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XEROSTOMIA- DRY MOUTH

Xerostomia itself is not a disease or a condition, but rather a symptom.

While often attributed to the aging process, xerostomia is not a normal condition of aging. Many medications, treatments and systemic diseases may reduce adequate salivary flow, resulting in xerostomia.

Medications: Xerostomia is associated with as many as 500 prescription and over-the-counter classes of drugs.

Radiation Treatment: Approximately 40,000 patients in the United States are treated annually for head and neck cancers using ionizing radiation. When salivary glands are within the fields of radiation, as they are in the majority of cases of head and neck cancers, marked salivary gland hypo-function results.

Systemic Disease: Numerous systemic diseases or conditions such as cystic fibrosis, thyroid disorders, HIV infection, Bell's palsy, poorly controlled diabetes, dementia, and depression may cause salivary dysfunction and xerostomia. The most common is Sjogren's Syndrome. This is the second most common rheumatic disorder and can occur alone or in conjunction with another connective tissue disease. Conditions associated with Sjogren's Syndrome include rheumatoid arthritis, systemic lupus erythematosus, and primary biliary cirrhosis. All Sjogren's Syndrome patients complain of xerostomia and dry eyes. It is estimated that more than 1 million Americans have Sjogren's Syndrome, most of them undiagnosed: approximately 90 percent are females of peri-menopausal or menopausal age.

Xerostomia and Elderly Patients: Once thought to be an inevitable result of aging, xerostomia is no longer considered an unavoidable ailment of old age. Numerous studies have shown that the parotid gland output and composition remain stable across the human life span. In most cases where xerostomia exists in older patients, it can be attributed to systemic disease, prescription drugs, or other medical treatments.

Decreased salivary flow may predispose older adults to increased decay and periodontal disease. It also may contribute significantly to periodontal disease. It also may contribute significantly to problems associated with inability to retain full and partial removable dentures.

Drugs associated with xerostomia may predispose patients to higher caries incidence, difficulty in mastication, salivary gland swelling and pain, stomatitis, burning mouth and tongue, and oral candidiasis.

When taking a medical history on a new or recall patient it is important to note all drugs currently taking and the dosage. This applies to prescription and over-the-counter medications as well as supplements. Many patients are unaware that readily available drugs and food supplements may have potentially serious side effects or synergistic interactions with other prescription drugs.