Most Sjögren's Patients Negative For RA Antibodies

BY KATE JOHNSON
Montreal Bureau

Most patients with primary Sjögren's syndrome test negative for anti-cyclic citrullinated peptide antibody and antikeratin antibodies, in contrast to patients with rheumatoid arthritis, a new study shows.

However, primary Sjögren's syndrome should not be ruled out in patients testing positive for these antibodies, reported J. E. Gottenberg from Bicetre Hospital in Le Kremlin Bicetre, France and colleagues (Ann. Rheum. Dis. 2005;64:114-7).

The clinical manifestations of Sjögren's syndrome and rheumatoid arthritis may be very similar, and the prevalence of rheumatoid factor is the same in both conditions, noted the authors.

The study involved 134 patients who fulfilled the American-European Consensus Group criteria for primary Sjögren's syndrome, and who did not fulfill American College of Rheumatology criteria for rheumatoid arthritis.

Patients were tested for anticyclic citrullinated peptide (anti-CCP) antibodies using enzyme-linked immunosorbent assay, while anti-keratin antibodies (AKA) were assessed using indirect immunofluorescence. Tests were also done for rheumatoid factor and Sjögren's syndrome antibodies, and patients were clinically evaluated for the presence of synovitis and extraglandular involvement.

Radiographs of the hands and feet were taken to rule out the presence of erosions that would indicate a primary diagnosis of rheumatoid arthritis.

Ten of the patients (7.5%), tested positive for anti-CCP, and 7 (5.2%) tested positive for AKA. This compared to data from an unpublished study showing a 68.9% prevalence of anti-CCP in patients with rheumatoid arthritis by other investigators.

"To our knowledge, this is the first study to analyze the prevalence of anti-CCP and AKA in a cohort of patients with primary Sjögren's syndrome," they reported.

"Our study confirms that anti-CCP and AKA may be detected in patients with no radiographic evidence of erosions after a long follow-up."

The possibility that patients with anti-CCP antibodies could be prone to developing rheumatoid arthritis should not be ruled out, noted the authors.

"It is known that anti-CCP can be present years before the first signs of rheumatoid arthritis. In three anti-CCP–positive patients with polysynovitis, the use of DMARDs [disease-modifying anti-rheumatic drugs] might have prevented progression to rheumatoid arthritis," they wrote.

They recommend that anti-CCP–positive patients receive cautious clinical and radiographic follow-up to confirm that their disease does not evolve into rheumatoid arthritis.

However, the fact that the anti-CCP–positive patients had a mean disease duration of 11 years without erosions suggests that "the production of anti-CCP antibodies … could be less intimately related to the pathogenesis of rheumatoid arthritis than was previously hypothesized." ■

Some Atypical Symptoms Should Also Spark Suspicion of Sjögren's Syndrome

BY HEIDI SPLETE
Senior Writer

FORT LAUDERDALE, FLA. — Sjögren's syndrome is the second most common autoimmune disorder that affects the musculoskeletal system, and yet the average time to diagnosis is 6 years, said Yvonne Sherrer, M.D., at a meeting sponsored by the Sjögren's Syndrome Foundation.

Although the cause of Sjögren's is still unknown, researchers suspect that a combination of genetic, environmental, and hormonal factors contribute to predisposition for the disease. Indeed, for every male with the syndrome, an estimated nine women are affected, underscoring the relevance of hormonal influences.

Inflammation of the exocrine glands, the common denominator of Sjögren's syndrome, most obviously affects the eyes, mouth, and vagina, said Dr. Sherrer, medical director and director of clinical research at the Centre for Rheumatology, Immunology, and Arthritis in Fort Lauderdale.

Typically, Sjögren's occurs in the context of a previously diagnosed autoimmune disorder, such as lupus, rheumatoid arthritis, or scleroderma.

The following less typical symptoms may also warrant suspecting Sjögren's syndrome:

▶ **Ocular.** In addition to extreme dry eyes, patients may suffer from conjunctivitis, keratitis, blepharitis, ulcerations, and perforations.

▶ **Ears, Nose, and Throat.** Tracheal dryness causes a chronic dry cough in some patients. Nosebleeds, otitis, and sinusitis can be recurring.

▶ **Oral.** Severe dry mouth can cause swallowing problems, which may lead to malnourishment and excessive weight loss. Patients may also have accelerated caries, loss of dentition, and malfunctioning dentures.

▶ **Dermatologic/Vascular.** Skin rashes are common, and skin eruptions and purpura may occur. Raynaud's phenomenon is a typical vascular manifestation. Vasculitis is always a concern in Sjögren's patients, but symptoms vary depending on the location of the inflammation in the body.

▶ **Gastrointestinal.** Patients may suffer from esophageal dysmotility. In severe cases, they are at increased risk for pancreatitis, hepatitis, or atrophic gastritis.

▶ **Hematologic.** Anemia, blood dyscrasias, and cryoglobulinemias are rare but may occur.

▶ **Pulmonary.** Lung involvement and coronary involvement are rare but can develop due to dryness of bronchial tubes. Other potential manifestations include bronchitis, bronchitis obliterans-organized pneumonia, and interstitial fibrosis.

▶ **Neurologic.** Neuropathies tend to be less symmetrical in Sjögren's patients, compared with other conditions. Central nervous system disorders might manifest as changes in cognitive function or as seizures.

▶ **Musculoskeletal.** More often than not, patients with Sjögren's have arthralgia, rather than arthritis, but secondary Sjögren's patients may have concurrent arthritis or myositis.

Criteria for Primary Sjögren's Syndrome

The diagnosis of primary Sjögren's syndrome requires that patients meet at least four of the following six criteria:

1. The patient must have at least one of three ocular symptoms:

▶ Dry eyes for less than 3 months.
▶ Need to use artificial tears more than three times daily.
▶ Sensation of a foreign body in the eye.

2. The patient must have at least one of three oral symptoms:

▶ Persistent dry mouth for more than 3 months.
▶ Swollen salivary glands.
▶ Need to add extra liquid to the mouth in order to swallow.

3. The patient must have at least one of two ocular signs:

▶ Unanesthetized Schirmer's test result of 5 mm/5 minutes or less in both eyes.
▶ Positive vital dye staining.

4. The patient must have at least one of three signs of poor salivary gland function:

▶ Abnormal salivary scintigraphy.
▶ Abnormal parotid sialography.
▶ Unstimulated salivary flow rate of 0.1 mL/minute or less.

5. Positive lip biopsy.

6. Positive anti-SSA or anti-SSB tests.

Source: "The New Sjögren's Syndrome Handbook" (New York: Oxford University Press, 2005)

Lifestyle Modifications May Reduce Dental Decay in Sjögren's Patients

FORT LAUDERDALE, FLA. — The chronic dry mouth that characterizes Sjögren's syndrome can accelerate dental decay in approximately 70% of patients with the disease, Steven J. Kusnick, D.D.S., said at a meeting sponsored by the Sjögren's Syndrome Foundation.

Patients who attempt to manage their dry mouth symptoms with gum or mints should be advised to use products that contain the natural sweetener xylitol instead of looking for ones that are merely sugar free because the latter won't prevent tooth decay, said Dr. Kusnick, a general dentist in private practice in Sunrise, Fla., and a specialist in cosmetic and reconstructive dentistry.

Over-the-counter products that contain xylitol include Smints, a brand of mints that stimulate saliva and have xylitol as the first ingredient, Koolerz gum in any flavor, and Starbucks gum.

Other tips include reminding patients to drink water throughout the day, use lip balm regularly, and avoid smoking and drinking alcohol. While some patients may realize they need to avoid acidic juices, such as orange and grape, many carbonated drinks, including diet sodas, also contain acid and should be avoided.

Two prescription salivary substitute medications—pilocarpine (Salagen) and cevimeline (Evoxac)—can be an effective adjunct to lifestyle modifications, but many patients are deterred by their side effects, which include flushing, sweating, and headaches.

Salivary substitutes can interact poorly with other medications, so physicians should inquire about all medications before prescribing them.

"The earlier we catch a problem, such as a cavity, the easier it is to treat," so regular checkups are key. Dr. Kusnick also recommends that his Sjögren's patients use a standard, nonwhitening toothpaste. Whitening toothpastes have an ingredient that makes teeth more sensitive, irritates the soft tissues of the mouth, and they don't whiten your teeth that much.

Other rules for basic oral health apply and if patients snack, remind them to rinse their mouths with water afterwards to reduce dryness.

Fluoride varnish can be helpful to prevent decay in high-risk patients, Dr. Kusnick noted. In patients with gumline decay, power toothbrushes can be helpful in getting the fluoride into the gum area.

—Heidi Splete