# Patients with Primary Sjogren's syndrome and their Oral Health and Quality of Life in Relation to it

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#### Introduction

Primary Sjögren's Syndrome (pSS) is a chronic, systemic autoimmune disorder primarily affecting exocrine glands, particularly the salivary and lacrimal glands, leading to diminished tear and saliva production. The hallmark symptoms of pSS include dry mouth (xerostomia) and dry eyes (keratoconjunctivitis sicca). However, the impact of pSS extends beyond these classic symptoms, often affecting various organs and leading to systemic complications. This condition predominantly affects middle-aged women, with a peak incidence between the ages of 40 and 60. Although pSS is typically non-life-threatening, its symptoms can significantly reduce the Quality of Life (QoL) of patients due to the chronic nature and severity of the discomfort associated with the disease. Among these concerns, oral health stands as a critical aspect that is intricately linked to the overall QoL in pSS patients [1].

Oral health challenges are particularly pronounced in individuals with pSS due to the reduced salivary flow and the altered composition of saliva, both of which are vital for maintaining oral hygiene and health. Saliva plays a crucial role in preventing tooth decay, supporting digestion, and providing antimicrobial action to inhibit oral infections. Reduced saliva flow associated with pSS can lead to a host of dental complications, including increased dental caries, periodontal disease, and fungal infections like oral candidiasis. The discomfort of a dry mouth often results in difficulty swallowing, speaking, and tasting, which in turn can impair nutritional intake and social interactions. These oral complications contribute to a diminished QoL, with many patients experiencing both physical and psychological burdens from their condition [2].

#### Description

The relationship between pSS and oral health is complex and multifactorial. Studies show that the immune system in pSS patients mistakenly attacks the moisture-producing glands, including the salivary glands, which causes inflammation and eventual glandular dysfunction. As a result, patients experience decreased salivary secretion, known as hyposalivation. Saliva in healthy individuals is rich in enzymes and antibodies that help break down food and protect the mouth from bacterial growth. When saliva production is impaired, these protective mechanisms are weakened, making patients more susceptible to oral infections and diseases. Patients with pSS often experience high rates of dental decay, even with regular oral hygiene practices, due to the absence of saliva's natural cleansing effect. Over time, the cumulative impact of recurrent dental issues can lead to tooth loss, further complicating chewing and digestion, and impacting nutritional status [3].

The impact of poor oral health in pSS patients extends beyond physical symptoms. Psychologically, individuals with pSS often experience anxiety and depression related to their condition. The persistent dryness, bad breath, and frequent dental problems can lead to self-consciousness, social withdrawal,

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**Received:** 03 September, 2024, Manuscript No. OHCR-24-151983; **Editor Assigned:** 05 September, 2024, PreQC No. P-151983; **Reviewed:** 17 September, 2024, QC No. Q-151983; **Revised:** 23 September, 2024, Manuscript No. R-151983; **Published:** 30 September 2024, DOI: 10.37421/2471-8726.2024.10.163 and diminished self-esteem. These factors can create a cycle of distress that further deteriorates their mental well-being. A poor oral health status may limit social interactions, as speaking and engaging in conversations can become challenging or embarrassing due to dry mouth and bad breath. This social isolation can amplify feelings of loneliness and sadness, thereby negatively influencing their mental and emotional health. Furthermore, pSS has been shown to negatively impact patients' sleep quality, largely due to the discomfort associated with dry mouth at night. Many individuals with pSS wake up multiple times during the night to drink water, which interrupts their sleep and leads to fatigue during the day [4].

Beyond direct oral health complications, pSS patients often experience nutritional challenges as a result of their condition. The difficulty in chewing and swallowing due to dry mouth can lead to poor dietary intake, with patients avoiding certain foods that may exacerbate oral discomfort. This limitation can result in an unbalanced diet that lacks essential nutrients, potentially leading to deficiencies and impacting overall health. Over time, inadequate nutrition may also contribute to the worsening of the disease symptoms, creating a vicious cycle of malnutrition and exacerbated health issues. Patients may also avoid social dining settings, which can be integral to their social and psychological well-being, due to embarrassment or discomfort, further affecting their quality of life. Managing pSS and its associated oral health complications is challenging due to the lack of a definitive cure for the disease. Treatment is primarily focused on symptom management and improving patients' QoL through various supportive measures [5].

#### Conclusion

Research into pSS and its impact on oral health and QoL is ongoing, with efforts focused on identifying new treatments that can provide long-term relief and improve patient outcomes. Advances in understanding the immunological mechanisms underlying pSS have opened new avenues for potential therapies that target specific pathways involved in disease progression. Although there is currently no cure for pSS, the development of therapies aimed at modulating immune response holds promise for improving patients' QoL by alleviating symptoms and reducing disease severity. Further studies on the effectiveness of various saliva substitutes, oral care products, and dietary interventions could also provide valuable insights into improving oral health outcomes for pSS patients.

In conclusion, primary Sjögren's syndrome significantly impacts patients' oral health and QoL, affecting their physical comfort, nutritional intake, social interactions, and mental well-being. The reduction in saliva production not only leads to dental complications but also contributes to a broad range of physical and psychological challenges. Addressing these issues requires a comprehensive, multidisciplinary approach that includes routine oral care, symptom management, and psychosocial support. The burden of living with pSS extends beyond managing the symptoms, as it requires patients to adapt to the limitations imposed by their condition and find ways to maintain their QoL. Despite the challenges, advancements in research and the development of new therapeutic options provide hope for improving the lives of those affected by pSS. By understanding the complexities of pSS and its impact on oral health, healthcare providers can better support patients in managing their condition and enhancing their overall well-being.

#### Acknowledgement

None.

## **Conflict of Interest**

None.

### References

- 1. Mariette, Xavier and Lindsey A. Criswell. "Primary Sjogren's syndrome." New Eng J Med 378 (2018): 931-939.
- Jonsson, Roland, Karl A. Brokstad, Malin V. Jonsson and Nicolas Delaleu, et al. "Current concepts on Sjogren's syndrome–Classification criteria and biomarkers." *Eur J Oral Sci* 126 (2018): 37-48.
- McMillan, Anne S., Katherine CM Leung, W. Keung Leung and May CM Wong, et al. "Impact of Sjogren's syndrome on oral health-related quality of life in southern Chinese." J Oral Rehab 31 (2004): 653-659.
- Slade, Gary D. "Derivation and validation of a short-form oral health impact profile." Community Dent Oral Epidemiol 25 (1997): 284-290.
- Lackner, Angelika, Martin H. Stradner, Josef Hermann and Julia Unger, et al. "Assessing health-related quality of life in primary Sjogren's syndrome—The PSS-QoL." Seminars Arthrits Rheum 48 (2018): 105-110.

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