

DRY MOUTH

Dental professionals' role in dry mouth



BACKGROUND

For up to 65% of the population, having varying degrees of dry mouth because of insufficient saliva is a daily struggle. Dry mouth, or xerostomia, not only can cause a burning feeling in the mouth and the sensation of the lips sticking to the teeth, but can compromise the patient's ability to chew and speak. Xerostomia can be a symptom of some diseases or a side effect of some medications. Many patients don't report dry mouth, but oral health care professionals should be able to identify the signs and symptoms and help patients manage the disorder.

CAUSES

Early detection and treatment are key to successful alleviation of the discomfort of dry mouth. The major causes to be considered are age, medications, and existing health conditions. Often patients don't tell the care provider about dry mouth because they see it as a natural part of aging or believe it can't be treated. They may also be unaware of the effects of xerostomia on oral as well as overall health.

More than 700 medications—both prescription and over-the-counter—cause dry mouth as a side effect. Many of these are 'anti' medications, such as antidepressants, anti-nausea medications, and antihistamines. Allergy suppressants, high blood pressure medications, and pain relievers are also common causes of dry mouth.

Patients who have diabetes, asthma, and Sjögren's syndrome are more likely to suffer dry mouth symptoms than other people. Radiation therapy for head and neck cancer is also associated with xerostomia.

DIAGNOSIS

Dentists need to ask patients questions and observe for clinical signs in order to diagnose dry mouth in their patients. The questions not only focus on dry mouth symptoms but also on whether the patient is often thirsty, has a sticky sensation in the mouth, has difficulty swallowing, and only gets temporary relief from beverages. In the early stages, dentists should check to see if the mirror

sticks to the patient's tongue or buccal mucosa. In addition, having frothy saliva, no salivary pooling in the floor of the mouth, or glassy oral mucosa can indicate xerostomia. Sometimes the tongue is lobulated or fissured or has generalized shortened papillae.

TREATMENTS

Some patients with mild symptoms can manage their condition without medication by making changes in their lifestyle. Among these changes are sipping water or sucking on ice chips, using lip lubricants often, and avoiding foods that are salty, spicy, sticky, sugary, or hard to chew. Use of a humidifier at night, chewing sugar-free gum or sucking on sugar-free mints containing xylitol, as well as avoiding irritants such as alcohol, tobacco, and caffeine have also been suggested.

Patients may be hoping for fast, effective relief to their symptoms, and such solutions are available in forms such as rinses and sprays, prescription-strength toothpaste, salivary stimulants, and systemic medications. Some are over-the-counter agents and others require a prescription.

Clinical Significance

The effects of dry mouth on speech, eating, swallowing, and chewing can significantly alter the patient's quality of life. Oral health care practitioners can help people with dry mouth who may be suffering in silence, thinking there is no help for their condition. Dentists and dental hygienists can help to identify the condition and lead patients to remedies that can bring the relief they desire.

Post J: Dealing with dry mouth: Bringing awareness to a silent condition. *Dentaltown*, April 2019, pp 89-92

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