

Therapy for systemic features of pSS	
General Manifestations	Main Therapeutic modalities
<b>Fatigue</b> Sleep disorder Fibromyalgia	<ul style="list-style-type: none"> <li>• Pregabalin (Neurontin)</li> <li>• Pregabalin (Lyrica)</li> <li>• Duloxetine (Cymbalta)</li> <li>• Milnaciprin (Savarese)</li> <li>• Cognitive therapy and stress reduction</li> <li>• Avoid Tricyclic antidepressants due to dryness, exercise, myofascial therapy</li> </ul>
Arthritis, arthralgia and myalgia	<ul style="list-style-type: none"> <li>• Acetaminophen</li> <li>• Non-steroidal agents and disalcid</li> <li>• Hydroxychloroquine (6-8 mg/kg/day)</li> <li>• Methotrexate (either oral or self injected)</li> <li>• Leflunomide 20 mg/day</li> <li>• Rituximab (dosing similar to RA)</li> </ul>
Raynaud's phenomenon and acro-cyanosis	<ul style="list-style-type: none"> <li>• Avoidance of cold and stress exposure,</li> <li>• Avoid sympathomimetic drugs (such as decongestants, amphetamines, diet pills, herbs containing ephedra)</li> <li>• calcium channel blockers,</li> <li>• Ketanserin, a selective antagonist of the 5<sub>2</sub>-serotonergic receptor,</li> <li>• sildenafil,</li> <li>• iloprost</li> </ul>
<b>Circulating anti-coagulants</b>	<ul style="list-style-type: none"> <li>• Aspirin,</li> <li>• warfarin (if prior thrombotic episode) or lovenox</li> </ul>
<b>Liver</b> Primary biliary cirrhosis Autoimmune hepatitis Recognition of hepatitis C	Ursodeoxycholic acid Corticosteroids Azathioprine Mycophenolic Acid
<b>Pancreas</b> <b>(be aware that elevated amylase can be from glands)</b> Sclerosing cholangitis (Elevated serum levels of IgG4) Idiopathic (non-alcoholic) pancreatitis Malabsorptive syndromes	Corticosteroids ursodeoxycholic acid, watch for strictures Azathioprine Mycophenolic acid rituximab
<b>Kidney</b>	

<p>Interstitial nephritis, renal tubular acidosis renal stones glomerulonephritis renal calculus</p>	<p>Azathioprine Mycophenolic acid Oral potassium and sodium carbonate (3-12 g per day)</p>
<p><b>Lung</b> NSIP, UIP, DIP Bronchial and /or bronchiolar involvement (common, indolent course)</p>	<p>Mucolytics, humidification Prednisolone Mycophenolic acid</p>
<p><b>Gastrointestinal</b> <b>Atrophic gastritis</b> Celiac Sprue Gastro-esophageal reflux Motility disorder</p>	<p>Avoidance of gluten Proton pump inhibitors Promotility agents (Motillium, Reglan)</p>
<p><b>Accelerated Atherosclerosis</b></p>	<p>Control hypertension, lipids With "tight" control</p>
<p><b>Vasculitis (cutaneous)</b> Hyperglobulinemic purpura Mixed cryoglobulinemia Mononeuritis multiplex</p>	<p>Prednisolone (0.5-1.0 mg/kg body weight per day) Cyclophosphamide (0.5-1 g/m<sup>2</sup> of body surface/month) Rituximab Plasmapheresis</p>
<p><b>Endocrine</b> Thyroid Adrenal Blunted hypothalamic axis Iatrogenic addisonian "Androgen Deficiency"</p>	<p>Thyroid replacement Corticosteroids and mineralocorticoids DHEA</p>
<p><b>Cardiac</b> Pulmonary hypertension Pericarditis Autonomic neuropathy</p>	<p>Endothelin reeceptor antagonists Iloprost Corticosteroids Midodrine, mineralocorticoids</p>
<p><b>Central nervous system disease</b> Stroke (thrombotic, embolic) Ganglionic neuropathy Demyelinating or multiple sclerosis like--- optic or transverse myelitis Senory Neuropathy Axonal neuropathy Hearing Loss</p>	<p>Pulse steroids (1 g methylprednisolone for 3 consecutive days) Prednisolone (0.5-1.0 mg/kg body weight per day) Cyclophosphamide (0.5-1 g/m<sup>2</sup> of body surface/month)  Azathioprine (2 mg/kg body weight per day)</p>

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<p><b>Peripheral neuropathy</b></p>	<p>Steroids (1 g methylprednisolone for 3 consecutive days)  Cyclophosphamide (0.5-1 g/m<sup>2</sup> of body surface/month)  Azathioprine (2 mg/kg body weight per day)  Plasmapheresis  Intravenous gammaglobulin</p>
<p><b>Gynecology-Obstetric</b>  <b>Multiple miscarriage</b></p>	<p>Cardio-lipin syndrome-lovenox</p>