

XEROSTOMIA (Dry Mouth)



What is xerostomia?

Are you constantly thirsty? Do you have difficulty swallowing certain foods? Is your saliva thick, foamy, or dry? If you answered “yes” to any of these questions, you may have xerostomia. Xerostomia is a condition characterized by a decrease in saliva production. This happens when the salivary glands stop working or do not function properly, leaving the mouth dry and uncomfortable.

Why is xerostomia a problem?

Saliva is important because it helps with the digestion process, prevents tooth decay and gingivitis, and protects and lubricates the tongue and other delicate tissues inside the mouth. Saliva also plays an important role in helping us taste the foods we eat. Dry mouth sufferers are more likely to develop tooth decay, fungal infection of the mouth, denture sores, gum disease, bad breath, and general irritation and discomfort of the oral tissues.

What causes dry mouth?

Prescription and over-the-counter medications are the most common cause of dry mouth, contributing to more than 80% of all cases. There are, however, many more factors that can play a role in this condition. Let's explore all potential factors below:

Medications – there are over 350 medications that can contribute to dry mouth

- Antiseizure (epilepsy) or Antiparkinsonian
- Diuretics (blood pressure): Dyazide, Lasix
- Antihypertensives (blood pressure): Atenolol, Tenormin, Inderal
- Bronchodilators: Albuterol, Proventil, Ventolin, Beclovent, Vanceril, Pulmicort
- Sedatives and tranquilizers
- Antidepressants/antianxiety: Effexor, Paxil, Prozac, Valium, Wellbutrin, Xanax, Zoloft
- Antihistamines (allergy): Allegra, Benadryl, Claritin, Zyrtec, Chlor-Trimeton, Dimetane
- Antineoplastics/Cytotoxic agents (cancer)
- GI acid reducers: Prevacid, Prilosec, Aciphex, Nexium, belladonna, atropine
- Muscle relaxers
- Analgesics (painkillers): Narcotics, NSAIDS (Motrin, Celebrex, Naprosyn), Darvon

Systemic Conditions and Diseases

- Sjögren's auto-immune syndrome
- Rheumatoid arthritis
- Anxiety/depression
- HIV and AIDS
- Diabetes
- Alzheimer's
- Dehydration
- Hepatitis
- Stroke
- Anemia
- Renal failure
- Cystic fibrosis
- Parkinson's
- Cancer

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Other Causes or Contributing Factors

- Smoking or other tobacco use
- Caffeine
- Carbonated beverages
- Alcohol
- Stress
- Anxiety disorders
- Mouth breathing
- Chronic snoring
- Hormonal changes during menopause
- Radiation or chemotherapy
- Endocrine disorders
- Advanced age

Signs and Symptoms

- Dry or sticky feeling in and around the mouth
- Constant thirst or desire to wet the mouth
- Difficulty eating, swallowing, or speaking
- Thick, foamy, or stringy saliva
- Dry, reddened, or irritated tongue
- Bad breath
- Cracked or dry lips
- Dry nasal passages
- Burning of the oral tissues
- Sore throat or hoarseness

At-Home Remedies

- Maintain good oral hygiene
- Limit sugar intake
- Avoid caffeine
- Avoid mouth rinses with alcohol
- Use moisturizer regularly on your lips
- Chew sugar-free gum to stimulate salivary flow
- Drink a glass of water with each meal and sip water throughout the day
- Breathe through your nose instead of your mouth as often as possible
- Avoid direct airflow from air conditioners and fans
- Mix ½ teaspoon of baking soda in 1 cup of warm water and rinse gently for 30 seconds several times a day
- Avoid alcohol
- Quit smoking
- Avoid dry foods (e.g., toast, crackers)
- Avoid antihistamines and decongestants
- Use a humidifier at night

Dental Remedies (popular products)

- Mouth rinses (Biotene Gentle)
- Sprays (Xero-Lube Artificial Saliva by Scherer, Saliva Substitute by Roxane Labs)
- Chewing gum (Biotene Dry Mouth, Spry with Xylitol by Xlear)
- Gels (Biotene Oral Balance)
- Toothpastes (Biotene Dry Mouth, Colgate Prevident 5000 Dry Mouth)
- Lozenges (e.g., xylitol suckers from www.dr.johns.com)
- Custom fluoride trays
- Fluoride varnishes applied in-office
- Prescription sialogues (e.g., Pilocarpine or Cevimeline, which could take months to work)