



Sjögren's India

For Living Well with Sjögren's syndrome

Patient Education Sheet¹

Tips for management of Gastro Intestinal (GI) challenges

The **gastrointestinal (GI) tract** is an internal mucosal surface which is rich in immune system cells/ antibodies and nerves. Its main function is to digest food and absorb nutrients for optimal health. Enjoying food and sharing meals is an important part of every culture. However, for people with Sjögren's syndrome, eating dry, spicy food is a major challenge. For those with severe symptoms even planning a meal or eating out becomes a challenge. According to the Sjögren's Foundation in USA, 90% of those with primary Sjögren's and Scleroderma have GI complaints. This could be due to impaired function of the salivary glands due to inflammation, atrophy of the gland, or even nerve dysfunction.

GI Symptoms in Sjögren's Syndrome	Tips for managing GI symptoms
<p>Since production of saliva decreases in Sjogren's syndrome, the process of digestion which starts in the mouth when food mixes with saliva, gets impaired. Eating dry food is a challenge.</p> <p>Swallowing problems (Dysphagia) may be due to inflammation of the oesophagus (myositis), dryness, or nerve dysfunction.</p>	<p>Eat smaller meals more frequently and chew slowly and deliberately to allow digestive enzymes to mix with the food.</p> <p>Eat dinner at least three/four hours before bedtime.</p> <p>Limit the intake of caffeine, spicy and acidity inducing food.</p> <p>Eat soft foods, preferably with sauces, curries or with some liquids like 'daal' or soup. Indian meals are often accompanied by buttermilk and curd which help. Salads can be mixed with Olive oil. Lemonade, coconut water etc. might help.</p>
<p>Gastroesophageal Reflux Disease (GERD) is common due to decreased Lower Oesophageal Sphincter (muscle) tone (60% vs 20% in normal).</p>	<p>Avoid reclining immediately after a meal. Use a wedge pillow. Better still is elevate the head of the bed so that it is in a reclining position. Do not use extra pillows to merely raise the head.</p> <p>Check with doctor about Antacids that you can take to alleviate symptoms.</p>
<p>Gastroparesis (delayed gastric emptying) occurs in Sjögren's (30-70%). Just like in the case of Diabetes, this causes upper abdominal</p>	<p>It is important to share your symptoms with your Doctor and get tested for deficiencies and infection if the symptoms do not recede with</p>

<p>pain/fullness/nausea. Gastric parietal cells can be destroyed leading to B12 deficiency. If <i>H pylori</i> bacterial infection is present, it should be treated.</p>	<p>routine medication and lifestyle changes.</p>
<p>Most nutrients are absorbed in the Small intestine. An autoimmune attack (Celiac) or bacterial overgrowth in the small intestines can result in abdominal pain, severe cramping and bloating. Mucosal Associated Lymphoma (MALT) can also occur.</p>	<p>Try a wheat/ gluten free diet, or other food group elimination diets. Try and eliminate any food that one is allergic to.</p>
<p>The large intestine is where liquid is reabsorbed. Any dysfunction due to Sjögren's syndrome in the large intestine can lead to Constipation or diarrhoea.</p>	<p>Increase intake of vegetables. Try a magnesium supplement for constipation. Yoga and exercises for abdomen may help.</p>
<p>The pancreas, which releases digestive enzymes, can have low-level inflammation (20-40%) in persons with Sjögren's.</p>	<p>Consider taking a Pancreatic enzyme trial if recommended.</p>
<p>Liver – Autoimmune cholangitis or Hepatitis can occur in Sjögren's.</p>	<p>Hepatitis C virus should always be excluded before looking for other causes.</p>

For persistent GI problems in those with Sjögren's, a Neurogastroenterology or GI Motility Centre consultation may be needed.

For more information on Sjögren's syndrome

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ⁱ Adapted from the Sjögren's Foundation's Patient Education Sheet. Source:

<https://www.sjogrens.org/sites/default/files/inline-files/GI%20Tips%20Patient%20Education%20Sheet.pdf>