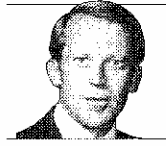


GCT 4/1/08 PA7

Dry eyes plus dry mouth can equal Sjogren's

DEAR DR. DONOHUE: I am a Sjogren's patient. I have dry eyes, dry mouth and dryness in other places. I also have neuropathy. I have had

TO YOUR GOOD HEALTH



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to get all my teeth capped and am now seeing a specialist for dental implants. This illness tears up your life and pocketbook. My dental bill in 2007 was more than \$30,000. Please say something about Sjogren's. — B.B.

APRIL HAPPENS TO be Sjogren's (SHOW-grins) Syndrome Awareness Month. You and all Sjogren's patients should contact the Sjogren's Syndrome Foundation, a powerful friend you might not know you have. The foundation provides the latest information on this illness and assists patients in how best to cope with it. Reach the foundation at www.sjogrens.org or (800) 475-6473

Sjogren's is an illness that deserves more recognition than it gets, since many have it without knowing that they do. Sjogren complaints are often dismissed as being due to old age.

It's another auto-immune disease, an illness where the immune system turns on its own body — in this case, the **saliva glands, the tear glands and other lubricating glands.** The **dry eyes** that result make it difficult to concentrate on anything other than the gritty, painful feeling that constantly annoys the victim. **Dry mouth** makes swallowing and talking difficult and promotes tooth decay. **Saliva** is an essential germ fighter.

Joints also might hurt, and nerves often suffer damage — your **neuropathy.**

Artificial tears and saliva bring some relief. Restasis eyedrops often can jump-start tear production. Evoxac capsules can stimulate saliva flow.

Carrying a plastic squeeze bottle filled with water should be habitual. Frequent dental visits are a must.

In some instances, Sjogren's is associated with another illness. Rheumatoid arthritis and lupus are two examples.

DEAR DR. DONOHUE: I have a multinodular goiter. My thyroid lab work is normal. Can you explain what this is? I am due for an ultrasound soon. — S.S.

A GOITER IS an enlarged thyroid gland, the U-shaped gland at the bottom of the neck. Nodules are common in that gland, and their number increases with age. So, you have a larger-than-normal gland with nodules in it. Your doctor has to confront two issues. One is assessing the production of thyroid hormone by the gland. In your case, laboratory work indicates that hormone production is normal. So you're free and clear on one count.

The second task is determining the nature of the nodules. Whether any of the nodules harbor cancer cells is the question that needs to be answered. A large nodule or one that grows rapidly is suspicious for cancer. The cancer question can be answered by having a biopsy of any questionable nodule. The biopsy is often done with a very slender needle, and no cutting takes place. An ultrasound of the gland provides information on which, if any, nodule needs a biopsy.

It's reassuring to learn that 12 percent of adults have a multinodular goiter but very few of these people have thyroid cancer.

The thyroid booklet deals with overactive and underactive thyroid glands but not thyroid cancer. Readers can order a copy by writing: Dr. Donohue — No. 401, Box 536475, Orlando, FL 32853-6475. Enclose a check or money order (no cash) for \$4.75 U.S./\$6 Can. with the recipient's printed name and address. Please allow four weeks for delivery.