

Treating Dry Mouth

There are prescription products to treat dry mouth symptoms associated with Sjögren's. These products fall into two categories, pills and oral rinses.

Salagen® and Evoxac® are prescription medications that help reduce dry mouth by increasing salivary secretion. These treatments are delivered in pill form and are taken daily by patients or as directed by your physician.

NeutraSal® is supersaturated calcium phosphate prescription oral rinse that works directly at the site of dry mouth to replace and mimic your natural saliva. You can rinse with NeutraSal® as often as needed, up to 10 times a day.

If you do not achieve complete symptom relief from your dry mouth medication, or if you experience side effects, talk with your healthcare provider about adding or switching medications.

Treat and prevent dental decay:

Brush after every meal and floss teeth daily; use a fluoride containing toothpaste. Avoid toothpaste containing sodium dodecyl sulfate. When brushing is not possible, sugar-free gums or candies after eating may stimulate saliva and potentially decrease the risk of tooth decay. At a minimum, rinsing the mouth with water immediately after meals may also help. Decrease the risk of tooth decay by reducing the amount and frequency of fermentable carbohydrate intake, especially sticky foods such as cookies, bread, and candy.

Treat oral candidiasis (thrush) when necessary:

A red appearance of the oral mucosa and/or a burning sensation in the mouth may indicate the presence of an oral infection by the yeast *Candida*. Open cuts in the corners of the mouth (cheilosis) and furrows of the tongue are other signs. A dentist or physician can make a definitive diagnosis and prescribe the appropriate drug(s). These infections often recur but can be successfully treated as often as necessary.

Coping with Dry Mouth



Dehydration may contribute to oral dryness so maintain adequate hydration (~8 eight ounce glasses of water), ideally consumed during the earlier part of the day to help avoid excessive urination throughout the night. Caffeinated beverages do not take the place of water requirements. Keep the mouth moist by sipping small amounts of water during the day. However, excessive sips of water can reduce the oral mucus film and increase symptoms.



Avoid frequent intake of acidic beverages (such as most carbonated and sports replenishment drinks). Drink water while eating to aid chewing and swallowing.



Salivary secretion can be increased by chewing gum containing no sugar or sucking sugar-free hard candies. Xylitol® is a desirable sweetener present in some chewing gums and hard candies, which has been shown to help prevent dental decay.



Dry, cracked lips may be soothed by an oil-based balm or lipstick placed over previously moistened lips. The use of vitamin E containing ointments may be helpful.



Increase the humidity in the home, particularly at night, by using a room humidifier.



Over-the-counter and prescription oral rinses can also offer relief of dry mouth symptoms. Ask your healthcare provider for suggestions.

LEARN MORE

sjogrens.org

The Sjögren's Foundation

Founded in 1983, the Sjögren's Foundation is the only national non-profit organization leading the fight against Sjögren's on behalf of all patients. Our vision is to create a community where patients, healthcare professionals and researchers come together to conquer the complexities of this disease.

Be your own best advocate by becoming a member of the Foundation to support our vital work and receive these exclusive benefits:

- A New Member Welcome Packet with helpful information about Sjögren's, local support groups, and the Foundation.
- A subscription to our patient newsletter, *Conquering Sjögren's*. Printed six times a year, our newsletter contains the most up-to-date information from leading experts.
- Access to the member-only section of our website, which features archived issues of *Conquering Sjögren's* and the Sjögren's Foundation Product Directory.
- Receive ongoing information about upcoming clinical trial research in your area.
- Discounts on Sjögren's-related books and merchandise from the Foundation's store, as well as registration discounts for our educational conferences.
- Most importantly, your membership helps fund ongoing Foundation programs and provides one more voice as we work to transform the future of Sjögren's.



Visit www.sjogrens.org to take control of your health and sign up as a member today!



Dry Mouth

DIAGNOSIS & TREATMENT



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WHAT IS Dry Mouth?

Dry mouth, typically called “xerostomia” (zeer-oh-stomia), is a common symptom most often caused by an absence or decrease in the amount or quality of saliva. According to a recent study, 92% of Sjögren’s patients experience some degree of dry mouth.

Saliva is an essential body fluid for protection and preservation of the oral cavity and oral functions. It is produced by the three pairs of major salivary glands and hundreds of minor salivary glands. Its value is seldom appreciated until there is not enough. Saliva helps to:

- Protect, lubricate and cleanse the oral mucosa
- Aid chewing, swallowing and talking
- Initiate digestion
- Maintain pH of the upper gastrointestinal (GI)
- Protect the teeth against decay
- Protect the mouth, teeth, and throat from infection by bacteria, yeasts, and viruses
- Support and facilitate our sense of taste

Dry Mouth has many causes, including:

- Prolonged use of many prescription drugs, including certain antihistamines, antihypertensives, antidepressants, diuretics and medications for bladder problems
- Over-use of over-the-counter (OTC) products such as decongestants and pain medications
- Chronic diseases such as Sjögren’s and other connective tissue diseases, sarcoidosis, hepatitis C, Alzheimer’s disease, or diabetes
- Medical treatments such as radiation therapy to the head and neck and bone marrow or other organ transplantation

Warning signs and symptoms of Dry Mouth

Saliva plays an important role in the health of the oral cavity. Decreased salivation can lead to many problems. If this condition persists for months or years, a patient may develop oral complications such as difficulty swallowing, severe and progressive tooth decay, oral infections (particularly fungal) decay and/or oral infections.

Identifying the early signs of dry mouth is critical. The dentist and/or dental hygienist can be instrumental in detecting one of the earliest signs, even before the patient is aware of his or her dry mouth, by observing the amount of saliva pooled under/around the tongue during dental procedures. Little or no pooling of the saliva may indicate the patient is beginning to suffer from dry mouth.

Other early signs to look for would be:

- Dental decay located at the necks of teeth next to the gums or on the chewing edges of teeth
- Increase in new carious lesions in the presence of optimal oral hygiene
- Inflammation and fissuring (splitting/cracking) of the lips
- Inflammation or ulcers of the tongue
- Halitosis (bad breath)

Symptoms of dry mouth can include:

- Difficulty swallowing food (especially dry food) without a drink
- Change in the sense of taste
- Burning sensation or pain in the mouth
- Difficulty talking or eating certain foods
- Mouth pain
- Excessive thirst, especially at night
- Problems with dentures properly adhering



Diagnosing Dry Mouth

It is important to determine if dry mouth is caused by a change in salivary function and the severity of any salivary impairment. Dry mouth is diagnosed by both dentists and physicians.

Medical History

Specifics of the complaint of dry mouth are obtained: duration, frequency, and severity. The presence of dryness at other sites (eyes, nose, throat, skin, vagina) is documented. A complete medical and prescription drug history is taken by physicians through various methods, as mentioned below.

Examination

Major salivary glands are palpated for the presence of tenderness, firmness, or enlargement. The amount and quality of saliva coming from the ducts inside the mouth are assessed and the absence of saliva or presence of a dry or reddish oral mucosa is noted. Active dental decay is evaluated through clinical and radiographic examination.



Salivary flow rate

The ability of the glands to make saliva and the amount of saliva produced during a specified amount of time may be measured. The test is non-invasive, painless and usually involves spitting into a tube or cup.



Biopsy of minor salivary glands (lip biopsy)

A small, shallow incision is made inside the lower lip to remove at least four of the minor salivary glands. A pathologist then examines them for changes characteristic of the salivary component of Sjögren’s, namely aggregates of lymphocytes invading the gland tissue.



Blood tests

Blood tests for antibodies seen in different medical conditions can be helpful identifying or ruling out certain diseases that can cause salivary gland dysfunction.



Ask the dentist

- How frequently visits are needed to be checked for decay.
- For specific instructions for optimizing oral hygiene.
- About the possible need for home and/or professionally applied topical fluoride (with recommendations for a specific toothpaste to use). Topical fluoride gels may require a personalized “tray” for best delivery to the teeth. In some cases, a fluoride varnish may be applied by the dentist.
- About using a non-fluoride remineralizing agent as an adjunct therapy.

The Sjögren’s Foundation encourages patients to visit www.sjogrens.org to print, review and bring our Clinical Practice Guidelines to your healthcare providers. These peer-reviewed and endorsed guidelines will give them a roadmap for potential treatment and management options.



Scan this QR code to view, print or download our Clinical Practice Guidelines.