

Sjogren's Syndrome (SjS)



How often do you see patients with Sjögren's Syndrome in your practice? We invite you to complete a quick poll about managing this systemic autoimmune disease.

Which of the following best describes how often you see a patient with Sjögren's Syndrome (SjS) in your practice?

- ☐ Never
- ☐ Rarely/occasionally
- ☐ Monthly
- ☐ Weekly
- ☐ Daily

What signs and symptoms do you notice with your patients with SjS? (select all that apply)

- ☐ Hyposalivation
- ☐ Dry and friable oral mucosa
- ☐ Dry and fissured tongue
- ☐ Accumulation of plaque, gingivitis, and/or periodontitis
- ☐ Root, cervical, or incisal/cuspal tip dental caries
- ☐ Oral infections
- ☐ Enlarged salivary glands
- ☐ Angular cheilitis

- ☐ Traumatic oral lesions
- ☐ Not applicable (Do not see patients with SjS)
- ☐ Other

What management options do you recommend for patients with SjS experiencing dry mouth? (or would recommend if do not currently see patients with SjS; select all that apply)

- ☐ Dietary/nutritional education
- ☐ Avoid alcohol and smoking
- ☐ Supplemental daily use of OTC or prescription-strength (5000 ppm fluoride) fluoride products
- ☐ Plastic Surgeon
- ☐ Remineralizing toothpaste or calcium toothpaste, such as MI Paste®
- ☐ Interdental aids such as water flossers (e.g., Waterpik®), interdental or proxabrushes, floss
- ☐ Prescription pharmacologic salivary stimulants (e.g. Pilocarpine or Cevimeline)
- ☐ Non-pharmacologic salivary stimulants (e.g. sugar-free chewing gum/mints/candies/XyliMelts®)
- ☐ Chlorhexidine rinse
- ☐ OTC saliva substitutes (e.g., Biotene®)
- ☐ Other

Do you communicate with your SjS patient's physician and/or rheumatologist for care coordination?

- ☐ Yes
- ☐ No
- ☐ Not applicable (Do not see patients with SjS)

Do you feel a National Dental PBRN clinical study examining current dental management approaches and oral health outcomes (success/failure) in patients with Sjögren's Syndrome would be of benefit?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

Question Text

- ☐ Answer 1
- ☐ Answer 2
- ☐ Answer 3

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