

Understand the Significance of Identifying and Treating Dry Mouth

Pharmacists Can Help Select Nonprescription Products to Treat Xerostomia and Recommend Further Medical Care When Warranted

By YVETTE C. TERRIE, BSPHARM, RPH

XEROSTOMIA, COMMONLY KNOWN AS DRY MOUTH, is defined as a syndrome in which the flow of saliva is completely halted or limited. It is often overlooked, unrecognized, and undertreated, according to the American Dental Association.^{1,2}

If left untreated, xerostomia can cause discomfort and difficulty chewing, speaking, swallowing, and tasting. It can also contribute to dental caries, halitosis, periodontal disease, and other oral health issues, including candidiasis infection because of the disturbance of the balance of oral microflora resulting from diminished salivary flow.^{1,3} The effects of xerostomia can range from mild to severe, and patients with severe cases often experience a reduced quality of life.¹⁻⁵

The etiology of xerostomia is multifactorial, and contributing factors include certain disease states, medical procedures, and use of some medications.^{1,2} The exact incidence of xerostomia is unknown, but statistics indicate that xerostomia in the US population ranges widely from 0.9% to 64.8% in the general population, is in an estimated 30% of adults older than 65 years, and in 40% of those older than 80 years.^{2,4} Study results show that the incidence of xerostomia increases with age because many older individuals are likely to take multiple drugs associated with diminished salivary flow rate for the treatment of various chronic illnesses.⁴ Moreover, Sjögren syndrome, a chronic inflammatory autoimmune disorder in which immune cells attack and destroy the glands that produce tears and saliva, is a common cause of xerostomia.^{1,2} A host of other conditions also may contribute to the development of xerostomia, including chronic active hepatitis, Crohn disease, depression, hormonal changes related to menopause, hypertension, hypothyroidism, HIV, Parkinson disease, sarcoidosis, scleroderma, and uncontrolled diabetes.^{1,2} Individuals receiving radiation therapy to the head and neck may also develop xerostomia.^{1,2} Other possible causes may include alcohol, breathing through the mouth, caffeine, and smoking.¹

The American Academy of Oral Medicine indicates that more than 1100 medications have the potential to negatively alter or diminish salivary production, thus contributing to xerostomia.⁶ Examples of medications commonly associated with salivary dysfunction and xerostomia include those with anticholinergic effects or that cause depletion of salivary flow, such as antidepressants, antihistamines, antihypertensive medications, antipsychotics, antiseizure/antispasmodic drugs, decongestants, diuretics, and sedatives.^{1,7} Study results also show that patients who are taking multiple medications may also be at greater risk of developing xerostomia as an adverse effect of therapy.^{1,8}

CLINICAL STUDIES AND RECENT NEWS

Although many patients with COVID-19 experienced loss of smell and taste, various study results indicate that xerostomia was commonly reported among those with COVID-19 and frequently occurred before



AUTHOR BIO

YVETTE C. TERRIE, BSPHARM, RPH,
is a consulting pharmacist and medical writer in
Haymarket, Virginia.

TABLE. Patient Education Resources About Xerostomia

American Academy of Oral Medicine website: http://www.aaom.com/index.php?option=com_content&view=article&id=107:xerostomia&catid=22:patient-condition-information&Itemid=120
American Dental Association website: http://www.mouthhealthy.org/en/az-topics/d/dry-mouth
National Institute of Dental and Craniofacial Research website: http://www.nidcr.nih.gov/oralhealth/topics/drymouth/drymouth.htm

other common symptoms.⁹⁻¹¹ Findings from a recent review of more than 180 published studies showed that approximately 4 in 10 patients experience impaired taste or a total loss of taste, but xerostomia affected more than 43% of those with COVID-19.^{12,13}

In a recent publication, authors indicated that because older adults take more medications than any other age group, this patient population is more likely to experience xerostomia. They also noted that clinicians should understand the significance of xerostomia on oral health and its negative impact on patient quality of life and that there is a need for collaborative efforts among oral health personnel and pharmacists in conjunction with general practitioners, geriatricians, and nurses to augment cognizance about xerostomia and ensure affected patients are properly advised and managed.¹⁴

Findings from a recently published observational study showed that oral sensory complaints often reported during perimenopause include burning sensations in the mouth, taste disturbance, and xerostomia. The authors concluded that there are correlations among burning mouth, menopausal symptoms, taste disturbance, and xerostomia.¹⁵

CONCLUSION

Pharmacists are key in identifying those individuals most susceptible to xerostomia because of chronic illnesses and/or the use of certain medications, and they can provide clinical recommendations to assist patients in the management of xerostomia and minimize its severity. Pharmacists can also educate patients about the various OTC artificial saliva substitutes and dry mouth relief products available in the form of chewing gums, gels, liquids, lozenges, mouthwashes, sprays, and toothpastes. For most patients with xerostomia, alcohol-free mouth rinses are preferred because alcohol may exacerbate xerostomia. During counseling, pharmacists can advise patients to maintain daily dental hygiene, including brushing and flossing twice a day, routine professional dental care, and the need to discuss

xerostomia with their primary health care providers if symptoms do not resolve or worsen after self-treatment. ■

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