

Patient Education Sheet

Simple Solutions for Dry Nose and Sinuses

The SSF thanks Robert Lebovics, MD, FACS, for authoring this Patient Education Sheet. Dr. Lebovics is with the Head and Neck Surgical Group, which is af liated with the St. Lukes-Roosevelt Hospital Center, New York, New York. He is former Chief of the Clinical Otolaryngology Service at the National Institutes of Health (NIH), Bethesda, Maryland, and continues as a surgical consultant to NIH.

Patients with Sjögren's frequently suffer from decreased mucus/nasal secretions and dryness of the nose and sinuses.

Please note that to ensure easier understanding on the part of the patient, we use common lay terms for the following tips instead of more precise medical and surgical terminology.

- Monitor the humidity in your home with a simple humidistat. For Sjögren's patients, an optimal range of humidity is between 55% and 60% regardless of the ambient temperature.
- Use a humidification system built into a furnace that pushes forced hot air through one's home.
- Try a bedroom humidifier, which generally comes in two types. While more expensive, a self-sterilizing unit is ideal in that it continuously sterilizes and cleans the steam prior to admitting it into the air. A more modestly-priced humidifier is adequate but must be cleaned at least twice a week to limit the possibility of circulating fungus in the air.
- Avoid dry environments, such as automobiles with closed heating systems and airplanes. Baseboard
 heating in the winter can contribute significantly to decreased humidity. Obvious places to avoid are
 the sauna at your health club and the hot desert.
- Enjoy high humidity environments, such as a steam bath, although remember that hot and long baths can dry out the skin.
- Avoid medications that increase dryness when possible. Many medications used to treat the upper respiratory tract such as decongestants and antihistamines are drying. Many other medication classes also may contribute to nasal/sinus drying. When in doubt, check with your physician.
- Note that immunosuppressant drugs particularly may exacerbate drying of the nasal cavity and lead to attendant crusting, bleeding, foul smell and discharge. Discuss all potential side effects of your medications with your physician.
- Practice good oral and nasal hygiene and avoid toxic agents. Remember that alcohol and smoke have a drying effect. Even secondhand smoke has now been shown to contribute to nasal irritation.
- Consider using an over-the counter emollient such as Ponaris® to cleanse the nose, particularly if large crusts and debris are present.
- Use over-the-counter nasal drops and buffered saline spray regularly (as often as every hour) to lubricate the nasal passages and nasopharynx. Additionally, over-the-counter gels such as Rhinase® and AYR work like sprays but last longer and are recommended particularly at night prior to going to sleep.
- Discuss the prescription medications Salagen® and Evoxac® with your physician. These have been shown to help Sjögren's patients with dry mouth, and potential added benefits for dry nose, sinuses and nasopharynx should be considered.

For more information on Sjögren's, visit the SSF Web site at www.sjogrens.org, call 800-475-6473,e-mail ssf@sjogrens.org or write to the Sjögren's Syndrome Foundation, 6707 Democracy Blvd, Suite 325, Bethesda, MD 20817.

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