

# The Moisture Seekers

Sjögren's  
Syndrome  
SF  
Foundation

[www.sjogrens.org](http://www.sjogrens.org)

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## Tips for Taking Care of One's Teeth

by Vidya Sankar, DMD, MHS

Salivary dysfunction and dry mouth are common characteristics of Sjögren's syndrome. Reduced salivary flow rates are associated with an increased risk of dental caries as well as with a host of other problems with protective functions in the oral cavity. Understanding how decay develops will lead to a better understanding of optimal tips for caring for your teeth.

### How does decay start?

In order for dental decay to develop, one has to have the presence of three primary factors: 1. the host (a susceptible tooth surface); 2. the causative agents, bacteria such as *Streptococcus mutans*, *Lactobacillus* and *actinomyces*; and 3. an environment which is conducive to the development of decay (one with fermentable dietary carbohydrates). The presence of all three primary factors, over time, leads to the development of decay. Secondary factors such as saliva, fluoride and oral hygiene habits act to modify the actions of the primary factors either to aid in the progression or regression of the caries process. Saliva physically washes away debris and

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## National Doctor's Day

### March 30th is National Doctor's Day.

This year, show your doctors your appreciation by helping them stay updated on the latest Sjögren's information!

Purchase *"The Sjögren's Book, Fourth Edition"* for a physician (or physicians) in your life and the SSF will mail the book directly to them with a special card letting them know that it was purchased by you in honor of National Doctor's Day!

With this purchase, the SSF will give your physician a complimentary subscription to our

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microorganisms off of teeth. Saliva also buffers teeth from acids in the diet and acids produced by bacteria and enhances the remineralization of teeth.

Dental decay is a potentially preventable disease. By modifying any of the above-mentioned primary or secondary factors, one can delay or, in some cases, reverse the caries process. The susceptible tooth surface can be strengthened through the use of fluoride. When fluoride becomes incorporated into enamel in the form of fluoroapatite, the surface can become up to ten times less soluble or more resistant to acid attack. In addition to making the tooth more resistant, fluoride also inhibits the enzyme enolase, which the bacteria in plaque need to metabolize carbohydrates or sugars into acids, thus preventing the pathologic bacteria from doing harm. Fluoride can be applied to teeth via mouth rinses, varnishes, and gels. Special trays can be fabricated to aid in the delivery of fluoride to the teeth in a more precise manner for longer periods of time.

Increasing the amount of saliva in the mouth aids in buffering the acids produced by the microorganisms in dental plaque. Saliva also contains enzymes such as statherin and cystatin that protect against demineralization. Saliva aids in remineralization of the surfaces of teeth so any agent (such as pilocarpine or Evoxac<sup>®</sup>) that increases salivary output would be beneficial in decreasing dental decay. Patients with dry mouth have been reported to have more erosion, tooth wear and sensitivity. There are agents on the market today that claim to aid in remineralization of teeth such as MI Paste. To date, there is no evidence that this is actually capable of tooth remineralization; however, it may help to reduce sensitivity. Colgate<sup>®</sup> Sensitive Pro-Relief<sup>™</sup> is a toothpaste that incorporates Pro-Argin<sup>™</sup> technology. It uses an amino acid, arginine, hydrolyzes it to produce ammonia, and ammonia increases the pH of saliva, which increases the remineralization of tooth surfaces.

The last primary factor, the amount of fermentable dietary carbohydrates, can be decreased by decreasing the frequency of exposure and the duration of exposure to these fermentable carbohydrates. One option would be to eat/drink foods with less sugar or limiting the exposure time. For example, if one sips on sweetened iced tea throughout the day, one's teeth are continually exposed to the sugars in the tea throughout the day. Drinking it all at once and then rinsing after the exposure decreases the amount of time one's teeth are exposed to the sugars. Another option would be to introduce sugar substitutes that are not metabolized by the decay-producing bacteria. One such substance is xylitol. Xylitol is found in many gums and mints which are readily available in grocery stores. Xylitol is capable of influencing the quality and quantity of caries producing microorganisms. Long-term use of xylitol encourages the growth of organisms with fewer adhesive properties making it easier for plaque to be washed away by saliva. An additional bonus is that these gums and mints help to mechanically stimulate the salivary glands to produce more saliva, thus modifying the secondary factors involved with development of decay.

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For patients with Sjögren's syndrome

# DRY-MOUTH SYMPTOMS DON'T HAVE TO BE SO DISTRACTING.

If you experience dry-mouth symptoms due to Sjögren's syndrome, then you already know how distracting these can be to your daily life. It might be time to ask about EVOXAC® (cevimeline HCl), a prescription treatment that works by stimulating the production of your body's own natural saliva.

**Talk to your doctor to see if EVOXAC can help, or visit [DiscoverEVOXAC.com](http://DiscoverEVOXAC.com).**

Please see important information about EVOXAC below.



## Important Safety Information

### What is EVOXAC?

• EVOXAC (cevimeline HCl) 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 health care 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, runny nose, and diarrhea.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.FDA.gov/medwatch](http://www.FDA.gov/medwatch), or call 1-800-FDA-1088.

Please visit [www.EVOXAC.com](http://www.EVOXAC.com) for full Product Information for EVOXAC.

For patients having difficulty affording their Daiichi Sankyo medication, please call the Daiichi Sankyo Patient Assistance Program at 1-866-268-7327 for more information or visit [www.dsi.com/news/patientassistance.html](http://www.dsi.com/news/patientassistance.html).

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

**EVOXAC**<sup>®</sup>  
(cevimeline HCl) 30 mg  
Capsules

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 dose 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	Placebo
	30 mg (tid) n=533	(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	Placebo	Adverse Event	Cevimeline	Placebo
	30 mg (tid) n=533	(tid) n=164		30 mg (tid) n=533	(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 Flashes	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, sialadenitis, otitis media, erythematous rash, neurodermatitis, edema, salivary gland enlargement, allergy, gastroesophageal reflux, eye abnormality, migraine, tooth disorder, epistaxis, flatulence, toothache, ulcerative stomatitis, anemia, hypoesthesia, cystitis, leg cramps, abscess, eruption, 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 part 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, thrombocytopenia, thrombocytopenia, hypochromic anemia, eosinophilia, granulocytopenia, leukopenia, 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 oxaloacetate 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, hyperlipidemia, 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, paranoia, 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, stranguary, 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 ALT 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, hypoesthesia, paralysis, abnormal sexual function, enlarged abdomen, change in bowel habits, gum hyperplasia, sensitivity 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, imposture, 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

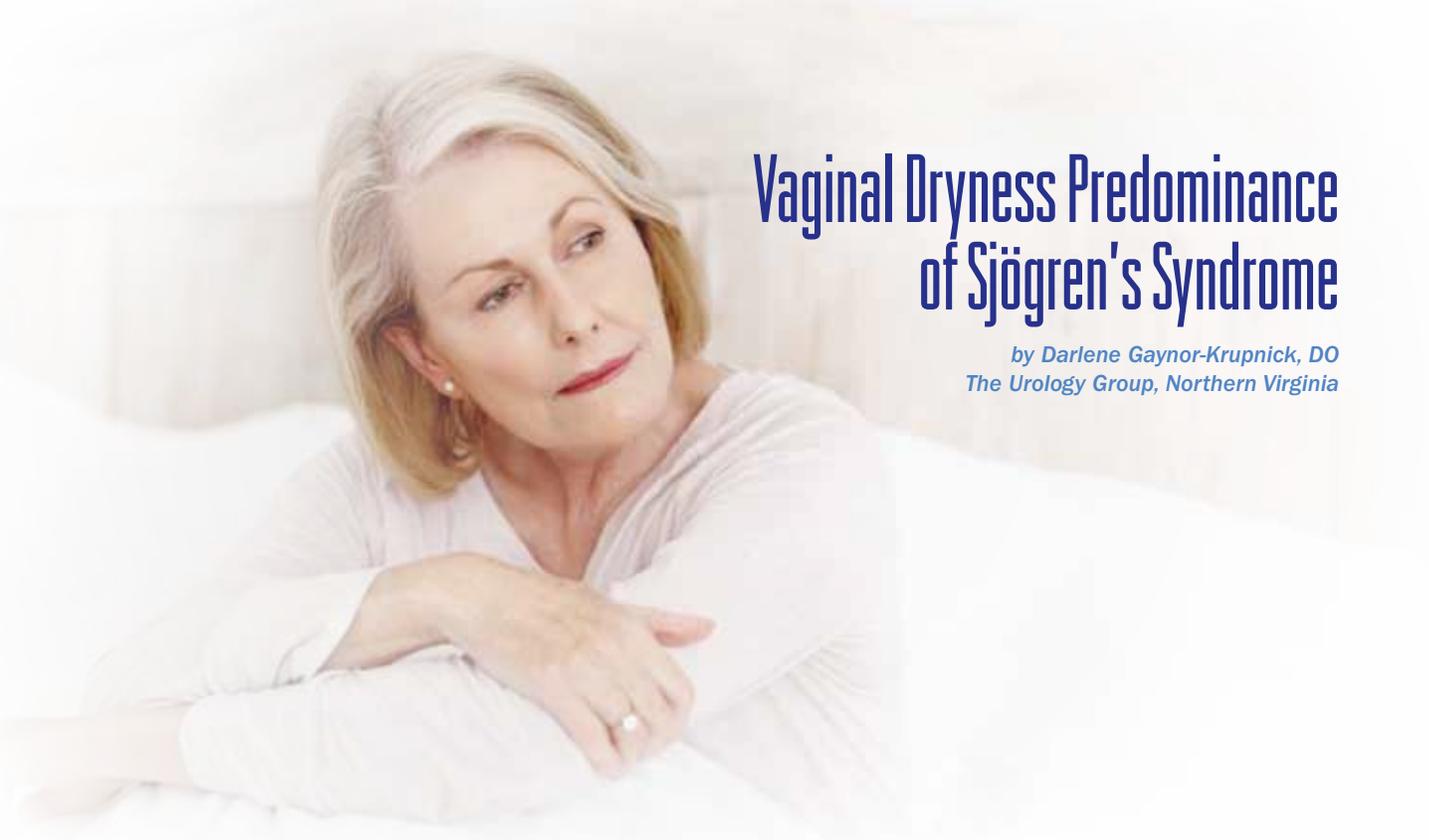
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## Vaginal Dryness Predominance of Sjögren's Syndrome

by Darlene Gaynor-Krupnick, DO  
The Urology Group, Northern Virginia

Sjögren's syndrome is a chronic inflammatory autoimmune disease in which salivary and lacrimal glands are progressively destroyed by lymphocytes and plasma cells. Women are 10 times more affected than men, and gynecologic manifestations of Sjögren's syndrome have been found to affect the quality of life. Urologic manifestations, such as overactive bladder affecting the pelvic nerves, also have been identified and typically treated successfully with anticholinergic medication, which further adds to dryness systemically.

Women with Sjögren's syndrome commonly report significant vaginal dryness. However, few studies actually have been obtained to determine the predominance of this dysfunction, which then can lead to dyspareunia, which is painful intercourse. Vaginal dryness in women is not unusual due to the dryness of the mucosal membranes, and there are few therapies available other than what is offered for mainstream patients with what we call atrophic vaginitis, or at worst, lichen sclerosis. Atrophic vaginitis, or vaginal dryness, usually can be treated successfully with estrogen-based creams prescribed by a primary care physician, OB/GYN or urogynecologist/female urologist. These medications can improve the quality of the vaginal tissue and ultimately decrease the patient's risk of dyspareunia and improve the atrophic vaginitis. In many patients, however, there are fears regarding estrogen-related therapies, and the creams are not necessarily for intercourse as the creams can be considered messy by patients.

There are other products on the market that can be very successful for patients, and many are water-based if latex compatibility is necessary. However, many of these lubricants can have industrial-based chemicals and may utilize preservatives, both of which can cause increased sensitivities and irritation to the vaginal mucosa. A few products are available organically. These may be oil-based and considered more successful in improving vaginal moisturization, including sunflower oils and homeopathic Vitamin E and aloe vera mixtures, for instance. If some of these products are applied daily, they may improve moisturization and certainly improve the vaginal dryness, especially during intercourse.

Overall, this is an understudied area in patients with Sjögren's syndrome, and additional studies are warranted in order to further improve this dysfunction, which also can affect intimacy within a relationship for Sjögren's patients.

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### Current Challenges

One of the frustrating issues with the decay that develops in the Sjögren's dry mouth patient is the location of the decay on the tooth surface and the extent of decay. Decay usually develops around the gum line and can wrap around the entire tooth. The complexity of the dental needs leads to increased time needed to perform the restoration and to skilled dental professionals who are able to perform the procedures. Both patients and practitioners have related a common concern in that they feel that they are always chasing after decay. Before they have the chance to take care of the existing cavities, new ones develop. One possible solution to this would be to seek out facilities that may offer the ability to have multiple restorations done at one time – perhaps under IV seda-

tion. However, very few private practitioners offer this in the private office setting. One might consider hospital dentistry programs for this. One should take into consideration that this treatment option is associated with increased costs. Lack of insurance coverage and type of insurance coverage may limit one's options. While health care costs for the Sjögren's patient have been found to be similar to those of other autoimmune diseases, the cost of dental care is reported to be about 2-3 times higher than age-matched individuals without the disease. ■

"Doctor's Day" continued from page 1 ▼

professional newsletter, *Sjögren's Quarterly*, as well as brochures for their office.

With Sjögren's Awareness Month right around the corner in April, what better way to show your doctor appreciation than informing their entire staff about Sjögren's and raising awareness in your community! ■

## I Appreciate

Physician's Name: \_\_\_\_\_

Office Name: \_\_\_\_\_ Field of Practice: \_\_\_\_\_

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Enclosed is a check or Money order (in U.S. funds only, drawn on a US bank, net of all bank charges) payable to SSF. or

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CC Security Code: \_\_\_\_\_



# Numoisyn™

## Lozenges Liquid

Works fast...and lasts.  
For Xerostomia

Ask your physician to  
prescribe Numoisyn today!



[www.alignpharma.com](http://www.alignpharma.com)

Customer Service: 908-834-0960

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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 temporary 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 not 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](http://www.alignpharma.com)

### Numoisyn™ Liquid

### 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

Distributed by  
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Berkeley Heights, NJ 07922 USA

[www.alignpharma.com](http://www.alignpharma.com)

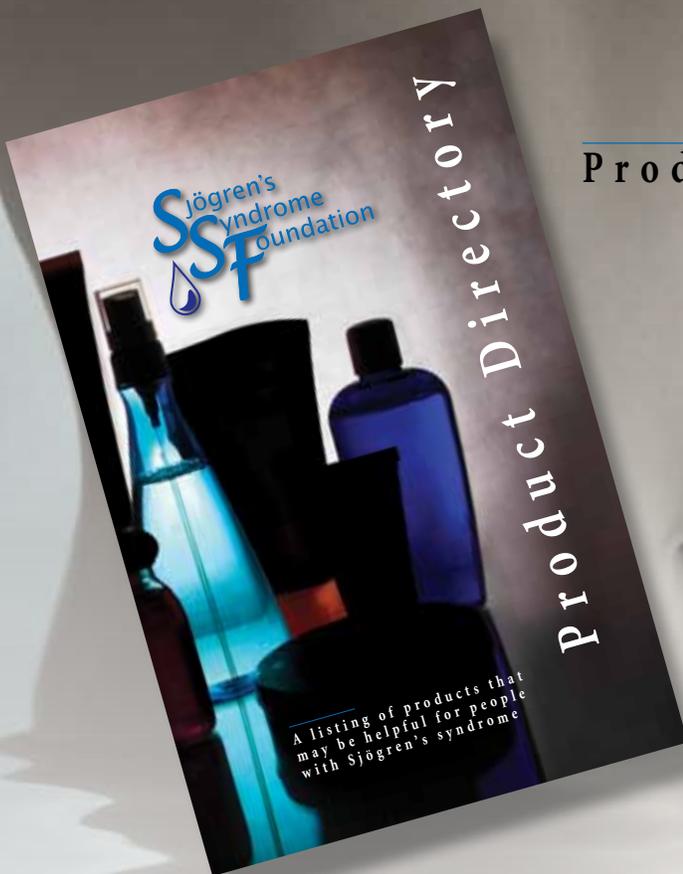
### Numoisyn™ Lozenges



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## Products For Vaginal Dryness

Excerpted from Sjögren's Syndrome Foundation's *Product Directory*. For more information please go to [www.sjogrens.org](http://www.sjogrens.org)

### *Astroglide®*

BioFilm, Inc.  
3225 Executive Ridge  
Vista, CA 92081  
800/848-5900  
[www.astroglide.com](http://www.astroglide.com)

### *Estrace® Vaginal Cream (Rx)*

Warner Chilcott Co.  
80 Corporate Center  
100 Enterprise Dr., Ste. 280  
Rockaway, NJ 07866  
800/521-8813  
[www.wcrx.com](http://www.wcrx.com)

### *Feminease® Feminine Moisturizer*

Parnell Pharmaceuticals, Inc.  
1525 Francisco Blvd.  
San Rafael, CA 94901  
800/457-4276  
[www.parnellpharm.com](http://www.parnellpharm.com)

### *ID Glide™ Personal Lubricant*

Westridge Laboratories, Inc.  
1671 E. Saint Andrew Pl.  
Santa Ana, CA 92705-4932  
800/646-2096  
[www.idlube.com](http://www.idlube.com)

### *K-Y® Liquid Personal Lubricant*

### *K-Y® Liquibeads™ Long Lasting Vaginal Moisturizer*

### *K-Y® Silk-E® Vaginal Moisturizer*

Personal Products Co.  
199 Grandview Rd.  
Skillman, NJ 08558-9418  
877/592-7263  
[www.K-Y.com](http://www.K-Y.com)

### *Lubrin® Vaginal Inserts*

Bradley Pharmaceuticals, Inc.  
383 Route 46 West  
Fairfield, NJ 07004-2402  
800/929-9300  
[www.lubrinicare.com](http://www.lubrinicare.com)

### *Luvena PreBiotic Vaginal Moisturizer and Lubricant*

Laclede, Inc.  
2103 E. University Drive  
Rancho Dominguez, CA 90220  
877/522-5333  
[www.luvenacare.com](http://www.luvenacare.com)

### *Maxilube Personal Lubricant*

Mission Pharmacal Co.  
10999 W. Interstate Hwy. 10, Suite 1000  
San Antonio, TX 78230-1355  
800/531-3333  
[www.missionpharmacal.com](http://www.missionpharmacal.com)

### *Premarin® Vaginal Cream (Rx)*

Pfizer, Inc.  
235 E. 42nd St.  
New York, NY 10017-5755  
800/934-5556  
[www.premarinvaginalcream.com](http://www.premarinvaginalcream.com)

### *Replens® Long-Lasting Vaginal Moisturizer*

Lil' Drug Store Products, Inc.  
1201 Continental Place NE  
Cedar Rapids, IA 52402  
877/507-6516  
[www.Replens.com](http://www.Replens.com)

### *Valera™ Organic Vaginal Lubricant and Moisturizer*

VaNovo™  
PO Box 60, Great Falls, VA 22066-0060  
[www.myvalera.com](http://www.myvalera.com)  
[info@myvalera.com](mailto:info@myvalera.com)

### *WET Original WET Light*

Trigg Laboratories, Inc.  
28650 Braxton Ave.  
Valencia, CA 91355-4163  
800/248-4811  
[www.stayswetlonger.com](http://www.stayswetlonger.com)

# Sex and Sjögren's

The SSF thanks Anne E. Burke, MD, MPH for authoring this Patient Education Sheet. Dr. Burke is an Assistant Professor of Gynecology and Obstetrics, Johns Hopkins University School of Medicine, Bayview Medical Center, Baltimore, Maryland

**S**jögren's syndrome (SS) can affect women's sexuality, but even with the presence of SS, women and their partners can enjoy sexual activity and maintain a state of sexual well-being.

*Vaginal dryness. Women with SS often experience vaginal dryness.*

**What you can do about it:**

- Some over-the-counter vaginal moisturizers may help relieve vaginal dryness. For example, Replens® contains a compound called polycarbophil, Luvena® contains prebiotics and Feminease® contains Yerba Santa.
- Lubricants, such as K-Y jelly® or Astroglide®, may help increase lubrication for intercourse.
- Vaginal estrogen (hormones) may be right for some women. This can come in cream, ring or pill form.
- Try different techniques to make sex more comfortable, such as more foreplay or masturbation.

*Pelvic pain/pain with intercourse. Pelvic pain can have many causes, including SS, pudendal neuropathy, and interstitial cystitis.*

**What you can do about it:**

- See your health care provider (Gyn/Urologist) for an evaluation of why you have pelvic pain. There may not be an "easy" answer, but in many cases a possible cause can be identified and treated.
- Treating vaginal dryness may improve some pelvic pain.
- Some women will benefit from pelvic physical therapy. Your health care provider may be able to refer you to a physical therapist with pelvic floor expertise.

*Fatigue and mood symptoms. Fatigue, chronic pain and depression can contribute to the daily challenge of living with a chronic illness and affect sexual desire and function.*

**What you can do about it:**

- Tell your health care provider if you are feeling depressed. Treating depression may help to improve problems with sexual function.
- Recognize that some antidepressant medications may contribute to sexual symptoms and dryness. Discuss this with your provider.
- Take care of your Sjögren's and make time for yourself and things you enjoy.
- Remember that fatigue and chronic pain can affect a woman's sex life. Be open with your partner about your experience and needs and work together for satisfying intimacy.



## Breakthrough Bullet: Can you hear me now?

Steven Taylor, SSF CEO, Lynn M. Petruzzi, RN, MSN, Chairman, SSF Board of Directors, and Ken Economou, Member, SSF Board of Directors, presented the Foundation's new Breakthrough Goal "50 in 5" at the National Health Council's 25th Annual Voluntary Leadership Conference.

The annual conference, which took place early in February, is centered on health organizations sharing issues of concern to the patient advocacy community.

Taylor had the opportunity to present to over 30 CEO's and volunteers from national voluntary health organizations (such as the American Heart Association, Lance Armstrong Foundation and American Diabetes Association). Taylor, Petruzzi and Economou were able to share:

- What is Sjögren's
- Who is the SSF
- Why did the SSF decide to launch a breakthrough goal (BTG)
- How did the SSF pick "50 in 5" as the goal

Taylor, Petruzzi and Economou illustrated the step-by-step process that the SSF took as we developed our "50 in 5." They reviewed how the process began in 2010 with the Board of Directors recognizing the need for a breakthrough goal and the establishment of a task force to determine the

new goal. And, once approved, the setting of short and long term priorities needed to make the goal successful.

When presenting how the goal itself was established, Taylor stressed that the starting point was asking the question, "what would you do, if you knew you could not fail?" Two years later, the SSF proudly announced a loud and clear goal of "50 in 5" to change the face of Sjögren's.

Read more about Taylor's presentation and other "50 in 5" updates on SSF blog Conquering Sjögren's at <http://info.sjogrens.org/conquering-sjogrens/> ■



*Pictured left to right: Steven Taylor, SSF CEO, Lynn M. Petruzzi, RN, MSN, Chairman, SSF Board of Directors, and Ken Economou, Member, SSF Board of Directors*



### Ruth Strickland Price

*Leaving a Legacy of Hope*

If you would like to receive information on how you can *Leave a Legacy* to support the Sjögren's Syndrome Foundation's critical research initiatives or to support one of our many other programs, please contact Steven Taylor at 800-475-6473.

*Leave A Legacy –  
Remember Us in Your Will*

Sjögren's Syndrome Foundation  
*Legacy of Hope*

# I Stood Up...

Brendanwood Financial Golf Outing



Brian Simms, owner of Brendanwood Financial, with his foursome.

Meet Brian Simms of Brendanwood Financial

Brian Simms, Financial Planner and proprietor of Brendanwood Financial, organized a *Golf Outing* last August to benefit the Sjögren's Syndrome Foundation.

Brian decided to Stand Up for Sjögren's and organized this event in honor of his mother, Shirley Simms! The event included a day of golf followed by dinner and silent auction with items donated from other area businesses.

We applaud Brian for deciding to increase Sjögren's awareness in Indianapolis and encourage his network of business associates to join him in making a difference! The event raised \$1,000.

Congratulations to Brian Simms for Standing Up for Sjögren's!

## How will you Stand Up?



## Is Dry Eye Disease making your eyes burn?

Find the experts at [AllAboutDryEye.com](http://AllAboutDryEye.com)

Millions suffer from Dry Eye Disease, and yet the vast majority are not receiving the care they need. The first step toward relief from dry eye symptoms is talking to an expert doctor. You'll be cared for by certified specialists in tear testing at an Accredited Dry Eye Center. These centers use the TearLab® Osmolarity System, the most advanced technology to diagnose and manage Dry Eye Disease. For more information about Dry Eye Disease, or to locate an Accredited Dry Eye Center expert near you, visit us at

**AllAboutDryEye.com**



# Order These Great Resources Today!

	Non-Member Price	Member Price	Qty	Amount
<b>The Sjögren's Book, Fourth Edition:</b> <i>edited by Daniel J. Wallace, MD.</i> The 2011 edition of the Sjögren's handbook has been completely revised and expanded with all new chapters and the latest information on Sjögren's.	\$30	\$26		
<b>The Sjögren's Syndrome Survival Guide</b> by <i>Teri P. Rumpf, PhD, and Kathy Hammitt.</i> A complete resource for Sjögren's sufferers, providing medical information, research results, and treatment methods as well as the most effective and practical self-help strategies.	\$15	\$13		
<b>A Body Out of Balance</b> by <i>Ruth Fremes, MA, and Nancy Carteron, MD, FACR.</i> A Sjögren's patient and a doctor offer their authoritative insight into one of the most common yet most misunderstood autoimmune disorders.	\$13	\$10		
<b>The Autoimmune Connection: Essential Information for Women on Diagnosis, Treatment, and Getting on with Your Life</b> by <i>Rita Baron-Faust and Jill P. Buyon, MD.</i> This book covers the full spectrum of autoimmunity and the myriad ways it influences the lives of women.	\$19	\$15		
<b>The Balance Within: The Science Connecting Health and Emotions</b> by <i>Esther M. Sternberg, MD.</i> A neuroscientist at NIH writes on the connection between your mind, your emotions and your immune system. This book details how the brain and immune system are connected and how you can harness that connection to fight your sickness.	\$15	\$11		
<b>Women, Work and Autoimmune Disease</b> by <i>Rosalind Joffe and Joan Friedlander.</i> A book for women who live with chronic illness, encouraging them to stay employed to preserve their independence and sense of self.	\$17	\$14		
<b>Dancing at the River's Edge: A Patient and her Doctor Negotiate Life with Chronic Illness</b> by <i>Alida Brill and Michael D. Lockshin, MD.</i> A dual memoir with a patient and her doctor that offers a powerful and inspirational testimony from either side of the examining table.	\$16	\$14		
<b>Chronic Pain For Dummies</b> by <i>Stuart Kassan, MD, et. al.</i> This reassuring, practical guide helps you understand what causes pain and how to manage it with the newest pain-relieving techniques.	\$18	\$15		
<b>Peripheral Neuropathy: When the Numbness, Weakness, and Pain Won't Stop</b> by <i>Norman Latov, MD, PhD.</i> Peripheral neuropathy is a widespread disease, yet many people do not even realize they have it. If you experience pain, numbness, or tingling in your feet or other extremities, this book is for you.	\$19	\$16		
<b>You Can Cope with Peripheral Neuropathy: 365 Tips for Living a Full Life</b> by <i>Mims Cushing and Norman Latov, MD.</i> A compendium of tips, techniques, and life-task shortcuts that will help everyone who lives with this painful condition.	\$19	\$16		
<b>Vulvodynia Survival Guide: How to Overcome Painful Vaginal Symptoms &amp; Enjoy an Active Lifestyle</b> by <i>Howard I. Glazer, PhD and Gae Rodke, MD, FACOG.</i> A great resource for anyone experiencing vulvodynia symptoms. This book will help readers identify triggers, reduce symptoms, find medical help, reduce pain, and renew their enjoyment of life.	\$16	\$13		
<b>The Woman's Book of Sleep: A Complete Resource Guide</b> by <i>Amy Wolfson, PhD.</i> An overview of the latest findings pertinent to women's sleep, and it distills their practical implications in a direct and straightforward style.	\$16	\$13		
<b>The Memory Bible: An Innovative Strategy for Keeping Your Brain Young</b> by <i>Gary Small, MD.</i> This program has helped thousands of people improve their ability to remember everyday issues like where their car is parked as well as more important abilities to think fast and maintain a healthy brain.	\$16	\$13		
<b>Purchase a full set of last year's Moisture Seekers newsletter</b> Volume 29, 2011 (11 issues) as originally published.	\$50	\$20		
<b>Maryland Residents add 6% sales tax</b>				
<b>Shipping and Handling:</b> US Mail: \$5 for first item + \$2 for each additional item Canada: \$8 for first item + \$2 for each additional item Overseas: \$18 for first item + \$2.50 for each additional item				
<b>Please consider an additional contribution:</b> <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> Other: _____				
<b>Join now and SAVE on your purchase! (Apply member pricing to all items.)</b> Membership – Includes a subscription to <i>The Moisture Seekers</i> newsletter. Member dues (US dollars): <input type="checkbox"/> \$32 US <input type="checkbox"/> \$59 2-year membership option <input type="checkbox"/> \$38 Canada <input type="checkbox"/> \$45 Overseas <input type="checkbox"/> \$50 Healthcare professional				
<b>Total Amount</b>				

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Signature \_\_\_\_\_ Security Code \_\_\_\_\_

 **in memoriam**

**In Memory of Martha Howe**  
The Woodlands-Conroe Sjögren's Syndrome Support Group

**In Memory of Charis Neve Brown**  
David Brown  
Jolie Dellaneve-Brown  
Harold & Pam Brown

**In Memory of Irene Seaner**  
Carol & Ron Slattery  
Susan Kalinowski, Michael & Ben Borenstein  
Carol Kalinowski & Barry McDonnell  
Robert & Suzanne Ostrowski  
Jeffrey & Barbara Kitt

**In Memory of Joy Cox**  
Doug Adams & Family  
Joan Keith  
Bucky

**In Memory of Sharon Smart**  
Tom & Carol Rost

**In Memory of "Care," Co-Founder of Sjögren's World**  
Bucky

**In Memory of Rosemary T. McCambridge**  
Lloyd & Jane Human  
Frances Glowienka  
Carole LaFond  
Marijane & Phillip Flasch  
Joan & Phillip Dibb  
Patricia Morrissey  
Ruth Ann & David Schneider  
Kay & Paul Shippell  
Marcia Williams  
Michael & Laura Jagielski  
Danielle Johnson

**In Memory of Anne Kilbride**  
Winnie, Rich, Cathy, Tim & Wendy Seeger  
Robin & Stan Alterman

 **in honor**

**In Honor of Cheryl Levin**  
Solk & Associates, Inc.

**In Honor of Kathy Hammitt**  
Peakland Baptist Church

**In Honor of Emily Schetky**  
Bonnie Foss

**In Honor of Harriet Fried**  
Diane Weil

**In Honor of Kate Snider**  
Mom

**In Honor of Karen Desberg**  
Elaine Rippner



**Sjögren's Walkabout**

*Walking to raise awareness and understanding. Let's all take a step to a better tomorrow.*

Contact Sjögren's Syndrome Foundation at 800-475-6473 and get information on hosting your own Walkabout.



sip for  
**Sjögren's**  
a fine water  
tasting event

Host an event in your area...  
*We'll help.*

If you are interested in organizing a Sip for Sjögren's event in your area, please contact Pat Spolyar, Director of Awareness, at 800-475-6473, ext. 221 or [pspolyar@sjogrens.org](mailto:pspolyar@sjogrens.org).



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

**Sjögren's**  
syndrome  
SF  
foundation

# Book Early – Space is Limited!

2012 SSF National Patient Conference

## “Charting the Course”

April 20-21, 2012

San Diego Marriott La Jolla, La Jolla, California

As a Sjögren’s patient, it’s easy to feel confused or overwhelmed by the abundance of information available about the illness and how it affects your body. But here is your opportunity for “Charting the Course” for an educational journey to take control of your health and day-to-day living by learning from the best minds dealing with Sjögren’s. This April, join fellow Sjögren’s patients and their family members as well as healthcare professionals and other experts who specialize in Sjögren’s at the 2012 SSF National Patient Conference in La Jolla, California.

SSF programs are the best Sjögren’s patient education opportunities in the country. They have helped thousands gain a better understanding of Sjögren’s and will help you, too. This two-day event will feature an array of presentations from the country’s leading Sjögren’s experts – physicians, dentists, eye care providers, and researchers – who will help you understand how to manage all key aspects of your disease. Presentation topics will include:

- Overview of Sjögren’s Syndrome*
- Sleep Disorders and Sjögren’s*
- Dermatological Issues and Sjögren’s*
- Gastrointestinal Issues of Sjögren’s*
- Gynecological and Urinary Issues with Sjögren’s*
- Sjögren’s Survival: A Patient Perspective*
- Is it Lupus or Sjögren’s?*
- Management of Dry Eye*
- Dry Mouth and Sjögren’s*
- Testing New Drugs and Future Directions*
- Sjögren’s Research Update*

So this April 20-21, we invite you to join with us in “Charting the Course” to an amazing opportunity for heightening your understanding of Sjögren’s at the 2012 National Patient Conference in La Jolla, California!

Call 800-475-6473 or visit [www.sjogrens.org](http://www.sjogrens.org) today to receive the latest information.

sponsored by



Daiichi-Sankyo

Space is limited. Please register early!

# Registration Form

Registration fees include: Lunch each day, snacks and beverages, Friday evening dinner, hand-out material from speakers and entrance to exhibit area on Friday and Saturday.



## 2012 NATIONAL PATIENT CONFERENCE LA JOLLA, CALIFORNIA — APRIL 20–21, 2012

### 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 March 26, 2012)

**SSF Members & Guests**  
Non-Members

March 26th and before  
\$165 per person  
\$190 per person

March 27th and after  
\$185 per person  
\$210 per person

**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  Discover  AmEx Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ CC Security Code \_\_\_\_\_

- Refund requests must be made in writing. Registrants whose written requests are received by March 30th will receive a 75% refund. After that time, we are sorry that no refunds can 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 (301-530-4420, ext. 214) by April 11th.
- A limited number of rooms are available at the San Diego Marriott La Jolla (4240 La Jolla Village Drive, La Jolla, CA 92037) at the SSF rate of \$120 per night plus tax if reservations are made by March 26, 2012. Call the toll-free hotel reservation number at 800-228-9290 or call the San Diego Marriott La Jolla directly at 858-587-1414 and refer to the group name "Sjögren's Syndrome Foundation" for the discounted rate.
- The San Diego Marriott La Jolla is approximately 15 miles from the San Diego International Airport. The hotel **does not** provide a shuttle service. Alternate transportation suggestions: Super Shuttle/800-974-8885. Estimated Taxi Fare/\$43 (one way).

QUESTIONS? Call 800-475-6473 or visit [www.sjogrens.org](http://www.sjogrens.org)

*The Moisture Seekers*

Sjögren's Syndrome Foundation Inc.  
6707 Democracy Blvd., Ste 325  
Bethesda, MD 20817

Phone: 800-475-6473

Fax: 301-530-4415



# Coordinate a Bold Blue Day for Sjögren's!

## **What is Bold Blue Day?**

Imagine your colleagues or classmates trading in their tailored slacks or dresses for a day in **blue jeans** or **bold blue** to raise vital funds for Sjögren's research and awareness.

Ask your company or your school (even your kid's school) to consider doing a dress down day for the SSF.

## **How does it work?**

Each person choosing to dress down would donate a suggested amount to the SSF as their fee for participating. Some companies suggest \$5 while others companies/schools let each person decide how much they want to donate.

## **What if your company doesn't ever allow jeans?**

Then just have a **BOLD BLUE DAY** – where on a certain day everyone chooses to wear their favorite **BOLD BLUE** outfit! Then collect donations for the SSF that day as well.

To receive more information or have a "Bold Blue Day" kit sent to you, contact Cynthia Williamson at (800) 475-6473 ext. 205 to receive your "Bold Blue Day" kit.