



dental insights: dry mouth syndrome

Dry mouth syndrome is an uncomfortable condition which afflicts millions of people nationwide and can pose a threat to their dental health. Patients with this disorder may experience varying intensities of one or more of the following symptoms:

- a dry or burning sensation in the mouth or on the tongue
- difficulty swallowing or speaking
- taste perception alterations
- sores at the corners of the mouth that aren't healing
- dry, chapped lips

Several factors can contribute to development of dry mouth. A leading cause is side effects from medication. I routinely see patients who are on two or three medications, each of which has reduction of salivary output as a listed side effect. Some of the more common medications in this class are antidepressants, antihistamines, high blood pressure medications, and diuretics.

Radiation treatments can also decrease or virtually eliminate saliva production. Other potential causes of dry mouth include use of alcohol or tobacco, mouth breathing and/or snoring, caffeine consumption, and forced hot air heating systems in winter.

Dry mouth is also recognized as a common symptom of several auto immune diseases, with Sjogren's syndrome being the most directly linked to this complaint. There is also some evidence that saliva production diminishes and chemically changes as we age, although the research suggests that these changes alone are not clinically significant.

Should you be concerned if you're experiencing symptoms of dry mouth syndrome?

Aside from the obvious concern for my patients' comfort, here's why I'm concerned by a lack of saliva production from the salivary glands:

- **Saliva provides a natural cleansing action in the mouth and promotes a healthy bacterial balance. People with low saliva production are at much greater risk to develop tooth decay and gum disease and suffer from halitosis (bad breath) and fungal infections of the mouth.**

Occasionally, patients develop decayed areas apparently overnight, after many cavity-free years. They will often report that they are taking a new medication, and noticed that their mouths are dry, but never noticed the connection or considered raising the issue for discussion.

What can I do about it?

Whenever I see signs of dry mouth, I recommend that the patient use toothpaste with prescription-strength fluoride. The added fluoride will strengthen the tooth structure and make it more resistant to decay. Next, I usually recommend over-the-counter products that soothe and lubricate dry tissue and are designed to *a)* directly replace missing saliva (saliva substitutes) or *b)* stimulate saliva production. These usually take the form of rinses, sprays, lozenges, and chewing gums. But there's also a new product called the *OraMoist Dry Mouth Patch* which has garnered a lot of positive reviews as an economical and effective way to treat dry mouth syndrome. It consists of a small disc or patch that is applied to the roof of the mouth or inside the cheek, stimulating salivary production for up to four hours.

Finally – *and you know what I'm going to say!* – there is no substitute for good habits and excellent dental hygiene. Patients with dry mouth syndrome should avoid sources of sugar, which increase risk of decay, and keep up with brushing and flossing.

If the above options do not provide adequate relief, several prescription products are available for patients with dry mouth syndrome. Although these products can be very useful, many can cause side effects. That's why we try to obtain adequate relief with over-the-counter products first.

Let's talk about it!

Dry mouth syndrome is like most conditions – the sooner we're aware of the problem, the sooner we can address it!

I'm often able to detect apparent signs of dry mouth during my examination. But – *as is the case with any issues you experience!* – if you think you may have a problem, either during your visit or between visits, please let me know. We can then act immediately to protect the teeth and gums from damage.

If you feel that dry mouth syndrome has become a problem for you, please mention it at your next visit with us, or email me today at jk@drkurtis.com to begin the discussion!

The information above is not intended to be a substitute for personalized dental advice, diagnosis, or treatment. Always seek the advice of your dentist with any questions you may have regarding a dental condition.