

Factors associated with oral specialist referral of patients with Sjögren's syndrome in a rheumatology tertiary centre

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Background

Ideally all patients with Sjögren's Syndrome (SS) and symptoms of mouth dryness should be offered a referral to the oral specialist (OS) team for optimisation of their treatment for xerostomia and minimisation of the risk of dental loss. However in real-life, the specialist input is not always available. We investigated the proportion of SS patients referred to OS, and evaluated the patient characteristics associated with referral as well as treatment decisions before and after referral.

Methods

We retrospectively collected data about 105 patients with primary or secondary SS who attended outpatient clinics in October - November 2016, including duration of symptoms and years since diagnosis, presence of SS associated dryness, medications trialled to date, and serological, imaging and histological patient features. We have also assessed proportion of patients referred to OS, as well as the medication recommended. Strength of association of different patients' characteristics was calculated using Pearson's Chi Squared test for categoric data and Pearson's correlation for continuous data. $P < 0.05$ was considered significant.

Results:

In our cohort, 58.1% of SS patients were referred to an OS. We compared various parameters characterising the SS patients referred versus never referred to an OS (table below).

	SS patients seen by oral specialists N=	SS patients never referred to oral specialists N=	P value
Gender F (%)	95	42	
Age (years) mean +/- SD	60.1 +/- 16.7	50.1 +/- 15.3	P = 0.023
% patients with pSS	59.8	40.2	P=0.11
% patients with sSS	42.9	57.1	P=0.64
Age at diagnosis	50.5 +/- 16.9	44.7 +/- 13.5	P = 0.14

(years) mean +/- SD			
Disease duration (years) mean +/- SD)	9.7 +/- 7.9	7.4 +/- 5/2	P = 0.57
Symptoms duration (years) mean +/- SD)	11.0 +/- 8.47	10.0 +/- 5.80	P = 0.2
<i>Medication</i>			
Oral prednisolone N (%)	45	55	P=0.47
Hydroxychloroquine / Chloroquine N (%)	57.3	42.7	P=0.15
Azathioprine N (%)	50	50	P=1.0
Methotrexate N (%)	8.82	24	P=0.12
Eye drops N (%)	85.7	90	P=0.58
Saliva substitutes N (%)	59.5	32	P=0.034
Oral dryness (VAS>5/10) N (%)	96.7	88.9	P=0.13
Ocular dryness (VAS>5/10) N (%)	94.3%	89.2%	P=0.37
Lymphadenopathy N (%)	7/51 13.7%	20%	P=0.44
Glandular enlargement N (%)	34.7%	20.7%	P=0.19
Maximum ESSDAI score Median (range)	7 (4-12)	6 (4-10.75)	P=0.36
Anti Ro antibodies	79.2%	78.4%	P=0.92

N (%)			
Anti La antibodies N (%)	61.4%	58.1%	P=0.77
RF(rheumatoid factor) N (%)	71.4%	78.3%	P=0.57
Positive salivary gland biopsy N (%)	100%	83.3%	P=0.20
Ultrasound scan of salivary glands showing definite features of SS N (%)	86.4%	66.7%	P=0.38

The only parameter that correlated with the referral to OS were the use of saliva substitutes ($\chi^2 = 4.5$ and $P = 0.034$). The most common OS treatment recommendations were for use of Duraphat 5000 ppm (50.8%), Salivix pastilles (44.3%), mouth wash (41%) and Glandosane (36%), apart from frequent sips of water recommended in all patients.

Conclusions:

Treatment with saliva substitutes is usually instituted by rheumatologists in a large proportion of symptomatic SS patients, and the recommendation for its use occurred in a larger proportion of patients with SS who were subsequently referred to OS. Initiation of treatment of xerostomia by rheumatologists may indicate increased severity of symptoms; however no other patient characteristics correlated with the decision for referral to OS, although patient reported significant oral dryness in a similar proportion in the two groups. Further research into identifying which SS patients are most likely to benefit from referral to OS is needed.