Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/living-rheum/differentiating-and-diagnosing-sjogrens-related-dry-eye/36338/

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Differentiating and Diagnosing Sjögren's-Related Dry Eye

ReachMD Announcer:
You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear from Dr. Michelle Hessen, who's an Assistant Professor of Ophthalmology at the Wilmer Eye Institute and a member of the Ocular Surface Disease and Dry Eye Team. She'll be discussing dry eye evaluation in patients with Sjögren's disease.

Here's Dr. Hessen now.

Dr. Hessen:
The diagnostic tools that help me differentiate Sjögren's-related dry eye from other ocular surface diseases is the reduced Schirmer—less than five millimeters in five minutes without anesthesia—as well as the ocular surface staining: not only the severity of the staining, but also sometimes the pattern. So there will often be corneal staining with sodium fluorescein, and there will be conjunctival staining with lissamine green, both temporal and nasal. You can see it also in other areas of the conjunctiva sometimes as well, depending on the amount of inflammation, but mostly, it's the severity of the staining as well as the reduced Schirmer test.

When I suspect that a patient's dry eye might be part of a larger autoimmune condition, perhaps like Sjögren's disease, I will typically do my complete new patient dry eye workup, which does include Schirmer without anesthesia, tear osmolarity corneal staining with sodium fluorescein, and conjunctival staining with lissamine green, and oftentimes, I will order labs myself to start the process. So I typically would order an ANA as well as a SSA and SSB lab test, which are specific for Sjögren's syndrome. If any of those come back positive, and sometimes they do not, I then refer the patient, typically, to a rheumatologist rather than primary care to further do additional diagnostic tests if necessary and/or simply for evaluation and management depending on the lab test results. In some patients, the lab test will come back negative. However, there is a need then to perhaps consider a parotid and/or lacrimal gland ultrasound, and sometimes a salivary gland biopsy is ultimately needed to make the diagnosis. So I work hand in hand with the rheumatologist so that they understand at least the ocular surface portion of the exam, as well as the Schirmer, because that is one of the criteria of being less than five millimeters in five minutes without anesthesia, and the vital dye staining, and they use that as part of their larger picture, evaluation, and workup in terms of how they both diagnose and manage these patients systemically.

ReachMD Announcer:
That was Dr. Michelle Hessen talking about how we can effectively assess dry eye in patients with 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!

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