DRY MOUTH

Health Education England



ASK

- Cause
- Anxiety
- Diabetes
- Dehydration
- Head & Neck Radiotherapy or Chemotherapy
- Sjögren's syndrome (Dry eyes and dry mouth)
- Diuretics
- Antihistamines
- Antidepressants
- Diet High sugar or salty diet
- Change of medication



ADVICE

- Suggest
- Regular sips of plain water (try to avoid sugarcontaining drinks or sweets due to caries risk)
- Saliva stimulants
- Sugar free gum to stimulate saliva production
- Artificial saliva substitutes
- If the cause is due to medications then a medical consultation is required

FOLLOW UP

- Regular dental checks-ups
- Practice self-care by brushing twice daily and use interdental cleaning aids

- Chronic dry mouth is a risk factor for tooth decay – brush twice daily with fluoride toothpaste (try sodium lauryl sulphate free if the toothpaste is a possible cause of soreness) and use fluoride mouthwash after meals
- Seek advice from a dentist for long term oral care management
- Patients may require high fluoride toothpaste as prescribed by the dentist
- Persistent symptoms may require referral to a specialist via the dentist to exclude other causes such as Sjögren's syndrome



ALERT

• Patients with a dry mouth who are unable to function (eat, drink, speak) properly require an urgent dental assessment



PHARMACY PRODUCT

- Saliva substitutes
- Saliva stimulants (sugar free and non-acidic if natural teeth present)
- Sugar free chewing gum
- Fluoride mouthwash

PHARMACY DENTAL FACT SHEET

www.hee.nhs.uk

We work with partners to plan, recruit, educate and train the health workforce.

Ask

- How long have you had dry mouth for?
- Is it affecting eating?
- What have you done to relieve symptoms?

