

Transcript Details

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The Spectrum of Neurologic Conditions in Sjögren's Patients

Announcer:

Welcome to *Living Rheum* on ReachMD. Today, Dr. Nancy Carteron will be explaining the spectrum of neurologic manifestations in Sjögren's disease. Dr. Carteron is a Health Sciences Clinical Professor at the University of California Berkeley School of Optometry and a Co-Investigator of the Accelerating Medicines Partnership Autoimmune and Immune-Mediated Diseases Program. Let's hear from her now.

Dr. Carteron:

The spectrum of neurologic conditions in Sjögren's, I think, historically, has been underrecognized, but the Sjögren's Foundation brought together a group of neurologists and rheumatologists that worked over several years to develop a platform of understanding of the spectrum. And, those clinical guidelines were published this year in *Arthritis and Rheumatology*.

Basically, our decision was to begin to group them into general categories of mononeuropathy, which are kind of focal neurologic conditions, like a trigeminal neuropathy, a facial nerve, or a carpal tunnel—sort of monogroups—and then in a wide range of polyneuropathies. And I think the general framework there was looking at the underlying causes that might lead to the symptoms.

So they're grouped as small fiber neuropathies, large fiber neuropathies, something called a ganglionopathy—where the nerve switching stations with the cell bodies get infiltrated by immune cells—and that can be quite devastating if not recognized early on, so it has its own category. And then we took on the autonomic nervous system, which is a common abnormality in patients with autoimmune disease, especially with Sjögren's. And so that was the general framework that we use.

Most rheumatologists will be very familiar with a condition called vasculitis, where there's inflammation of blood vessels, but that inflammation of the blood vessels can affect little tiny blood vessels that feed the nerves, and that can lead to a neuropathy. That was a subsection that we also dealt with specific to what the clinician's experience in the literature was with Sjögren's in specific.

So those were the general categories, which were quite broad, but at least they allowed us to not only be aware that cranial neuropathies are more common in Sjögren's, but I learned from our neurology colleagues that even in trigeminal neuropathy, there can be a role for immune-mediated therapies, like a course of steroids initially, if it's early on. If there's inflammation, with these immune-mediated mechanisms, there's a window of opportunity to improve not only the symptoms, but prevent damage to nerves.

And then, in facial neuropathy—which is more likely to be just one-sided, not bilateral, which can occur in trigeminal—there has been data showing that there's a virus component as well. Herpes virus has been one. And so there's a conditional recommendation of considering not only a course of steroids, but considering an antiviral. And I think that's something that may not routinely be done or offered to patients.

So that's just an example of how we tried to take the experience of the clinicians from both specialties and what was published in the literature—which still is pretty sparse in Sjögren's specifically—but tried to apply what clinicians may likely see to help impact the quality of life for patients.

Announcer:

That was Dr. Nancy Carteron discussing neurologic involvement in Sjögren's disease. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!