Managing XEROSTOMIA in the General Dental Practice

INTRODUCTION
Xerostomia is the term used to describe the condition whereby the amount of saliva that bathes the oral mucosa is reduced. It is rather common for general dental practitioner to receive patients suffering with xerostomia with various underlying causes. Among the causes are radiotherapy (common in Malaysian patients suffering from head and neck carcinoma, whereby radiotherapy may be the adjunct or only mode of treatment), Sjögren's syndrome and as a complication of pharmacotherapy. To certain extent, ageing also results in xerostomia, albeit in milder form. Assessment of the severity of xerostomia is done using Xerostomia Inventory (XI). The mean Xerostomia Inventory score in a normal population is about 17; scores above this figure indicate the degree of severity of xerostomia.

Xerostomia is a very uncomfortable condition and a common oral complaint for which patients may seek relief from the general dental practitioners. Remedies for xerostomia usually are palliative. This article reviews the different causes and options available treating patients with a complaint of xerostomia.

I. RADIOOTHERAPY
Xerostomia is a frequent complication of patients who undergo radiotherapy to the head and neck region. A common group of patients seen in Malaysia are those suffering from nasopharyngeal carcinoma (NPC), which unfortunately shows a high prevalence among the Chinese due to their genetic origin. In the process of treating NPC, both parotid glands are also irradiated. The effect of radiotherapy on the salivary glands can be very rapid. It had been shown that the resting flow of parotid saliva was significantly reduced to half after only 14 hours of exposure to 2 Gy of radiation. Besides, any residual saliva tends to be thick and viscous and so loses its ability to lubricate and cleanse.

Xerostomia is a chronic condition in these groups of patients and is irreversible especially in elderly patients. In younger patients, there may be an improvement in the quality and quantity of the saliva due to stimulation of the residual salivary glands.