PSYCHIATRIC SYMPTOMS IN RHEUMATOLOGICAL DISORDERS

Symptoms in Sjogren’s and Related Disorders

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Psychiatric changes can occur as the predominant complaint in patients with both primary and secondary Sjogren's syndrome and in related rheumatological conditions.

Psychiatric Symptoms in Sjogren’s Syndrome

Although psychiatric symptoms are well known features of both autoimmune thyroid disorders and systemic lupus erythematosus (SLE), little is known about the psychiatric manifestations of Sjogren’s syndrome. However, in one report, a patient with Sjogren’s syndrome secondary to SLE was described as primarily having psychiatric manifestations. A review of the literature by the authors of this report shows that psychiatric symptoms rarely occur as the only symptom in patients with both primary and secondary Sjogren's syndrome.

Study Results

The patient, a 38 year old male, was first seen for symptoms of agitation. While hospitalized the patient exhibited hallucinations and felt persecuted. After his discharge from the hospital, he was later readmitted for agitation and aggression and released after several days.

One month later the patient was found in a coma and admitted to the hospital’s intensive care unit. A lumbar puncture (spinal tap) showed evidence of subarachnoid hemorrhage related to vasculitis. When the patient regained consciousness he was treated with corticosteroids and released from the hospital.

Within three months the patient was admitted to the hospital for depression. During these hospitalizations the patient was treated with loxapine, corticosteroids, and fluoxetine. These medications only resulted in temporary improvement. During follow-up of the last hospital admission in 1997, the patient was diagnosed with a systemic rheumatological condition, which turned out to be systemic lupus along with secondary Sjogren’s syndrome.

Diagnosis and Treatment

The psychiatric symptoms were attributed to the Sjogren’s disease and the patient was treated with the immunosuppressant medication cyclophosphamide. The psychiatric symptoms improved and the patient remained free of symptoms four years later. A review of the literature shows that psychiatric syndromes, including major depression and
psychosis, are rare manifestations of Sjogren’s syndrome related to psychological distress. Reports suggest that patients with high erythrocyte sedimentation rates along with psychiatric symptoms be tested for evidence of autoimmune rheumatological conditions including tests for auto antibodies.

A further caution includes the need to see if drugs known to cause drug related lupus such as doxycycline and procainamide may be present and responsible for related psychiatric symptoms.

**Resource:**


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