

Specific nutrition for Sjögren's

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Sjögrens Syndrome has a wide range of symptoms with multiple triggers and levels of severity that gives each sufferer their own uniquely negative experience of the condition. Nutrition can play a central role in health management and symptom relief but aside the consistent message to all of the benefits of a healthy balanced diet, with Sjögrens Syndrome there are variables for each individual. Generally dietary related conditions such as Coeliac Disease for example have a simple, common treatment message, in this case, cut out gluten. With Sjögrens, personalised nutritional plans need to be considered as symptoms and severity can vary from patient to patient. This means, from a nutritional perspective it is much harder to formulate a diet plan that can specifically benefit each individual. Unlike many medical treatments where effectiveness can be assessed in a matter of days, even hours, the impact of dietary changes is not immediately apparent so it is much harder to evaluate. Unfortunately the internet and media are crammed full of seemingly contradictory and unsubstantiated nutritional claims that can be very convincing, especially in times of desperation when pain levels are relentlessly high and energy, low. However self-imposed exclusion diet regimes may not only prove ineffective but have the potential to generate longer term imbalances and deficiencies. This could negatively affect both overall health and condition specific symptoms so it is important to get advice from appropriate and accurate sources and expect some adjustment and adaptation over time. The most reassuring route to an effective personal nutritional plan is with the support of an Association for Nutrition AfN or British Dietetic (BDA) qualified professional but dietary self-help, if well formulated can help in managing symptoms and reducing severity.

There are 4 main areas of dietary assessment to consider with Sjögrens; overall health and wellbeing, underlying syndrome triggers, associated conditions and symptom management as they all have the potential to impact on nutritional status and compromise the well-being of the individual.

Overall health

Simply put we are made and run on the nutrients we get from food. Our continuing form, function and maintenance rely on essential nutrients we can only get through consuming food. Nutrients are generally multifunctional and need other nutrients to operate effectively so it is not just about intake but ratio. Balancing nutrition may seem a complex concept but actually nature makes it very simple. Basic wholefoods such as vegetables, pulses, grains, fish and fruit are referred to as nutritionally dense as they contain a wide range of interrelating nutrients. On the other hand, processed food such as cakes, white bread, ready meals, sweets and carbonated drinks are more likely to use refined ingredients that contain little nutritional diversity. Dietary balance is effectively demonstrated on the online interactive Public Health England Eat Well Plate. This visually shows the importance of nutritionally dense as opposed to empty calories and the ratio of plant based to animal foods. This is designed for the general population but for those with an existing chronic condition good nutrition is especially relevant as natural resilience is likely to be compromised. An ongoing inflammatory condition will require additional nutritional assistance as internal degenerative effects and energy demands will be more evident.

Unfortunately, although nutritional demands are higher the autoimmune effect of Sjögrens Syndrome can significantly alter nutrient intake (1). Aside from general dietary influences related to ill health such as poor appetite and disinterest in food preparation, internally nutritional absorption inadequacies can affect as many as 75% of Sjogren subjects, specifically in relation to calories, protein, fibre, potassium, vitamin A, vitamin C, vitamin B-6, thiamine, riboflavin, iron, calcium and zinc (2).

Syndrome triggers

With Sjögrens Syndrome each symptom is likely to have its own set of triggers but the underlying cause is due to an auto immune reaction. With immunity, dietary intervention is more commonly considered when the immune system is ineffective through inactivity and needs to be strengthened (3). In Sjögrens Syndrome an immunity malfunction generates an inappropriate inflammatory response so it would suggest the sufferer could benefit from it being less sensitive and more selective. Nutrients play a major role in the regulation of immune system (4). Some, such as zinc, copper, selenium (5) and omega 3 have a direct role but to be effective need to interrelate with others indirectly (6). This is why it is so important to look at dietary intervention as a whole and not view individual nutrients in isolation. Autoimmune conditions can benefit from a more plant based wholefood diet (7)(8). With Sjögrens Syndrome inflammatory pain is probably the main generic symptom but Google and the page will fill with a confusing array of anti-inflammatory diets and supplementation. However on closer inspection those with any substance will all have the same dietary message. Antiinflammatory foods are classified as natural wholefoods, mainly plant based such as nuts, seeds and vegetables as well as free range eggs and oily fish. Therefore it will come as no great surprise that inflammatory foods are cited as processed and high in refined ingredients such as sugar, white flour and salt. Based on new research the Public Health England Eat Well Plate has recently been revised to include more plant based foods and encourage meat reduction. From a self-help perspective there are also a range of evidence based incentives. One of the best is Eating Better, which mirrors the view that more plant, less meat is beneficial on many levels. This would all seen fairly straightforward but unfortunately the foods cited as inflammatory can offer initial pain relief due to the stimulating effect of adrenaline (9). Nutritionally poor foods high in sugar, salt, caffeine, fat and calories have the capacity to stimulate a stress

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response which can initially suppress pain. This can encourage compulsive cravings as the pain relief is short term so a new fix is constantly needed. It is important to break this negative spiral as long term the effect of a low nutrition, adrenaline stimulating diet can lead to blood sugar imbalances, obesity, metabolism issues and more persistent inflammation (10)(5). A diet high in anti -inflammatory foods not only helps with an auto immune condition but reduces the incidence of other conditions related to a nutritionally compromised diet (11).

Associated conditions

There are a range of conditions which have a higher incidence or association with Sjögrens Syndrome but the condition has a wider impact on the health status of all bodily systems compromising their ability to function effectively (12). Some conditions are directly related to diet and others are influenced by the auto immune response, overall poor health or ongoing drug treatment. The combination of nutritional imbalances and a malfunctioning immune system can lead to food hypersensitivity and gastrointestinal disorders (5). Coeliac disease (13) and lactose intolerance have a diagnostic procedure and straightforward treatment. However IBS like symptoms with no conclusive diagnosis could be the result of a hypersensitivity to foods, the most common being wheat and dairy but not celiac or lactose intolerance related (14). Allergies and intolerances can apply to a wider range of multiple foods making them much harder to establish. The concern is the diet can become too restrictive, eliminating foods that are necessary. Gut bacteria play an intrinsic part in immunity so rebalancing could restore a resistance to over sensitive food reactions (15). Natural probiotics, the food source of inherent beneficial bacteria, are found mainly in plant based foods demonstrating once again why it is so important to consider overall nutrition from a natural

plant based diet and not just specific foods or supplementation.

Managing symptoms

From a symptomatic point of view there are two nutritional aspects to consider; practical adaptation to make food easier to eat, swallow and digest and nutrition to help reduce the negative effects. Food is easier to eat if it is soft, moist and in small portions. A nutri-processor is idea for pureeing nutritionally dense food into soups and smoothies while maximising the fibre and nutrient content. Salty and spicy food can irritate the mouth but also upset the gut. Citrus fruit can sting dry mouths and juice can be over acidic. Excessive sugar is not good for teeth, can imbalance blood glucose and metabolism, irritate the bladder and compromise the immune response. Free refined sugars are also a common ingredient in nutritionally poor processed food. Caffeine and alcohol can make mouths dry but can also over stimulate and alter nutritional status. All these foods should be considered in moderation. Nutrients are many and multifunctional so are needed on mass in order to assist in a wide range of symptom relief. For example, Omega 3 can help reduce inflammation, keep joints supple and aid dry eyes (16) but it does not function in isolation so look at the overall diet as moderation and balance are key. There is a message that by now must be starting to sound familiar which is pure, natural, wholefoods are nutritionally dense so will readily provide the range and ratio of nutrients we need. They are the resources our body needs to function effectively and with an auto-immune condition it needs all the help it can get.

Nutritional planning

From a nutritional point of view the digestive system controls the overall health of the entire body so look after your gut and its flora by making sure your diet is at least 50% coloured vegetables.

Natural colour is a very good indicator of how nutritious food is. Processed foods are usually in the beige to brown colour spectrum so fill your plate with rainbow colourful red, green, orange, purple and yellow plant based food.

Reduce your intake of meat and choose grass grazed and organic. With milk and eggs go free-range.

Don't get nutritionally confused, nature makes it simple. Eat more veg and cut down on processed food high in refined flour, sugar, fat, alcohol, caffeine and salt. Make the ratio 90% wholesome.

Stick to the science and if you get professional help make sure they are an AfN registered nutritionist or BDA registered dietitian.

References

1. Cermak, J M et al. (2003) Nutrient intake in women with primary and secondary Sjögren's Syndrome, European Journal of Clinical Nutrition; London 57.2 Feb: 328-34.

2. Nelson L. Rhodus D.M.D., M.P.H (1988) Qualitative Nutritional Intake Analysis of Older Adults with Sjögren's Syndrome, DOI: 10.1111/j.1741-2358.1988.tb00306

3. Chandra S, Chandra RK. (1986) Nutrition, immune response, and outcome, Prog Food Nutr Sci. 1986;10(1-2):1-65.

4. Marcos A, Nova E, Montero A (2003) Changes in the immune system are conditioned by nutrition, European Journal of Clinical Nutrition 57, Suppl 1, S66–S69.

5. Karacabey K, Ozdemir N (2012) The Effect of Nutritional Elements on the Immune System. J Obes Wt Loss Ther 2:152. doi:10.4172/2165-7904.1000152

6. Weimann A et al (1998) Influence of arginine, omega-3 fatty acids and nucleotide-supplement on systemic inflammatory response syndrome, Nutrition, Vol 14, 2, P165-172

 Michael S Donaldson MS, Speight N, Loomis S (2011)
Fibromyalgia improved using a mostly raw vegetarian diet, Journal of ISC Medicine Research (ISCMR)20011:7
McDougall J et al (2004) Effects of a Very Low-Fat, Vegan Diet in Rheumatoid Arthritis, The Journal of AC Medicine. July, 8(1): 71-75.

9. Tracey K J (2010) The Inflammatory Reflex, Laboratory of Biomedical Science, North Shore-LIJ Research Institute, New York 11030, doi:10.1038/nature01321

10. Pérez de Heredia F, Gómez-Martínez S, Marcos A (2012) Obesity, inflammation and the immune system, The Nutrition Society, Volume 71, Issue 2 pp. 332-338

11. O'Keefe J H et al (2008) Dietary Strategies for Improving Post-Prandial Glucose, Lipids, Inflammation, and Cardiovascular Health, JAC of Cardiology, Vol 51, Issue 3, Pages 249-255 12. Van de Merwe J P (2010) Sjögren's Syndrome information for patients and professionals , www.van-de-merwe.eu/Sjogren 13. Shikhman A R (2011) The Connection between Gluten Intolerance and Sjögren's Syndrome , Journal of Gluten Sensitivity, Issue 3 p 22

14. Kim-Lee C et al (2015) Gastrointestinal disease in Sjögren's Syndrome: related to food hypersensitivities, Dec 12. doi: 10.1186/s40064-015-1557-7

 15. Vieira A T et al (2013) The Role of Probiotics and Prebiotics in Inducing Gut Immunity, Frontiers Immunology 4: 445.
16. Miljanović B et al (2002) Relation between dietary n–3 fatty acids and clinically diagnosed dry eye syndrome in women, Depart of Epid, Harvard doi/abs/10.1080/07315724.10719248.