Living Better with SJÖGREN'S

Tips and Self-Care to Improve Your Quality of Life

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WHY WE EXIST

Sjögren's Australia was created in response to a clear and urgent need for a peak national organisation dedicated solely to people living with Sjögren's disease. Too many Australians have experienced delayed diagnosis, fragmented care, limited awareness and a lack of reliable, accessible information. The condition is still often reduced to dry eyes and dry mouth, despite its potential to affect multiple organs, energy, cognition, oral health, vision, work and quality of life.

As Australia's first national patient-led Sjögren's organisation, we are grounded in lived experience. We exist to ensure patients are heard, connected and supported, and to advocate for earlier recognition, better multidisciplinary care, stronger research and improved treatment. We believe lasting change happens when patients, clinicians, researchers and decision-makers work together with a shared purpose.

Our work is supported by a multidisciplinary Medical Advisory Panel:

- **Professor Maureen Rischmueller,** MBBS, FRACP, PhD, Rheumatologist, The Queen Elizabeth Hospital, South Australia.
- **Professor Alberta Hoi,** MBBS, FRACP, PhD, Rheumatologist, Monash Health, Victoria.
- **Professor Laura Downie,** BOptom, PhD, PGCertOcTher, FACO, FAAO, GAICD, Academic Optometrist and Head of the Anterior Eye, Clinical Trials and Research Translation Unit, University of Melbourne.
- **Dr Adrian Lee,** MBBS, BMedSc(Hons), PhD, FRACP, FRCPA, AFRACMA, Clinical Immunologist, Westmead, New South Wales.
- **Dr Fabien Vincent,** Rheumatologist and Senior Research Fellow, Monash University Centre for Inflammatory Diseases, Victoria.
- **Dr Jane Boroky,** BDS, Dentist, St Peter's Dental Clinic, South Australia, with expertise in the oral manifestations of Sjögren's and minor salivary gland lip biopsy procedures.

Together, lived experience and clinical expertise guide our purpose: to ensure no person living with Sjögren's feels unseen, unheard or alone.

ASOCIACIÓN ESPAÑOLA DE SJÖGREN (AES)

I have the privilege of presenting this guide, the result of years of experience, listening, and shared learning with those of us who live alongside a demanding, unpredictable companion—sometimes silent, sometimes overwhelmingly loud: Sjögren's disease. Over time, it teaches us to persist, to cultivate patience, to ask for help, and to discover that living with it can be more or less bearable depending on the place we decide to give it in our lives.

At a time when Sjögren's is beginning to receive recognition as a disease in its own right from the international medical community, this guide offers, from real-life experience, a valuable contribution focused on what matters most: our quality of life.

Carry it with you. Turn to it whenever you need inspiration—or a reminder that living well with Sjögren's is indeed possible.

Jenny Inga Díaz

OCULAR DRYNESS CARE

Dry eyes are very common in Sjögren's disease and may cause burning, itching, blurred vision, or a gritty feeling. You can't always avoid them completely, but there are many simple things you can do to ease discomfort and protect your eyes day by day.

- Use preservative-free tear substitutes, available in single-use vials or special multi-dose bottles. Apply several times a day.

- If you need very frequent application (every hour), consider alternating with thicker formulations (such as gels) for longer-lasting protection.
- Tear substitute eye drop products are designed to moisturise your eyes. Different products contain different ingredients. You can discuss which product(s) might be best suited to your dry eye condition with your optometrist or ophthalmologist.
- If your eyes feel very dry, especially at night or upon waking, apply eye gels or ointments to maintain hydration for longer periods.
- If you have been diagnosed with eyelid inflammation (Meibomian gland dysfunction) by an eye care professional, you may be advised to apply warm compresses for several minutes to your eyelids, once or twice a day, especially before bedtime. There are specialised eye masks that can be used for this treatment, which can help to unclog the Meibomian glands, which produce the oily layer of the tear film that helps reduce tear evaporation.

- If you spend long periods in front of a computer, phone, tablet, or television, blink frequently. Practice the **20-6-20** rule: every 20 minutes, look at something 6 meters away for at least 20 seconds.

- Use unscented humidifiers, especially in closed rooms or those with heating or air conditioning.
- **Wear wraparound glasses if you have photophobia or light sensitivity.**
- Avoid air drafts, fans, and direct exposure to air conditioning.
- Avoid smoky or very dry environments.
- If you are caring for someone with Sjögren's, help maintain a humid, smoke-free, and well-ventilated environment.
- If you wear contact lenses and experience discomfort or increased dryness, reduce wearing time and give your eyes **regular breaks. Talk to your optometrist or ophthalmologist about contact lens types that may be more suited to dry eyes.**
- Anticipate situations when symptoms may worsen, such as windy days, hormonal changes, prolonged screen use, or allergies, to help prevent discomfort.
- Do not use vasoconstrictor eye drops (those that "whiten the eyes") if you have eye inflammation or redness.
- Good rest is essential for your eyes. If you do not sleep well, allow extra time for rest and recovery.
- **If, despite these measures, your eyes feel very dry, painful, or irritated, consult your optometrist or ophthalmologist about additional treatments such as special anti-inflammatory or immunomodulatory eye drops, or punctal plugs (devices that help preserve your natural tears on the surface of your eyes for longer).**

ORAL DRYNESS CARE

Dry mouth (xerostomia) is more than just a discomfort: it can increase the risk of cavities, infections, mouth sores and difficulties with speaking or eating. Here are some practical tips to relieve dryness and protect your oral health:

- Brush your teeth after every meal and floss daily.

- Choose fluoride toothpaste without SLS (sodium lauryl sulfate), as this ingredient can irritate dry mucous membranes.
- At night, use high-fluoride toothpaste to help prevent cavities
- When saliva is lacking, a natural defense against cavities is lost. That's why fluoride and good oral hygiene become even more important.

If, despite good care, you continue to have frequent cavities, talk to your dentist about additional preventive options such as regular fluoride varnish or using fluoride trays at home.

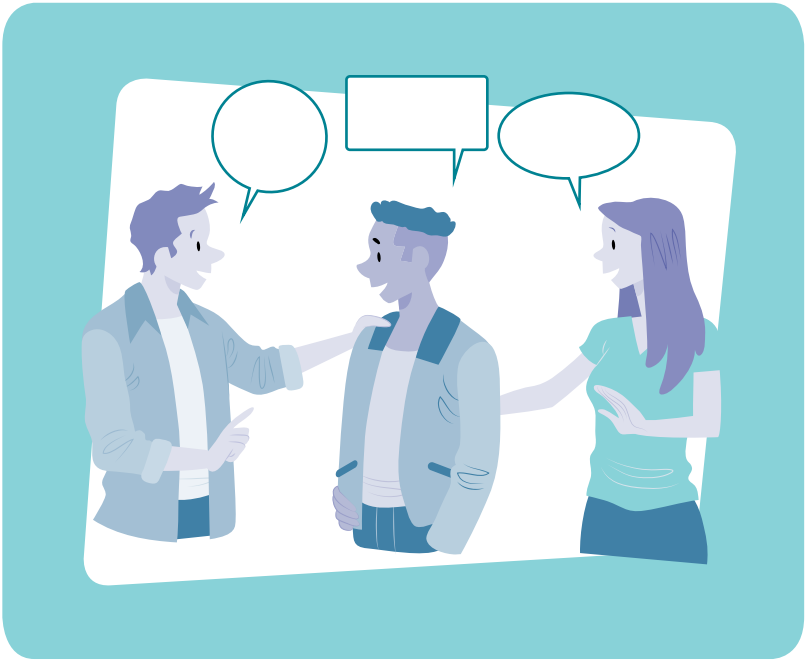
- Schedule dental check-ups at least twice a year.

  During dental visits, let your dentist know that you have Sjögren's. It's important so they can check for signs of oral candidiasis (thrush), ulcers or mouth sores, enamel wear, or gum disease (periodontal disease).

- Drink small sips of water throughout the day.

- Use alcohol-free moisturizing sprays, artificial saliva, or moisturizing gels before bedtime or upon waking.
- Choose products containing carboxymethylcellulose, carbomer, or other moisturizers for scheduled use (before sleep, on waking, or before speaking for long periods). Your pharmacist can help you select the most suitable product.
- Apply vitamin E oil (liquid or from punctured capsules) to dry or irritated areas of the mouth or tongue.

- If you need to speak for extended periods, whether for work or social life (classes, meetings, calls), always keep water or a moisturizing spray on hand and take frequent breaks to moisten your mouth.



- If you care for or live with someone with Sjögren's, help them always keep water or moisturizing products accessible.
- Suck on sugar-free candies, fruit seeds, or lemon peel if you tolerate citrus.
- In Australia, sugar-free chewing gum may be recommended to stimulate saliva flow, and after sweet foods to neutralize acids produced by decay-causing bacteria. Talk to your dentist for specific advice.
- Use mouthwashes or gels specifically formulated for dry mouth.
- Keep a diet low in refined sugars.

- Avoid sugary or sticky foods, which increase the risk of cavities.

- Don't smoke, avoid alcohol, and limit caffeine, as all of these worsen dryness.

- Talk to your doctor about your medications, since some—such as antihistamines, antidepressants, or anxiolytics—can worsen dry mouth. Ask about alternatives or adjustments to reduce this effect.
- Include nitrate-rich vegetables in your diet such as lettuce, spinach, chard, arugula, radish, beetroot and celery. This helps stimulate saliva production, reduce your risk of cavities, and halitosis.
- *If raw lettuce is hard to digest, lightly steam or sauté it. Tender varieties like iceberg or oak leaf are usually easier on the stomach.*
- Do not wear removable dentures at night. Clean them daily and leave them dry for storage. Moisten with water before inserting in the mouth.

VAGINAL AND UROLOGICAL DRYNESS CARE

Vaginal dryness and urological symptoms are not often talked about, but they are very common in Sjögren's disease. They can affect the body, self-esteem, relationships and quality of life. Speaking openly about them and learning how to relieve symptoms is an important step toward feeling better, taking care of yourself, and regaining confidence in intimate well-being.

- Use vaginal lubricants and moisturizers in gel form, for both internal and external areas, preferably with hyaluronic acid.
- Choose hypoallergenic products without fragrances or irritating ingredients, since dry mucous membranes are more sensitive and prone to irritation.
- Moisturizers can be used regularly (every 2–3 days), while lubricants are applied as needed before intercourse.

- Vaginal dryness and pain can make sexual life difficult. Talk openly with your partner, express how you feel; take more time with foreplay, use sufficient lubricant, and look for comfortable positions. Pleasure can be adapted to what your body needs.

- If penetration is painful, there are other valid forms of intimacy. Do not hesitate to consult a pelvic floor specialist or a sex therapist.
- Ask your gynecologist if local hormonal therapy might be appropriate.
- Have regular gynecological check-ups: annual Pap smear and colposcopy if you are at risk. Recommendations may vary, so it is important to follow your doctor's guidance.
- Lichen planus or lichen sclerosus can cause dryness, irritation, and genital lesions. In such cases, topical steroids may be necessary.

- Avoid vaginal douching and harsh soaps such as those containing sodium lauryl sulfate, as they disrupt vaginal flora and worsen dryness.
- If you have recurrent vaginal infections, use topical or oral antifungals as prescribed by your doctor.

- For persistent pelvic pain, consult a urogynecologist. Do not ignore discomfort: early diagnosis improves treatment options.

- If you are of childbearing age and planning a pregnancy, inform your medical team. SSA/Ro52 or SSA/Ro60 antibodies may affect the fetus, but with good medical monitoring, pregnancy can be safe.
- Currently, preventive hydroxychloroquine is recommended to reduce the risk of neonatal lupus. Special monitoring is also important to detect early signs of possible fetal heart block.
- Sjögren's itself does not prevent pregnancy but some treatments, such as methotrexate, must be stopped before conceiving.
- Always plan pregnancy with your rheumatologist and gynecologist. In general, the disease tends to remain stable during pregnancy but may flare up after childbirth, which is why medical follow-up is essential.
- If you have babies or young children, rely on your partner or family for support, especially on days of intense fatigue. Do not hesitate to ask for extra help; your health is important in order to care for others.
- Men with Sjögren's can also experience genital dryness, though less commonly and may have sexual dysfunction due to fatigue or other symptoms. Do not hesitate to discuss this with your doctor.

SKIN AND MUCOSAL DRYNESS CARE

The skin, lips, nose, and even the ears may also be affected by dryness in Sjögren's disease.

- Avoid long, very hot showers, as they can worsen skin dryness.

- After showering, gently pat yourself dry with a towel without rubbing. Apply moisturizer immediately, preferably while the skin is still damp, to help lock in moisture.
- Avoid harsh or perfumed soaps, especially those containing sodium lauryl sulfate, as they can disrupt the skin barrier.
- Choose shower oils or gentle emollients that cleanse without drying.

- If your skin feels itchy, use emollients with soothing ingredients such as colloidal oatmeal. If dryness is severe or itching persists, consult a dermatologist to rule out conditions such as eczema or other causes.

- Relieve ear itching with a drop of cerumen remover or natural oils such as rosehip or almond oil, among others, always with caution.
- Keep your nasal passages clean with saline solution or sprays.

- Hydrate the nasal mucosa with balms or gels containing hyaluronic acid or petrolatum to prevent crusting and small nosebleeds.
- Use lip balm with occlusive agents such as petroleum jelly, lanolin, shea butter, or beeswax.
- Avoid licking your lips and products with menthol, phenol, fragrances, or other common irritants (many commercial "lip balms" contain them, even if it's not obvious).
- Choose hypoallergenic makeup and remove it with gentle, alcohol-free products to avoid further dryness or sensitivity of the skin.

SKIN AND SUN PROTECTION

Ultraviolet (UV) radiation can trigger autoimmune responses. If you have SSA/Ro52 or SSA/Ro60 autoantibodies, you may experience photosensitivity or skin flares.

- Ask your doctor if any of your medications increase sun sensitivity, as you may need extra precautions.
- Protect your skin with wide-brimmed hats, long-sleeved clothing, and UV-filter sunglasses, especially if you have very fair skin. Whenever possible, seek shade.

- Avoid direct sun exposure between 11:00 a.m. and 4:00 p.m., when UV radiation is strongest. The best times to be outdoors, early in the morning or late in the afternoon.
- The sun can also affect the skin indirectly: car windows and regular glass block part of solar radiation (UVB), but let through another part (UVA), which can also damage the skin. This is why it is advisable to use sunscreen when driving or sitting near windows on sunny days.
- Use broad-spectrum sunscreen (UVA and UVB) with a sun protection factor (SPF) of 30 or higher.
- Apply generously and reapply every 2 hours, especially after sweating or swimming.

- Clothing with certified UV protection provides an effective and more stable barrier against radiation. You can also use umbrellas or parasols with SPF 50.

- Dark colors such as black, navy blue, red or dark green absorb UV radiation better and offer greater protection. Light colors such as white, yellow, pink, or pastels reflect more but protect less.
- Do not forget to protect exposed areas such as the neck, chest, ears and backs of the hands.

- By reducing sun exposure, you may need vitamin D supplementation. Ask your doctor if it is necessary to check your levels.
- After sun exposure, moisturize your skin well to support the skin barrier and maintain its natural protection.
- Remember that UV radiation is present even on cloudy days, so sun protection should be part of your daily routine.

HEALTHY NUTRITION AND LIFESTYLE CARE

Sjögren's disease can affect the digestive system and your overall well-being. Good nutrition and healthy habits can help you feel better.

- Do not smoke or drink alcohol, as they worsen dryness and increase cardiovascular risk.
- Avoid supplements or alternative treatments without consulting your doctor, since some herbs or natural products may interfere with your treatment or cause side effects.
- Follow a Mediterranean diet rich in vegetables, fruits, legumes, and fish.

- Include foods with omega-3, such as fatty fish (salmon, sardines), chia seeds or flaxseed. You may also take supplements if recommended by your doctor.
- Choose soft, moist foods that are easy to chew or swallow.
- Chew thoroughly and take small bites.
- To make swallowing easier, use olive oil or coconut water.
- If you have constipation, increase your intake of fiber, vegetables and water.
- Ask your doctor before taking probiotics.

- If you have delayed stomach emptying (gastroparesis), avoid large or very fatty meals.

- If you experience reflux (GORD), avoid late dinners, fatty, spicy, or caffeinated foods and elevate the head of your bed when sleeping.
- If you have persistent digestive symptoms, you may have sensitivity to certain foods, such as gluten, even without being celiac.
- Try elimination diets: remove gluten for 4–6 weeks and see if you improve; then you can do the same with lactose or other food groups. However, do not follow unnecessarily restrictive diets without medical guidance.
- If you do not notice improvement, consult your doctor or a digestive health specialist.
- If you experience frequent abdominal pain, abnormal stools, unexplained weight loss, or persistent digestive problems, ask your doctor whether you might need pancreatic enzymes or consult a neurogastroenterology specialist.
- Do adapted physical exercise: walking, gentle stretching, yoga or other low-impact activities.

- A balanced lifestyle includes physical activity, rest and relaxation techniques.
- If you have muscle or joint pain, consider visiting a specialized physiotherapist.

MEDICAL CARE AND FOLLOW-UP

Good medical monitoring is key to managing the disease and preventing complications.

- Keep a record of your symptoms, treatments and side effects. This will help you explain how you feel more clearly at each appointment.

- Attend your rheumatology or internal medicine check-ups at least 1–2 times a year, or as often as recommended.
- See an optometrist or ophthalmologist as advised, but typically each year. You may need more regular reviews of your eye health if you are taking medications that are known to affect the cornea or retina.
- See a gynecologist once a year or as recommended
- Visit the dentist every 6 months to monitor your oral health.
- The frequency of medical visits will be adjusted according to your disease activity and the treatments you are receiving.
- Complete the blood and urine tests requested. These are necessary to monitor kidney and liver function (affected by medications), inflammation markers, possible complications, autoantibodies and other relevant parameters.
- If you have access to a specialized rheumatology nurse, do not hesitate to rely on their support. They can help you manage symptoms, administer treatments and resolve doubts

- Your primary care physician is also important. They can help coordinate follow-up with other specialists and treat common issues such as infections, prescribe tear substitutes, eye drops, etc.

- Stay up to date with recommended vaccinations: annual flu shot, pneumococcal vaccine, COVID, among others. Some immunosuppressive medications make infection prevention especially important.
- If you feel overwhelmed at medical appointments, bring along a trusted family member or friend. They can help take notes, ask questions and provide emotional support.
- Request medical reports if you need to justify sick leave, workplace accommodations or access to certain treatments.

MEDICATIONS AND TREATMENTS

The treatment of Sjögren's disease should be adapted to each person's symptoms and level of involvement.

- The most common medications for Sjögren's include hydroxychloroquine (helps gently regulate the immune system), immunosuppressants such as methotrexate, azathioprine or mycophenolate when organs are involved, and biologic therapies which are usually reserved for more complex cases. Your doctor will decide if any of these are right for you.

- Joint pain or nerve-related pain, such as fibromyalgia or small fiber neuropathy, is common. Treatment may include pain relievers like paracetamol or anti-inflammatories, antiepileptics or medicines designed for chronic pain.
- Always let your doctor know how much pain you're experiencing. This is key to adjusting your treatment properly.
- Make sure to ask about possible side effects and interactions of any medication.
- Contact your doctor right away if you notice reactions such as mouth ulcers (with methotrexate) or blurred vision (with corticosteroids).
- Don't stop your treatment without speaking to your doctor first. If something isn't working, there are other options that can be adjusted.

- A pill organizer or phone reminders can help you avoid missing doses.
- If you have trouble swallowing tablets, ask if they can be crushed or if liquid forms are available (not all medicines allow this).
- Pilocarpine may help stimulate saliva production; ask your doctor if it could be suitable for you.
- If your eye symptoms are strong or persistent, see your optometrist or ophthalmologist. Treatments like autologous serum or immunosuppressive drops may help reduce inflammation and ease severe dryness. Your treating eye health professional will recommend the best option for you.
- Don't self-medicate or take natural supplements or alternative treatments without checking with your doctor.
- When traveling, take enough medication with you and carry a medical report. Keep everything in your hand luggage in case your suitcase is lost.
- You may also consider taking part in clinical trials, always voluntarily and under ethical approval.
- Talk with your doctor about the option of being referred to a research center, if needed.

MENTAL HEALTH AND SUPPORT

Living with Sjögren's can affect both your emotional and physical well-being. It's common to feel discomfort, fatigue, frustration, anxiety, or sadness. **You are not alone**.

- If you notice persistent symptoms of depression (constant sadness, lack of motivation) or anxiety (excessive worry, nervousness, panic attacks), talk to your doctor. These are common in chronic illnesses and effective treatments such as psychotherapy or medication can help you feel better.

- Fatigue can have many causes: inflammation, lack of sleep, fibromyalgia, depression, hypothyroidism, medications, among others. It's important that your healthcare team helps you identify them.
- Learn to manage your energy: do less on difficult days and if you're feeling better, take advantage of it—but don't overdo it.
- Take short breaks every few hours if you need to, even just small pauses.
- Be kind to yourself and adjust your expectations. You don't have to do it all.
- Daily physical activity, even gentle, helps reduce fatigue, improve mood, relieve pain, and support better sleep. Start with five minutes a day (walking, Nordic walking, stationary bike, gentle yoga...) and gradually increase to at least 30 minutes. If you have heart or lung condition, check with your doctor before starting.

- Practice relaxation techniques such as deep breathing, meditation, mindfulness or gentle yoga to help reduce stress and improve sleep.
- Let those around you know how you're feeling. Educating your family, partner and friends can help them understand you better.
- Ask for help without feeling guilty and learn to delegate tasks as a way of taking care of yourself.

  Identify sources of stress in your life and seek professional support if needed (psychology, social work, etc.).
- Join support groups or patient communities to feel understood and less alone.

- Everyone experiences Sjögren's differently. Don't compare yourself to others.
- Try to maintain your hobbies, social life and personal projects. Adapt them to your reality—the illness does not have to define you.
- Having goals and interests, even small ones, can improve your mood and emotional well-being.
- If you are caring for someone with Sjögren's, it's also important to take care of yourself. Stay informed, set aside time for yourself and seek psychological support if needed. Being well will allow you to care for others more effectively.

SLEEP HYGIENE

For many people with Sjögren's, getting good sleep isn't always easy. While there are no magic formulas, some routines and habits can ease nighttime discomfort and promote a more restful sleep.

- Create a relaxing bedtime routine: a short warm bath, reading something light, listening to soft music or practicing breathing exercises can help you unwind and prepare for sleep.
- Stick to regular sleep and wake-up times (even on weekends).
- Make your bedroom a comfortable, dark and quiet space.
- Avoid electronic screens at least 1 hour before bed. The blue light from phones, tablets and computers suppresses melatonin. If you can't avoid them, use night mode or blue light filters.
- Before going to bed, apply moisturizers to your mouth, nose and tear substitutes to your eyes to ease dryness.
- For your nose, especially use hydrating gels or creams that contain hyaluronic acid.
- Use a humidifier in your room, especially if you live in a dry climate.
- Watch what you eat at night. Avoid heavy meals or too many liquids at least 2–3 hours before bed to help prevent reflux.
- Raise the head of your bed. To reduce reflux, slightly elevate the upper part of your mattress (not just with extra pillows).
- Avoid alcohol and caffeine after 5:00 p.m.
- Quiet your mind. If you go to bed with worries, write them down and deal with them the next day.

If you still wake up feeling tired or unrested, talk to your doctor in case there may be a sleep disorder, such as sleep apnea that requires professional evaluation.

Need support or more information?

You are not alone. At Sjögren's Australia we are here to accompany you, listen to you and offer useful tools to help you live better with the condition. Being part of our community gives you access to:

- Clear, reliable and up-to-date information
- Support groups where you can share experiences with others who understand
- Workshops, meetings and activities designed for you
- Professional guidance on medical, psychological and social aspects
- Advice on disability, dependency or other benefits and paperwork
- Our magazine with personal stories, news and useful resources

If you're not yet part of the community, we invite you to join us.

Sharing the journey makes it a little easier.

Web: www.sjogrensaustralia.com.au
Socials: Facebook, Instagram and LinkedIn

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GLOSSARY OF TERMS

Temporomandibular Joint Disorder (TMD). It affects the joints and muscles that connect the jaw to the skull. This joint allows you to open and close your mouth. It can cause pain when chewing, difficulty moving the jaw, or clicking sounds when opening the mouth.

Periodontal Disease. A serious gum infection that damages the soft tissue around the teeth, causing them to become loose or fall out. It can cause gums to swell, bleed, or recede. If left untreated, it can destroy the bone supporting the teeth.

GORD (Gastro-oesophageal Reflux Disease). Occurs when stomach acid flows back into the oesophagus—the tube connecting the mouth to the stomach. This can cause heartburn, a burning sensation, an acidic taste in the mouth, and discomfort in the chest or throat.

UV Filter. A protection found in some lenses or sun products that blocks or absorbs ultraviolet (UV) rays from the sun, which can damage the skin and eyes over time.

Gastroparesis. A condition that affects the movement of food from the stomach to the small intestine. Instead of moving normally, food stays longer than usual in the stomach, or may stop moving altogether. This movement of the stomach is called motility.

Sodium Lauryl Sulfate (SLS). A surfactant used in cleaning and personal care products like shampoos, soaps, and toothpastes. Its main function is to clean and create foam, thanks to its emulsifying and detergent properties.

Lichen Planus and Lichen Sclerosus. Two different inflammatory skin conditions that can affect the genital area, causing itching and pain. Lichen planus usually produces red or purplish lesions, while lichen sclerosus often appears as white patches with thinning of the skin.

Meibomian gland dysfunction. An inflammation of the Meibomian glands, located in the eyelids, which produce an oily substance essential for tear film and eye health. Symptoms include irritation, dryness, and redness of the eyes. The Meibomian glands are specialised sebaceous glands in the eyelids that secrete the oils (lipids) making up the lipid layer of the tear film.

Melatonin. A natural hormone produced by the body, mainly in the brain, that helps regulate sleep. Known as the "sleep hormone," it tells the body when it's time to rest. The body produces it mostly at night in darkness and stops producing it during the day to help keep us awake.

Nitrates. A chemical compound made of nitrogen and oxygen, naturally found in many foods, water, and soil. They are also used in the food industry as preservatives and in the production of fertilizers and explosives.

UV Radiation. A type of energy that comes from the sun and some artificial sources like tanning lamps. It cannot be seen or felt, but it can affect the skin and eyes. UV radiation is divided into three types: UVA, UVB, and UVC, each with different health effects.

UVB Radiation. Also known as ultraviolet B radiation, this type of sunlight mainly affects the outer layer of the skin. Although less abundant than UVA, UVB is stronger and can cause sunburn and skin damage if exposed without protection.

UVA Radiation. A type of ultraviolet radiation from the sun and artificial sources such as tanning lamps and beds. It is invisible to the human eye and makes up the majority of UV radiation that reaches the earth's surface. These rays penetrate deep into the skin, reaching the dermis, and are the main cause of premature skin aging (wrinkles and dark spots) and it also increases the risk of skin cancer.

Punctal Plugs. A tiny device about the size of a grain of rice that can be placed in the tear ducts of the eye, where tears normally drain. This helps keep tears on the eye's surface longer, providing more hydration and easing dryness. They can be temporary (absorbable) or longer lasting (made of silicone).

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