

DRY MOUTH CAUSES DECAY AND GUM DISEASE

According to a report published in the Journal of the American Dental Association recently, an estimated 17-29 percent of sampled population is affected by xerostomia, a condition where there is an absence of saliva. This is commonly called “dry mouth.” The primary constituents of saliva are water, proteins and electrolytes. These components enhance taste, speech and swallowing. Additionally, saliva provides anti-bacterial activities, which protects the teeth from decay and prevents gum disease. In other words, lack of saliva can lead to swallowing problems and, in extreme cases, speech difficulties. Gum disease and rampant decay can also follow. Hence, quality of life is dependent upon normal salivary flow, to a significant extent.

What can cause “dry mouth?” The most frequently reported cause of “dry mouth” is medication. Among the most common types of drugs that can cause “dry mouth” are anti-depressants, such as Prozac, Paxil, Zoloft and Haldol; sedatives such as Xanax, Valium, and Halcion; muscle relaxants such as Flexeril, Norflex and Zanaflex; pain medications such as Demerol, Advil, Motrin, Aleve and Naprosyn; antihistamines such as Chlor-Trimeton, Nenadryl, Claritin and Antivert; and diuretics such as Lasix and Diuril.

A medical condition called Sjogren’s syndrome involves a combination of dry mouth and dry eyes. This disease is sometimes associated with rheumatoid arthritis, systemic sclerosis and lupus. Symptoms comparable to Sjogren’s syndrome may also be associated with fibromyalgia and chronic fatigue syndrome.

What are the symptoms of xerostomia? A reduction in saliva can lead to symptoms such as dryness in the mouth, oral burning or soreness, and loss of taste or altered sense of taste. Increase need to sip or drink water, difficulty with swallowing dry foods and aversion to dry foods. If associated with Sjogren’s syndrome, dry eyes and enlargement of the salivary glands in the cheeks may occur. Rampant decay, especially at the neck of the teeth, may accompany dry mouth. Sudden onset of severe gum disease can also occur with dry mouth. Lastly yeast infection can also appear in the mouth or the corners of the mouth when there is lack of saliva to protect oral tissues from infection.

If you have dry mouth, you should consult your dentist or physician. There are tests available to determine the causes of this condition.

If it is determined that dry mouth is associated with medications, your physician may consider alternate drugs that can benefit you the same way. If not possible or not related to medication, there are ways to manage the condition. There is no outright cure, unfortunately.

Carrying and sipping bottled water frequently during the day can be helpful. Ice chips held in the mouth can provide some relief. Use of a humidifier at night can relieve dryness. Salivary stimulants such as Biotene gum, XyliFresh, sugarless hard candy, Salix Lozenges, or any commercial sugarless gum and lozenges can provide relief.

Saliva substitutes and oral lubricants are also available. They are most useful only for a limited time and is best used before sleeping or speaking. Some of the brands are as follows: Moi-Stir, MouthKote, ORALbalance, Salivart and Xero-Lube. Ask your pharmacist whether any of these are available, or what his/her recommendations are.

If you suspect you have “dry mouth,” see your physician immediately. Dry mouth may be a symptom of other diseases, such as diabetes. Do not self-diagnose. Also see your dentist so as to prevent decay and gum problems.