

SJOGREN'S IS MORE THAN "JUST SICCA".

Sjogren's is a serious disease & the systemic burden of Sjogren's should not be underestimated. Systemic features are found in almost every Sjogren's patient who is thoroughly evaluated.

SJOGREN'S IS SERIOUS.

Organ & nerve involvement are common in both SS-A positive & SS-A negative patients¹⁶⁵.

Sjogren's is associated with an increased risk of premature death⁴² from direct manifestations such as lung disease, vasculitis, renal failure, multiple myeloma, & lymphoma, or from comorbidities such as cardiovascular disease & infection^{42, 61}.

Quality of life & physical function are often severely compromised, impacting work, home life & social activities. Fatigue & pain, not dryness, are the primary reasons for this severely reduced quality of life^{42, 99, 161}.

SJOGREN'S IS ALWAYS SYSTEMIC.

Sjogren's is never just a sicca (dryness) disease.

Some patients present with systemic features & may not develop sicca for many years^{3, 161}.

In a study of nearly 1000 Sjogren's patients, 70-80% had at least one systemic feature at presentation & more than 90% patients had at least one systemic feature after 6 years, as measured by the EULAR Sjogren's Syndrome Disease Activity Index (ESSDAI)³⁸.

The ESSDAI does not measure every systemic feature, therefore, the percentages of Sjogren's patients with at least one systemic feature are likely higher.

50-80% OF SJOGREN'S PATIENTS ARE IMPACTED BY THESE SYSTEMIC FEATURES.*

Pulmonary	ILD, COPD, PAH, airway disease, & others; <i>lung disease is often silent or overlooked</i> ^{54, 89, 102, 158}
Articular	arthralgias & inflammatory arthritis ^{12, 79}
Neurological	CNS & PNS; <i>small fiber neuropathy</i> ^{175, 184} & <i>dysautonomia</i> ⁵⁰ <i>are the most prevalent neurological features, but are often overlooked</i>
Gastrointestinal	multiple manifestations ^{79, 112}
General Systemic	<i>fatigue</i> ^{26, 152} , <i>brain fog</i> ^{26, 86} , & <i>widespread pain</i> ^{79, 184} <i>which are often misattributed to fibromyalgia</i> ¹⁸⁶ or <i>depression</i> ¹⁰⁰

10-50% OF SJOGREN'S PATIENTS ARE IMPACTED BY THESE SYSTEMIC FEATURES.*

Lymphadenopathy	category includes lymphoma ^{42, 79}
Glandular	major salivary gland swelling, not sicca ^{38, 47, 79}
Renal	TIN, dRTA, glomerulonephritis, kidney stones, nephrogenic DI ^{12, 79, 155}
Cutaneous	cutaneous vasculitis, annular erythema ^{3, 79}
Hematological	cytopenia (all types); AIHA, ITP may occur ^{3, 146}
Biological	cryoglobulinemia, ↓C3 or ↓C4, ↑IgG or ↓IgG, MGUS ⁷⁹
Constitutional	low-grade fever, night sweats, unexplained weight loss ³⁸
Raynaud's ^{3, 81}	
Systemic ocular	uveitis, scleritis, corneal ulcers ¹⁵⁶

*These are estimates of the percentages of Sjogren's patients with common systemic features, based on the best available data from recent clinical studies. Data from prospective clinical studies were used where possible because most prevalence estimates are based on retrospective chart reviews that tend to underestimate systemic features. *These lists are not comprehensive, merely key examples; they do not include all the many common and uncommon features that add to the systemic disease burden.*

Current research demonstrates that Sjogren's is undeniably a systemic disease, never "just sicca". Therefore, ongoing monitoring for systemic manifestations & comorbidities, regardless of antibody status or symptoms, is an essential part of Sjogren's care.

REFERENCES

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