877-4DSPROD

 DSEV08000072 Printed in USA 1/09

Is there a special ingredient Sjögren's patients should look for in selecting a personal lubricant to alleviate vaginal dryness during intercourse?

Vaginal dryness often causes painful intercourse in women with Sjögren's syndrome and may be improved by use of personal lubricants. Lubricants with a water base are preferable in women with Sjögren's. Water-based lubricating gels such as KY Jelly, Astroglide, Vagisil and Lubrin inserts are readily available over the counter. It is important to avoid personal lubricants which contain alcohol or PEG (polyethylene glycol), which can exacerbate the feeling of dryness in the vagina. An additional consideration in those using condoms and diaphragms for purposes of protection is that oil-based lubricants such as Elegance or petroleum-based personal lubricants can damage latex products making them ineffective. Oil-based lubricants coat the vaginal mucosa with a fine film and may, in turn, increase the risk of vaginal infections such as yeast. The newer silicone-based personal lubricants such as KY Intrigue and EROS are safe to use with latex products and do not interfere with the vagina flora and thus do not predispose women to vaginal infections. Silicone lubricants are long-lasting and are harder to rinse off, so they may stain clothing.

Women with Sjögren's often undergo menopause early; the symptoms of vaginal dryness are exacerbated by also having atrophic vaginitis which occurs with menopause. The use of topical estrogen such as Vagifem tablets or Premarin cream relieves vaginal dryness and treats vaginal atrophy and thus can be helpful in postmenopausal women.

Pamela Stratton, MD

Q *Are there side effects Sjögren's patients should be concerned with in taking birth control pills?*

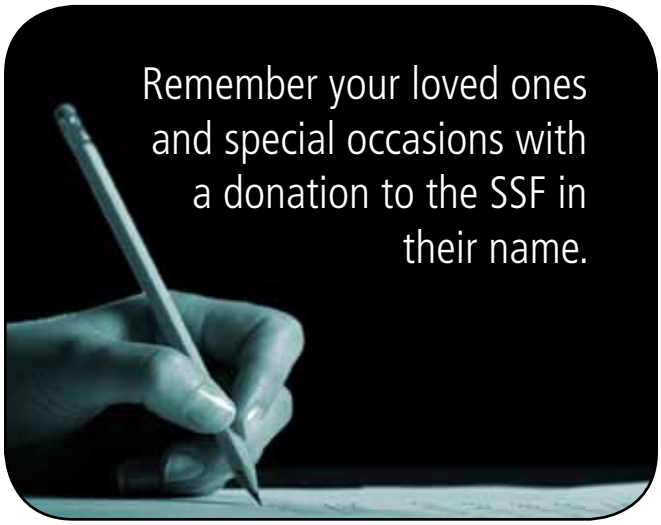
A Women with Sjögren's syndrome can safely use low-dose oral contraceptive pills, which are the dosage most commonly prescribed. If women with Sjögren's are also on corticosteroids, the hormones in the birth control pills can heighten the effect of the steroids. Steroids, however, do not interfere with the metabolism of birth control pills. Thus, the dosage of the corticosteroids such as Prednisone may need to be reduced in women taking birth control pills. While the woman may not experience any symptoms to indicate this, she should inform her physicians about taking both medications. The physician who is managing her steroid treatment should be informed of her starting birth control pills.

continued page 12 ▼

"Information You Requested" continued from page 11 ▼

Birth control pills can exacerbate dry eye, commonly experienced by women with Sjögren's. There are some reports of corneal edema and ocular damage with use of hard lenses in high-dose birth control pill users, but with low-dose pills, this is not a concern. Ocular conditions precluding use of oral contraceptive pills as well as drug interactions of ocular medications with birth control pills should be considered.

Pamela Stratton, MD



in honor

In Honor of Charlie & Kim Vaughn
James Davis

In Honor of Iris Osman for Mother's Day
Sarah, John, Avery, Sundae & Danielle

In Honor of Joyce Burgess
Ginger Clausen

In Honor of Karen & Ben Freestone
Mom & Dad Embick

In Honor of Lynn Arnieri
Tina Arnieri

In Honor of Nancy Dalton for Mother's Day
Joseph Dalton & Family

In Honor of Ruth Hunsinger
Lois Mahorty

In Honor of Sally B. Thornton
San Diego & Imperial Counties Chapter

In Honor of Sharon Weinberger for Mother's Day
Michelle Weinberger

In Honor of William S. Laney for Father's Day
Carrie Laney

in memoriam

In Memory of Darlene Ann Smith
Barbara Maddaloni & Chris Bierwagen

In Memory of Elaine Jones Knutsen
Marie Hasert

In Memory of Elsie Marie Allee
Madolyn Fisher & Max Reid

In Memory of Evelyn Dudley
Marjorie Hickey
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"For your type of Chronic Dry Eye, use RESTASIS.® I do."

A certain type of Chronic Dry Eye happens when you can't make enough tears due to inflammation. RESTASIS® Ophthalmic Emulsion is a prescription eye drop. With RESTASIS®, you'll make more of your own tears…and need those other OTC eye drops less.

Alison Tendler MD,
Eye Doctor

Don't wait for your next appointment. Call today!
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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 topical steroid drops or tear duct plugs.

Important Safety Information:
RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes viral infections of the eye. 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 important product information.

Dr Tendler is an actual patient and is compensated for appearing in this advertisement.

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Sterile, Preservative-Free

INDICATIONS AND USAGE
RESTASIS® ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® ophthalmic emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients:
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.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

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 reinserted 15 minutes following administration of RESTASIS® ophthalmic emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:
Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

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 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes ***in vitro*** gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic effects:
Pregnancy category C.

Teratogenic effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic effects: 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 30,000 and 100,000 times greater, respectively than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal 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 17,000 and 30,000 times greater, 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 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 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.

Pediatric Use:
The safety and efficacy of RESTASIS® ophthalmic emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:
No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of RESTASIS® was ocular burning (17%).

Other events 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).

Rx Only

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Based on package insert 71876US1OU Revised January 2008

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 Please allow 8 weeks for delivery of your rebate check. APC71SD09 Certificate expires 6/30/2010

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Lozenges Liquid

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For Xerostomia

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Numoisyn Liquid

Prescribing Information

Ingredients: Water, sorbitol, linseed (flaxseed) extract, *Chondrus crispus*, methylparaben, sodium benzoate, potassium sorbate, dipotassium phosphate, propylparaben.

How Supplied: 30 mL per bottle or 300 mL per bottle.

Therapeutic Group: Numoisyn Liquid is an oral solution formulated for the relief of chronic and temprary xerostomia (dry mouth), which may be a result of disease, medication, oncology therapy, stress, or aging.

Indications: Numoisyn Liquid is indicated for the treatment of symptoms of dry mouth. Numoisyn Liquid relieves the symptoms of dry mouth by enhancing swallowing, improving speech mechanics, and lubricating the oral cavity like natural saliva. Numoisyn Liquid may be used to replace natural saliva when salivary glands are damaged or not functioning. The viscosity is similar to that of natural saliva.

Contraindications: Numoisyn Liquid are contraindicated in patients with a known history of hypersensitivity to any of the ingredients.

Special Precautions for Use: As Numoisyn Liquid contains linseed (flaxseed) extract, patients with irritable bowel syndrome or diverticular disease or those on a high linseed diet may experience abdominal discomfort.

Warning: Federal law restricts Numoisyn Liquid to sale by, or on the order of, a physician or properly licensed practitioner.

Interactions: There are no known interactions between Numoisyn Liquid and any medicinal or other products.

Directions for Use: Shake bottle well. Take 2 mL (about 1/2 teaspoon) of Numoisyn Liquid and rinse around in the mouth before swallowing. Use as needed.

Side Effects: Patients may experience difficulty in swallowing, altered speech, and changes in taste. If side effects persist or become severe, patients should contact a physician.

Storage: Store at room temperature. Do not refrigerate. Use within 3 months of first opening. KEEP OUT OF REACH OF CHILDREN.

Please Note: Numoisyn Liquid is translucent and may contain some natural particles that do no affect the quality of the product.

Manufactured in Italy under license from
Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1XW UK

Distributed by
ALIGN Pharmaceuticals, LLC
Berkeley Heights, NJ 07922 USA

www.alignpharma.com

ALIGN Pharmaceuticals

Numoisyn Lozenges

Prescribing Information

Ingredients: Sorbitol (0.3 g per lozenge), polyethylene glycol, malic acid, sodium citrate, calcium phosphate dibasic, hydrogenated cottonseed oil, citric acid, magnesium stearate, and silicon dioxide.

Pharmaceutical Form: Oral lozenge

Contents: 100 lozenges per bottle. Net weight of 40 g (0.4 g per lozenge).

Therapeutic Group: Numoisyn Lozenges are oral lozenges formulated to promote lubrication of oral mucosa that may be dry due to a variety of circumstances, including medication, chemotherapy or radiotherapy, Sjögren's syndrome, or oral inflammation.

Indications: Numoisyn Lozenges are indicated for the treatment of xerostomia (dry mouth). Numoisyn Lozenges provide temporary relief of dry mouth due to damaged salivary function. Numoisyn Lozenges are formulated to support the natural protection of teeth provided by saliva so that no damage occurs to teeth with repeated use of the lozenges.

Contraindications: Numoisyn Lozenges are contraindicated in patients with fructose intolerance or a known history of hypersensitivity to any of the ingredients.

Warning: Federal law restricts Numoisyn Lozenges to sale by, or on the order of, a physician or properly licensed practitioner.

Interactions: There are no known interactions between Numoisyn Lozenges and any medicinal or other products.

Directions for Use: Let one Numoisyn Lozenge dissolve slowly in the mouth when needed. To obtain optimal effect, move the lozenge around in the mouth. Repeat as necessary. Do not exceed 16 lozenges in 24 hours.

Side Effects: Excessive consumption can cause minor digestive problems.

Storage: Store at room temperature. KEEP OUT OF REACH OF CHILDREN.

Overdose: No overdoses have been reported to date.

Manufactured in Italy under license from
Sinclair Pharmaceuticals Ltd.
Godalming, Surrey GU7 1XW UK

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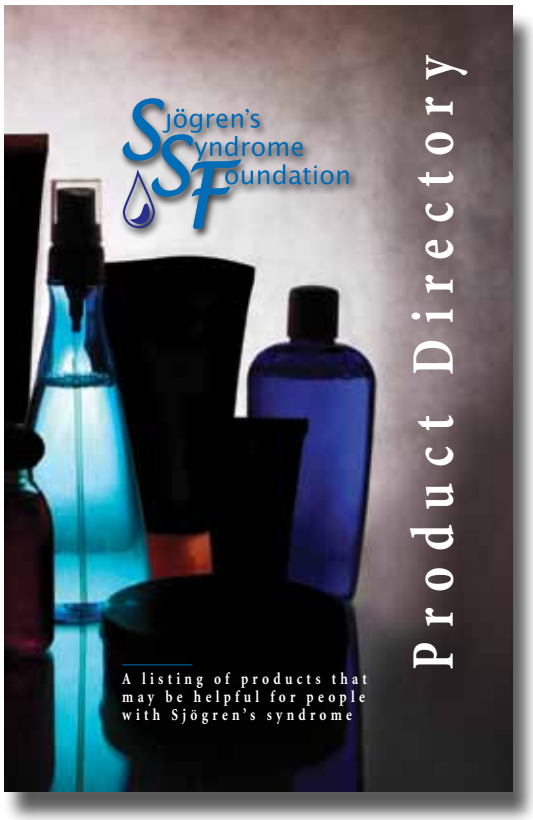
Updated Sjögren's Product Directory Now Available!



Sjögren's patients have such a variety of symptoms that affect all areas of the body. Knowing all the products out there to treat each symptom can be extremely difficult.

The SSF Product Directory is here to help you with that, listing by symptoms the products that may be helpful to people with Sjögren's. The SSF is proud to be able to offer an up-to-date version of this booklet.

The newly-updated SSF Product Directory is available online for members in the Member Community section of sjogrens.org. There you can browse products by category, or you can download the entire PDF version of the directory to read at your leisure. A printed version of the Directory can also be requested by e-mailing the Foundation at ssf@sjogrens.org or calling our office at 800-475-6473.

Special thanks to GlaxoSmithKline

DRY MOUTH

Learn to manage it 3 ways

Dry mouth associated with Sjögren's is more than just uncomfortable and frustrating. When your body can no longer produce enough protective saliva, you are more likely to have cavities, mouth infections and bad breath. Because dry mouth is an ongoing condition with Sjögren's, it helps to develop an ongoing daily routine in each of the following 3 management areas:

1. **Soothing & Moisturizing:** While sipping water can help, water doesn't lubricate the way saliva does. For symptom relief throughout the day use a moisturizing liquid or gel that has supplemental proteins and enzymes. Keep a portable moisturizing spray on hand to provide soothing relief on-the-go. For night-time relief, consider a soothing moisturizing gel to help keep your mouth moist.
2. **Daily Cleaning:** When you don't have enough saliva, food and bacteria can stick to your teeth causing plaque build-up, bad breath, and other problems. Keep your mouth clean by using fluoride toothpaste and a mouthwash without harsh ingredients. Products formulated specifically for dry mouth should be alcohol and detergent (SLS) free so they won't irritate your mouth.
3. **Saliva Stimulation:** Your saliva not only flushes away odor-causing bacteria, it protects and lubricates your mouth. For oral dryness, stimulate saliva by chewing sugar-free gum containing xylitol.

Only Biotène, with its protein-enzyme formulations, offers products in each of the 3 management areas.

Choose the combination of Biotène products that's right for you.

Soothe & Moisturize
(gel, spray)

Daily Cleaning
(toothpaste, mouthwash)

Saliva Stimulation
(chewing gum)

GlaxoSmithKline

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Live, Learn & Share

This October, come to Windsor Locks, Connecticut and take control of your health by learning the most up-to-date information from the brightest minds in Sjögren's syndrome.

Our *Live, Learn & Share* seminars are the best one-day Sjögren's patient seminars in the country. They have helped thousands gain a better understanding of Sjögren's and will help you, too. Our panel of medical experts will address an array of Sjögren's topics; plus, you'll have the rare chance to meet and share tips with fellow Sjögren's patients.

If you want to be your own best advocate by gaining a thorough understanding of all the key aspects of Sjögren's syndrome, then this one-day seminar is for you.

Sjögren's Syndrome Foundation

WINDSOR LOCKS PATIENT SEMINAR
SATURDAY, OCTOBER 2, 2010

1 ATTENDEE – complete for each registrant

Attendee Name(s) _____

Attendee Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

2 FEES – please circle appropriate fee(s) (Note: Early Bird Deadline is September 8, 2010)

	September 8th and before	September 9th and after
SSF Members & Guests	$65 per person	$85 per person
Non-Members	$90 (includes one-year membership)	$110 (includes one-year membership
TOTAL:		

3 PAYMENT – Mail to SSF, c/o BB&T Bank · PO Box 890612 · Charlotte, NC 28289-0612 or Fax to: 301-530-4415

❑ 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 ❑ AmEx Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____

- *A fee of $25 will be charged for all seminar registration cancellations. Refund requests must be made by September 8, 2010. After that date, we are sorry but no refunds will be made.*
- *Dietary Requests: Unfortunately, we cannot accommodate all special dietary requirements. We can accommodate vegetarian or gluten-free dietary requests. If you require a* ***vegetarian*** *or* ***gluten-free*** *meal option, please contact Stephanie Bonner at the SSF office (800-475-6473, ext. 210) by September 23rd.*
- *A limited number of rooms are available at the Sheraton Hotel at Bradley International Airport, Windsor Locks, Connecticut 06096, at the SSF rate of $99 per night plus tax if reservations are made by September 15, 2010. To make room reservations, please call the hotel directly at 1-860-627-5311 and refer to the group name "Sjögren's Syndrome Foundation" for the discounted rate.*

QUESTIONS? *Call 800-475-6473 or visit www.sjogrens.org*

Live, Learn & Share

Sjögren's Syndrome Foundation Patient Seminar

Sheraton Hotel at Bradley International Airport

Windsor Locks, Connecticut

Saturday, October 2, 2010

Seminar Topics and Speakers

Overview of Sjögren's Syndrome – Ann Parke, MD
Dr. Parke is Professor of Medicine at the University of Connecticut Health Center at St. Francis Hospital and Medical Center. Dr. Parke also has a clinical practice at St. Francis Hospital. Dr. Parke will present a comprehensive explanation of the range of symptoms that Sjögren's patients experience, explain their causes, and offer practical tips for managing them.

Treatment of Dry Eye in Sjögren's – Peter C. Donshik, MD
Dr. Donshik has practiced medical and surgical ophthalmology in the greater Hartford area since 1976. He sub-specializes in corneal and external diseases of the eye, laser vision correction, contact lenses and corneal transplant surgery. Dr. Donshik lectures nationally and internationally, and is a widely published author with over 100 articles in both national and international journals. This esteemed eye care expert will discuss the latest dry eye therapeutic treatments, covering the extensive range of help available from artificial tears to silicone plugs to systemic drugs to help you manage and treat dry eye.

Research Update – Steven Taylor, SSF Chief Executive Officer
Mr. Taylor will share an update on the Foundation's Research Program and the goals for 2010-2011. Mr. Taylor will discuss how research holds future promise, greater understanding and hope for better therapies for all Sjögren's patients.

The Sjögren's Ripple Effect – Susan Milstrey Wells
Susan Milstrey Wells is an accomplished writer and editor with more than 30 years of experience. A former member of the Sjögren's Syndrome Foundation Board of Directors, Ms. Wells is the author of *A Delicate Balance: Living Successfully with Chronic Illness*. She writes about mental health and homelessness for the federal government and is principal speechwriter for the director of the federal Center for Mental Health Services. Drawing on personal experience, Ms. Wells will enlighten you about the impact chronic illness can have on your relationships with family, friends, and other people in your life. You will appreciate her hard-won wisdom!

Measuring the Activity of Sjögren's Syndrome – Steven E. Carsons, MD
Dr. Carsons is Chief of the Division of Rheumatology, Immunology, and Allergy at Winthrop-University Hospital in Mineola, New York. He is also Associate Chairman of the Department of Medicine and Director of Research at Winthrop-University Hospital, Director of the Clinical and Translational Research Core at Winthrop Research Institute, and Professor of Medicine at State University of New York at Stony Brook. Dr. Carsons will discuss the methods commonly used to measure and manage Sjögren's disease activity.

The Moisture Seekers
Sjögren's Syndrome Foundation Inc.
6707 Democracy Blvd., Ste 325
Bethesda, MD 20817
Phone: 800-475-6473
Fax: 301-530-4415

World Sjögren's Day 2010

On July 23rd, the Sjögren's Syndrome Foundation joined with 16 other Sjögren's groups around the world as we celebrated the first annual World Sjögren's Day.

This year's World Sjögren's Day celebrated the history of Sjögren's and the advancements made in research and awareness while remembering the syndrome's namesake, Dr. Henrik Sjögren, on a day he would have celebrated his 111th birthday.

Sjögren's patients and advocates around the world spread information on Sjögren's through their family, friends and communities as they distributed brochures, displayed posters and contacted their local news outlets to help raise awareness.

We also asked our friends, worldwide, to make a donation to the SSF in honor of World Sjögren's Day 2010. These donations, in honor of Dr. Henrik Sjögren, will be used to advance the Sjögren's Syndrome Foundation research efforts and continue our momentum as we strive to fund more research each and every year. There is still time to make a donation by using the form attached below.

Henrik Sjögren

(July 23, 1899 - September 17, 1986) – A Swedish ophthalmologist, Henrik Sjögren was born on July 23, 1899, and performed seminal work in classifying the disease "keratoconjunctvitis sicca," which would later bear his name.

And finally, we hope all of you will mark your calendars for World Sjögren's Day 2011 on July 23, 2011. Now all you have to decide is, "What will you do for World Sjögren's Day?"

❑ Enclosed is my gift of $ _____ to support Sjögren's research in honor of World Sjögren's Day 2010.

❑ I am interested in learning more about how to make a stock donation.

❑ Please send me information about listing the SSF in my will or life insurance policy.

Thank you for your support of the Sjögren's Syndrome Foundation.

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 ❑ AmEx Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____