Revised international Classification Criteria for Sjogren's Syndrome

Adapted for optometric practice from:
Vitali C, Bomardieri S et al. (2002). Classification criteria for Sjogren's Syndrome: a revised version of the European criteria proposed by the American-European Consensus Group. Ann Rheum Dis; 61 : 554-558.

I. Ocular Symptoms : a positive response to at least one of the following questions
   1. Have you had daily, persistent, troublesome dry eyes for more than 3 months?
   2. Do you have a recurrent sensation of sand or gravel in the eyes?
   3. Do you use tear substitutes more than 3 times a day?

II. Oral Symptoms : a positive response to at least one of the following questions
   1. Have you had a daily feeling of dry mouth for more than 3 months?
   2. Have you had recurrently or persistently swollen salivary glands as an adult?
   3. Do you frequently drink liquids to aid in swallowing dry food?

III. Ocular Signs : objective evidence of ocular involvement defined as a positive result for at least one of the following tests
   1. Schirmer's I test, performed without anaesthesia ($\leq$ 5mm in 5 minutes)(Substitute Phenol Red Thread)
   2. Rose Bengal score or other ocular dry score ($\geq$ 4 according to van Bijsterveld's scoring system)(Substitute Lissamine Green)
      i. Divide exposed ocular surface into three zones – nasal conjunctiva, temporal conjunctiva, cornea.
      ii. Stain with Lissamine Green and score each zone out of three – zero no staining, three confluent.
      iii. Give total score for all three zones out of nine.

IV. Histopathology : In minor salivary glands, focal lymphocytic sialoadenitis with a focus score of $\geq$ 1, defined as a number of lymphocytic foci per 4mm of glandular tissue

V. Salivary gland involvement : objective signs of salivary gland involvement defined as a positive result for at least one of the following diagnostic tests
    1. Unstimulated whole salivary flow (≤ 1.5ml in 15 minutes)
    2. Parotid sialography showing the presence of diffuse sialectasia without evidence of obstruction in the major ducts
    3. Salivary scintigraphy showing delayed uptake, reduced concentration and/or delayed excretion of tracer.

VI. Autoantibodies : presence in the serum of the following autoantibodies.
    1. Antibodies to Ro(SSA) or La(SSB) antigens, or both.

Further revisions for classification

For Primary SS
In patients without any potentially associated disease, Primary SS may be defined as follows:

a. The presence of any 4 of the 6 items is indicative of Primary SS, as long as either IV (Histopathology) or VI (Serology) is included in the positives.
b. The presence of any 3 of the 4 objective criteria items (ie III, IV, V, VI)
c. The classification tree procedure represents a valid alternative method of classification, although it should be more properly used in clinical-epidemiological survey

For Secondary SS
In patients with a potentially associated disease (for instance, another well defined connective tissue disorder), the presence of item I or item II plus any 2 from among items III, IV and V may be considered as indicative of Secondary SS

Exclusion Criteria :

1. Past head and neck radiation treatment
2. Hepatitis C infection
3. Acquired Immunodeficiency Syndrome (AIDS)
4. Pre-existing lymphoma
5. Sarcoidosis
6. Graft versus host disease
7. Use of anticholinergic drugs (since a time shorter than 4-fold the half life of the drug)