

Dry mouth and its complications

By Dr. Nasrin Saba DDS

Helen a 60 year old retired teacher came to her dentist for her semi-annual exam and cleaning. During the exam the dentist detected 2 new decayed teeth. When asked about her dental care regimen at home, she explained that she had been exceptionally careful to follow the recommendations from the last visit by brushing appropriately twice daily and flossing once daily. Review of her chart showed an unusual increase in number of caries over the last couple of years. When asked her about symptoms of dry mouth and she mentioned that her saliva was a bit thicker since she was diagnosed with diabetes 2 years ago, but she thought it was just a normal part of aging. Her dentist decided that the best course of action was to assess her for dry mouth.

Many patients do not look at their dry mouth as a problem, but in reality this condition can not only impact a patient’s oral health, but also their overall quality of life.

The average daily salivary output is approximately 1 liter per day. Although saliva is 99% water, the other important components of saliva such as electrolytes, proteins, enzymes and immunoglobulins play a key role in many aspects of oral health such as protection and lubrication, dilution, preparing food for swallowing and digestion, antibacterial action, taste and phonation.

A significant proportion of patients presenting to dentists suffer from dry mouth which it is more common in women than men. Aging has no clinically significant impact on salivary flow rates. However, dry mouth is more common in elderly patients which most likely due to medical conditions and medication.

The most common causes of dry mouth are medications, radiation therapy of head and neck tumors and other medical conditions such as diabetes, hypothyroidism, a conditions in which the thyroid gland does not make enough thyroid hormone, and Sjögren’s syndrome which is an autoimmune disease that attacks and destroys the salivary glands. Dry mouth may also be associated with dehydration and poor nutrition.

Medications that cause dry mouth include antidepressants, sedatives and tranquilizers, antihistamines, certain blood pressure medications, anti-Parkinson agents and anti-seizure drugs.

The common signs of dry mouth include loss of glistening of oral mucosa which can appear thin, pale, dry and sticky, redness and fissuring of the tongue, loosening of dentures, thickening of the

saliva, swelling of the salivary glands, bad breath as well as dry, cracked and peeling lips.

Oral Health Complications of dry mouth

With the large role saliva plays in the mouth, it is not surprising that a condition that is usually caused by a decrease in salivary output will cause a significant number of dental complications. The most common oral health complications include bad breath, gum disease, dental caries and fungal infections.

With the loss of the antibacterial role of saliva in protecting oral tissues most patients with dry mouth will see a significant increase in the risk of dental caries. The process that increases dental caries is accelerated owing to a reduction in oral irrigation and an inability to clear foods from the oral cavity rapidly.

Difficulty eating, speaking and conditions such as bad breath commonly associated with dry mouth can have a significant impact on the patient’s psychosocial wellbeing and quality of life.

How is dry mouth treated?

Since dry mouth has many causes, it should not be surprising that there are different ways to treat it. If your physician or dentist can determine the cause of your oral dryness, her or she may be able to provide you with a specific cure. It may be possible for your doctor to advise you to stop taking those drugs, reduce their intake or switch to another “less drying” medication. Sometimes, especially, in life threatening diseases, it may not be possible to change a patient’s drug intake pattern. If the dryness is due to a specific disease, e.g. diabetes, proper treatment of the disease will decrease the intensity of your oral symptoms. Occasionally, we do not know the causes of the diseases which produce dry mouth. This, for example, is the case with Sjögren’s Syndrome, rheumatoid arthritis and other conditions. In such cases, we try to relieve the symptoms of the disease rather than treat the disease itself.

The following measures can help treat dry mouth and its associated symptoms:

Keep Your Mouth Moist

- Sip water or other sugar-free juices frequently. It is particularly important to drink often while eating. This will aid chewing and swallowing and may enhance the taste of your food. You can carry a water bottle, like bicycle riders do, during the day and keep a glass of water at your bedside at night. Also, use a humidifier to increase

- the moisture content of the air in your room.
- Stimulate the flow of your saliva**
 - By eating foods which require mastication.
 - By chewing sugarless gum.
 - By using, if possible, acid-tasting, sugarless (diabetic-type) candies.
 - By “sucking” a cherry or olive pit; or the rind of a lemon or lime.
- Protect the Hard and Soft Tissues of your Mouth.**
 - Ask your dentist to teach you how to properly brush your teeth, and brush them after every meal.
 - Use dental floss daily.
 - Ask your dentist to teach you how to scrape or brush the surface of your tongue, and do this every day.
 - Use a fluoride toothpaste daily. In some cases, your dentist may prescribe the fabrication of a “mouth-guard”, like what athletes wear. A fluoride gel is placed in these trays and they are worn for several minutes every night.
 - Decrease your intake of sugars and your snack frequency. Also, watch your intake of carbohydrates, like bread and pasta and cookies, etc. which tend to hang around in the mouth.
 - Avoid or decrease your intake of spicy, salty or very acidic foods.
 - Do not smoke
 - Avoid or decrease your intake of alcohol
 - Avoid or decrease your intake of caffeine-containing drinks and foods.
 - Chew your food slowly and thoroughly, and sip water with it before swallowing.
 - Salivary Substitutes (Artificial Saliva) or a mouth-gel can be used to lubricate your tissues. They sometimes make you feel less dry.
 - See your dentist at least 3 times a year and have him/her routinely check you for evidence of early decay.

Reference: The Evidence Based Management of Dry Mouth (Xerostomia) : <http://www.advancingin.com> Dr. Nasrin Saba is a dentist and the owner of Bank Street Dentistry located at 1189 Bank Street.

Phone #: (613) 241 1010. For further information visit her website at www.bankdentistry.com or send an email to dr.saba@bankdentistry.com

Area Worship Services

Sunnyside Wesleyan Church

58 Grosvenor Avenue
(at Sunnyside)
Sunday Worship Services at 9am & 11am
Children’s program offered during worship services.

Trinity Anglican Church

1230 Bank St
(at Cameron Ave)
Sundays: Holy Eucharist at 8 and 10am
with Church School and Choir

St Margaret Mary’s Parish

7 Fairbairn
(corner of Sunnyside)
Tuesday Evening at 7PM
Friday Daytime at 12:15PM
Saturday Evening at 5PM
Sunday Mornings at 9:30AM and 11:30PM

Southminster United Church

15 Aylmer Avenue
(at Bank & the Canal)
Sunday Worship: 10:30 a.m.
Sunday School offered during worship

www.BankDentistry.com

613.241.1010





New Patients Welcome

Emergency patients seen promptly!

Implant and Prosthetic, Family and Cosmetic, Children’s and Preventive Dentistry

Dr. Nasrin Saba DDS
1189 Bank Street,
Ottawa, ON, K1S 3X7
Onsite Parking 
Phone: 613.241.1010; Fax: 613.241.0808
Email: info@bankdentistry.com