

Sjögren's Syndrome Revealing an Anxio-Depressive Syndrome: A Case Report

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Abstract

Case Report

Sjögren's syndrome is an autoimmune disease that is not organ-specific. Apart from organic damage, there is psychiatric damage whose prevalence varies according to the series and whose main manifestation is the anxiodepressive that we have reported through a case study. The aims of this observation, is to study the interest of evoking a Sjögren's syndrome in the face of a resistant anxiodepressive syndrome.

Keywords: Sjögren's syndrome, anxiety, depression, Anxiodepressive disorders, psychological comorbidities.

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INTRODUCTION

Psychiatric disorders (PD) in Sjögren's syndrome (SS) are common, although often misdiagnosed. They are diversified and represented mainly by mood disorders, anxiety, cognitive impairment, dementias and more rarely psychotic disorders. Anxiodepressive disorders remain the main psychiatric manifestation during this disease and results from multifactorial distress.

The inaugural psychiatric symptoms of SS are often atypical and may remain isolated for a long time before the onset of other systemic symptoms. This can lead to diagnostic and therapeutic errors with adverse consequences on prognosis. The main purpose of this paper is to identify these atypical and alarming signs that suggest more investigations.

The aims of this observation, is to study the interest of evoking a Sjögren's syndrome in the face of a resistant anxiodepressive syndrome in a patient followed in our outpatient department of the Ibn Nafis psychiatric hospital in Marrakech.

CASE REPORT

Mrs. MG, aged 39, married with two children, a homemaker, without any notable medical or psychiatric history, was followed for years for symptoms suggestive of anxiety and depression. The treatment with antidepressants led to a worsening of her

clinical picture without satisfactory improvement despite changing the treatment multiple times. Later on, she developed other symptoms including dizziness, joint pain in the large joints, vision problems along with dry mouth and skin rash, all of which coincided with stressful life events.

The patient was referred for internal medicine consultation. Extensive biological and radiological testing revealed radiological, biological, immunological markers and biopsy of salivary glands consistent with Sjogren's syndrome. After two years of follow-up with corticosteroid and immunosuppressant therapy, the patient's condition improved favorably with complete disappearance of anxiety and depression symptoms.

DISCUSSION

Sjogren's syndrome can manifest itself through psychiatric symptoms that may remain isolated for a long time. This can lead to a delay in diagnosis, which can affect the functional and vital prognosis. These data emphasize the importance of a rigorous analysis of anamnestic and clinical data in the face of any atypical or treatment-resistant psychiatric symptoms.

During Sjogren's syndrome, psychiatric manifestations are very frequent (20 to 70%) and highly variable, ranging from anxiety (20-60%) to depression (20-40%), often with cognitive impairment and rarely with psychosis. In fact, in the series by Drosos *et al.*, the examination of 40 patients with Sjogren's syndrome

showed no central neurological manifestations, but many psychiatric impairment. For Malinow *et al.*, 25 out of 40 studied patients presented psychiatric manifestations, most often depression.

There are numerous etiopathogenic hypotheses for the psychiatric symptoms in Sjogren's syndrome, including direct activity of the disease on the central nervous system (CNS), side effects of corticosteroid and antimalarial therapy, or an anxious reaction to a debilitating illness. However, research in immunology and brain imaging suggests that the psychiatric disorders may be linked to a non-inflammatory vasculitis or vasculopathy of small cerebral blood vessels.

Management should involve specific treatment for the psychiatric symptoms in addition to treatment of the underlying disease. Corticosteroids and especially cyclophosphamide have been found to be effective. Psychotropic medications should be used cautiously, avoiding drugs with anticholinergic effects that can worsen dry mucous membranes. Psychological support is also essential. It is now essential to search for signs of Sjogren's syndrome in anyone with atypical psychiatric symptoms or dementia and to consider a trial treatment if necessary.

CONCLUSION

Sjogren's syndrome can manifest with isolated psychiatric symptoms for a long time, which can lead to a diagnostic delay that affects functional and vital

prognosis. These data underscore the importance of a rigorous analysis of anamnestic and clinical data in the face of any atypical or treatment-resistant psychiatric presentation.

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