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Clinical Practice Guideline for Evaluation and Management of Peripheral Nervous System Manifestations in Sjögren's Disease

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ADMINISTRATIVE INFORMATION

Support - Sjogren's Foundation.

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - Dr. Fox received \$500–\$4,999 as a consultant for Novartis. Drs. Deboo, Baker, Danielides, Goodman, Mandel, Pavlakis, Sarka, Wallace, and Dr. Frantsve Hawley (consultant for Sjögren's Foundation) have no other disclosures. Dr. de Sousa serves on advisory boards for Alexion (AstraZeneca), ArgenX, and Grifols, and speaker bureaus for Alexion, ArgenX, CSL Behring, Grifols, UCB Pharma, and Alnylam. Ms. Hammitt and Mr. Makara are employees of the Sjögren's Foundation. Dr. King's institution received NIH support. Dr. Noaiseh received \$500–\$4,999 from Novartis (consultant) and Janssen (advisory board). Dr. Varadhachary received \$500–\$4,999 from Biogen and ArgenX (consulting) and \$10,000–\$49,999 from Biogen (speaker) and legal firms (expert witness). Dr. Scofield received \$500–\$4,999 from Merck (consultant), Jessen (advisory board), and Eggleston King Davis LLP (expert witness), \$10,000–\$49,999 from Orrick (expert witness), and institutional support from NIH and the VA. Dr. Carteron received \$5,000–\$9,999 from BMS (consultant, advisory board), \$10,000–\$49,999 from HealthWell Foundation (board service), and institutional NIH support. Dr. Carsons received \$500–\$4,999 from Kinsika (advisory board), up to \$499 from UpToDate (editorial), and institutional support from Novartis.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 7 November 2025 and was last updated on 7 November 2025.

INTRODUCTION

Review question / Objective 1. In patients with SjD and peripheral nervous system manifestations (mononeuropathies, polyneuropathies, vasculitis) and autonomic nervous system manifestations, which therapies are most effective in improving neurological symptoms or function?

2. In patients with SjD and suspected peripheral or autonomic nervous system manifestations, which diagnostic and monitoring strategies are clinically useful for diagnosis and tracking disease progression or treatment response?

Rationale Sjögren's disease is an autoimmune disorder that can impact multiple organ systems, including the peripheral nervous system (PNS).

PNS manifestations, which can exist concurrently, include mononeuropathies, polyneuropathies, and autonomic nervous system neuropathies. To support patients and providers in decision-making, we are developing an evidence-based clinical practice guideline for the evaluation and management of peripheral nervous system manifestations in patients with Sjögren's disease. This systematic review will inform the guideline.

Condition being studied Sjögren's disease, Peripheral Nervous System, PNS, Autonomic Nervous System, ANS, Neuropathy, Neuronopathy, Ganglionopathy, Mononeuropathy, Polyneuropathy, Evidence-based Medicine, Guidelines, Good Practice Sjögren's disease, mononeuropathies, polyneuropathies, vasculitis, and autonomic nervous system neuropathies.

METHODS

Search strategy PubMed and Embase were searched from 1990 through July 22, 2025. Search terms were too extensive to fit within this word count, but are available upon request.

Participant or population Sjögren's patients 18 years or older without accompanying major autoimmune and/or rheumatic disease, Sjögren's with accompanying major autoimmune and/or rheumatic disease, fatigue, joint pain, etc.

Intervention

- carbamazepine
- gabapentin
- pregabalin
- amitriptyline
- nortriptyline
- duloxetine
- Corticosteroids
- IVIG
- HCQ
- MTX
- plasma exchange/plasmapheresis
- leflunomide
- MMF
- infliximab
- azathioprine
- cyclophosphamide
- cyclosporine
- tacrolimus
- RTX.

Comparator Any comparator.

Study designs to be included RCTs, Meta-analyses, Cohort Studies, Case series (use is contingent on whether higher quality evidence is

available).
o Reviews (used to identify additional references)
o Case report, Editorials, Opinions (used only to inform TRG and not used as evidence for Recommendation development).

Eligibility criteria

- Age ≥ 18 yrs
- All genders, ethnicities included
- Diagnosis of Sjögren's without accompanying major autoimmune and/or rheumatic disease and according to any set of published criteria
- Sjögren's patients suspected of having PNS (including ANS) manifestations
- Subjects may have lymphoma; however, intervention must be for Sjögren's and not designed with lymphoma as primary outcome measure
- Inclusion of Sjögren's with accompanying major autoimmune and/or rheumatic disease if insufficient evidence in Sjögren's
- Inclusion of related autoimmune disorders if insufficient evidence in Sjögren's.

Information sources PubMed & Embase.

Main outcome(s) Any measure of functional clinical outcomes.

Quality assessment / Risk of bias analysis Self-developed tool was used to assess the quality of the included studies.

Strategy of data synthesis The included studies did not lend itself to meta-analysis; thus, the data were synthesized qualitatively.

Subgroup analysis None.

Sensitivity analysis None.

Language restriction English.

Country(ies) involved United States.

Keywords Sjögren's disease, Peripheral Nervous System, PNS, Autonomic Nervous System, ANS, Neuropathy, Neuronopathy, Ganglionopathy, Mononeuropathy, Polyneuropathy, Evidence-based Medicine, Guidelines, Good Practice.

Dissemination plans The guideline will be submitted to a peer-reviewed journal and will also be presented at national conferences/webinars as well as promoted online & via social media.

Contributions of each author

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