CONDITION

Sjogren syndrome

Sjogren syndrome is an autoimmune condition that commonly causes dry eyes, dry mouth, fatigue, and joint pain.

WHAT IT IS
Chronic autoimmune condition affecting moisture-producing glands

BODY SYSTEM
Immune system, eyes, mouth, joints, and internal organs

MAIN SYMPTOMS
Dry eyes, dry mouth, fatigue, joint pain

WHAT CAUSES IT
Immune attack; exact trigger unknown

HOW IT IS DIAGNOSED
Antibody, eye, saliva tests, sometimes lip biopsy

MAIN TREATMENT
Moisture replacement, dental care, and immune-modifying medicines

CAN IT BE CURED?
No - long-term symptoms can be managed

IS IT AN EMERGENCY?
Sometimes - breathing trouble or sudden neurological symptoms

LONG-TERM OUTLOOK
Most remain active, though symptoms may persist

Overview

Sjogren syndrome, also called Sjogren's syndrome, is a long-term autoimmune condition. This means the immune system mistakenly attacks healthy tissue.

It mainly affects glands that make tears and saliva. This can cause persistent dry eyes and a dry mouth. However, Sjogren syndrome can affect more than moisture-producing glands. Some people develop fatigue, joint pain, nerve symptoms, or inflammation in organs such as the lungs or kidneys.

The condition may occur by itself. It may also occur alongside another autoimmune condition, especially rheumatoid arthritis or lupus.

Symptoms range from mild to life-changing. Dryness can damage the surface of the eyes and

increase the risk of tooth decay, so it deserves proper assessment and treatment. Most people do not develop severe organ complications, but continued follow-up helps identify problems early.

Symptoms

Dry eyes and dry mouth are the most recognised symptoms, but they do not affect everyone in the same way.

Dry-eye symptoms may include:

A dry mouth may make it difficult to speak for long periods, chew dry food, or swallow without drinking. Saliva normally protects the teeth and controls germs, so reduced saliva can lead to cavities, gum problems, mouth infections, or a burning mouth. Food may taste different.

Salivary glands around the jaw or in front of the ears can become swollen. The swelling may come and go, sometimes affecting both sides.

Other possible symptoms include ongoing tiredness, poor concentration, muscle aches, and joint pain or stiffness. Some people have dry skin, a dry nose, a persistent dry cough, or vaginal dryness.

Less commonly, inflammation affects other parts of the body. This can cause numbness or burning pain from nerve damage, skin rashes, shortness of breath, swollen lymph nodes, or kidney problems. These symptoms can have many causes and do not automatically mean that Sjogren syndrome has affected an organ.

- Burning, itching, soreness, or a gritty feeling
- Redness or sensitivity to light
- Blurred vision that improves after blinking
- Difficulty wearing contact lenses
- Watery eyes, which can be the eye's response to irritation

Causes and risk factors

The exact cause is not known. Genes, hormones, environmental exposures, and infections may all influence how the immune system behaves, but no single trigger has been confirmed.

Sjogren syndrome is much more often identified in women than in men. It commonly begins in middle age, although adults and children of any age can develop it.

Your chance of having it is higher if you have another autoimmune condition, such as rheumatoid arthritis, lupus, or systemic sclerosis. Autoimmune conditions can also cluster in families, but Sjogren syndrome is not inherited in a simple or predictable way.

Dryness alone does not mean you have Sjogren syndrome. Ageing, dehydration, contact lenses, diabetes, thyroid conditions, anxiety, and many medicines can reduce tears or saliva. Examples include some antihistamines like cetirizine or loratadine , antidepressants like sertraline or fluoxetine , bladder medicines, and blood pressure treatments. Do not stop a prescribed medicine without discussing it with the prescriber.

Diagnosis

There is no single test that proves or rules out Sjogren syndrome in every person. Diagnosis usually combines your symptoms, an examination, and several tests. A primary care clinician may begin the assessment and refer you to a rheumatologist, who specialises in inflammatory and autoimmune conditions.

Blood tests can look for inflammation and autoantibodies. Autoantibodies are immune proteins directed against the body's own tissues. Anti-SSA, also called anti-Ro, is particularly relevant. Other findings can include anti-SSB, rheumatoid factor, or an antinuclear antibody. These results are not unique to Sjogren syndrome, and some people with the condition have negative antibody tests.

Eye tests may include a Schirmer test, which measures tear production using a small paper strip. Dye placed on the eye can reveal dry or damaged areas on its surface.

Saliva tests measure how much saliva your glands produce. Ultrasound may be used to examine the major salivary glands, although its role differs between services.

If the diagnosis remains unclear, a small salivary-gland biopsy may be suggested. A clinician removes several tiny glands from inside the lower lip and examines them for patterns of immune-cell inflammation. The area is numbed first. Temporary soreness or numbness can occur, and persistent numbness is an uncommon risk.

The tests used in research classification criteria can support diagnosis, but clinicians also consider your full history and other possible explanations for dryness.

Treatment and management

There is no cure at present. Treatment aims to relieve dryness, protect the eyes and teeth, improve daily function, and control inflammation when other parts of the body are involved.

For dry eyes, preservative-free artificial tears may be useful when drops are needed often. Thicker gels or ointments last longer but may briefly blur vision, so they are often used at night. An eye specialist may recommend prescription anti-inflammatory drops or punctal plugs, which reduce tear drainage. Smoke, wind, and air blowing directly toward the eyes can worsen symptoms.

For dry mouth, regular sips of water and sugar-free gum or lozenges may help stimulate saliva. Saliva-replacement gels, sprays, and rinses can provide temporary moisture. Some people are offered medicines that stimulate saliva production, but these are not suitable for everyone and may cause sweating or other side effects.

Dental protection is an important part of treatment. This usually includes fluoride toothpaste, careful brushing and cleaning between the teeth, and dental reviews based on your level of risk. A dentist may recommend additional fluoride treatment. Sugary drinks, frequent sweets, smoking, and alcohol-containing mouthwashes can make mouth problems worse.

Vaginal moisturisers can help with ongoing dryness, while lubricants may reduce discomfort during sex. Local hormone treatment may be considered when appropriate.

Pain, fatigue, rashes, and organ inflammation need treatment tailored to their cause. Medicines that alter immune activity, such as hydroxychloroquine or other immune-suppressing treatments, may be used for selected problems. Corticosteroids and stronger immune treatments are generally reserved for significant inflammation or organ involvement. These medicines require monitoring and are not routine treatments for dryness alone.

Regular movement, paced to your energy level, can help maintain strength and joint mobility. Fatigue may also be worsened by poor sleep, anaemia, thyroid problems, depression, medication effects, or another condition, so it should not automatically be attributed to Sjogren syndrome.

Complications

Reduced tears can inflame or damage the cornea, the clear front surface of the eye. Severe damage is uncommon when dryness is recognised and treated.

Low saliva increases the risk of rapid tooth decay, gum problems, oral thrush, mouth sores, and difficulty eating. Salivary glands can also become infected or develop stones that block saliva flow.

Inflammation outside the glands can affect the joints, skin, nerves, lungs, kidneys, liver, or blood vessels. Some people develop low blood-cell counts or abnormal proteins in the blood.

Sjogren syndrome is linked to an increased risk of lymphoma, a cancer of lymphatic immune

cells. The overall chance remains low, and most people with Sjogren syndrome never develop it. Persistent or one-sided salivary-gland swelling, unexplained weight loss, drenching night sweats, or enlarged lymph nodes should be assessed rather than assumed to be part of usual dryness.

During pregnancy, anti-SSA or anti-SSB antibodies can rarely affect the baby's heart rhythm or cause a temporary rash after birth. If you have these antibodies and are pregnant or planning pregnancy, specialist planning can identify whether additional monitoring is appropriate.

Prevention

Sjogren syndrome cannot currently be prevented because its underlying immune changes and triggers are not fully understood.

You can reduce some complications. Consistent eye lubrication can protect the eye surface, while fluoride, dental care, and limiting frequent sugar exposure can protect the teeth. Avoiding tobacco smoke may reduce eye and mouth irritation and also supports lung and dental health.

Keeping routine appointments matters if you have organ involvement or take medicines that affect the immune system. Monitoring is intended to find treatment side effects or complications before they cause lasting harm.

Living with it and what to expect

Sjogren syndrome is usually lifelong. Symptoms may remain fairly steady, fluctuate, or worsen during periods sometimes called flares. Dryness often continues even when inflammation elsewhere is controlled because damaged glands may not fully recover.

Many people remain active and continue working, caring for family, travelling, and exercising. Daily routines may need adjustment. Carrying eye drops and water, planning dental care, taking breaks during visually demanding tasks, and pacing activity can make symptoms more manageable.

Fatigue and pain may be less visible than dryness but can have a major effect on concentration, sleep, and work. It can help to track patterns and discuss meaningful changes during routine follow-up. Support may involve rheumatology, eye care, dentistry, and other specialists if a particular organ is affected.

Most people do not develop severe internal-organ problems. When lung, kidney, nerve, or blood-vessel inflammation occurs, the long-term course is shaped by which organ is involved

and how it responds to treatment.

Routine reviews may include discussion of new symptoms, examination of the glands and lymph nodes, dental and eye checks, blood or urine tests, and monitoring for medicine side effects.

When to get medical help

Arrange a routine appointment if dry eyes or dry mouth last for several weeks, interfere with eating or sleep, or contribute to repeated dental problems. Ongoing fatigue, joint pain, recurrent salivary-gland swelling, or new numbness also deserves assessment.

Seek urgent same-day care for:

Call emergency services for severe breathing difficulty, chest pain, fainting, sudden facial drooping, difficulty speaking, sudden one-sided weakness, or another rapid neurological change. These are not typical dryness symptoms and need immediate assessment.

- A painful red eye, sensitivity to light, or a sudden vision change
- New, persistent, hard, or one-sided salivary-gland swelling
- Fever with a hot, painful, swollen salivary gland
- Difficulty swallowing enough fluid or signs of dehydration
- New blood in the urine, marked leg swelling, or worsening breathlessness
- Unexplained enlarged lymph nodes, drenching night sweats, or weight loss

Common questions

Is Sjogren syndrome contagious?

No. It cannot spread through touch, saliva, sex, coughing, or sharing food. Although infections have been studied as possible immune triggers, Sjogren syndrome itself is not an infection.

Can I have Sjogren syndrome with negative blood tests?

Yes. Some people do not have anti-SSA or other commonly tested antibodies. Eye and saliva testing, examination, and sometimes a lip biopsy may help when blood tests are negative.

Does Sjogren syndrome shorten life expectancy?

Most people have a life expectancy close to that of the general population. Significant lung, kidney, blood-vessel, or nervous-system involvement can affect health more seriously.

Lymphoma risk is increased but remains low overall.

Why am I so tired?

Fatigue can be part of Sjogren syndrome and may not match the amount of visible inflammation. Poor sleep, pain, low mood, anaemia, thyroid problems, and medicines can also contribute, so new or worsening fatigue should be reviewed.

Will drinking more water fix a dry mouth?

Water can ease discomfort, help with swallowing, and prevent dehydration, but it does not replace saliva's protection against tooth decay and infection. Saliva substitutes, saliva-stimulating treatments, fluoride, and dental care may also be needed.

Is Sjogren syndrome the same as lupus?

No. They are separate autoimmune conditions, although some symptoms and blood-test findings overlap. A person can have both conditions.

Sources

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