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## Sjogren's Syndrome

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### Saliva Substitutes

Research to develop a product that mimics the unique characteristics of saliva has been so far disappointing. There are, however, products available known as *saliva substitutes* that are designed to keep the mouth moist and wet. A major drawback of these products is that they are not long-lasting, require frequent application, and the taste is unappetizing. Saliva substitutes are formulated either as sprays, lozenges, or gels. Examples of saliva substitutes include:

- Glandosane
- **Moi-Stir**
- Salivart
- Oralbalance - this is a moisturizing gel that is reported to be longer lasting than others and is usually used at night.

It is helpful to speak to your health care provider or to a pharmacist regarding the benefits of each type of saliva substitute and evaluating which one might be best for you. Sometimes patients need to try more than one before they are satisfied with the extent of relief for their dry mouth.

### Muscarinic Agonist Medications

Research is ongoing regarding medications that effectively stimulate the production of saliva and tears to relieve symptoms of the sicca syndrome. Drugs known as *secretagogues* (general secretory stimulants) or *sialogogues* (salivary stimulants) are available that are designed to stimulate the production of saliva in patients who have some residual salivary gland function.



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## Sjogren's Syndrome

### Visitor Feedback

"The Medifocus Guidebook is helping me to understand my condition much more in-depth than before. My doctor described the disease in medically technical terms only. I have used my Guidebook to access a variety of information sources and now have not only a better understanding of my ailment, but also several treatments have been revealed which I did not previously know about."

J.H., Nashville, Tennessee

The most common sialogogues are *muscarinic agonists* that stimulate the M1 and M3 receptors on the salivary glands resulting in increased salivary secretion. They have been found to be highly effective for the stimulation of saliva and tears in the treatment of Sjogren's syndrome. Significant objective (measurable) and subjective improvement is associated with these drugs. Approximately 60% of patients notice improvements of dry mouth symptoms with secretory stimulant drugs. They are usually well tolerated and not associated with significant side effects.

Muscarinic agonists approved by the U.S. Food and Drug Administration (FDA) for the treatment of dry mouth associated with Sjogren's syndrome are:

- **Pilocarpine (Salagen)** - this drug was approved by the FDA for the treatment of dry mouth in 1998. Some patients also report relief from symptoms of dry eye with use of this drug. Typically, salivary flow rate is reported to increase within 15 minutes of administering the drug and a peak flow rate is maintained for up to four hours. Side effects are usually well tolerated and tend to decrease over time and may include:
  - sweating
  - flushed face
  - diarrhea
  - increased urinary frequency
- **Cevimeline (Evxac)** - this is a newer muscarinic agonist agent that is more targeted for stimulating saliva production and has less of a systemic stimulatory effect than pilocarpine. It was approved by the FDA for the treatment of dry mouth in 2000. Results from a study carried out regarding the efficacy and dosage of cevimeline indicated that patients taking 30mg three times daily experienced statistically significant improvement of symptoms of dry mouth after six weeks of therapy and reported reduction of use of artificial saliva. Adverse effects may include:
  - headache
  - sweating
  - abdominal pain
  - nausea (this is the most frequent side effect)

Muscarinic agonists act by stimulating specific receptors in salivary glands and other tissues called *muscarinic receptors*. Because of this, they are not recommended for patients with conditions that may be aggravated by muscarinic stimulation such as asthma, narrow-angle glaucoma, peptic ulcer disease, or liver disease.

### Interferon-Alpha

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