Salivation can be diminished by dryness of the mouth. diuretics, used as medication can also be the reason for such as psychotropic agents and antihistamines and greater risk of developing Xerostomia. Anticholinergics, become thick and viscous. Thus, this makes the elderly at a amount of ptyalin decreases and mucin increases, saliva can saliva or reduced salivary flow. Patients may have increased difficulty during mastication and swallowing of food. Reduced retention of dentures may also drive the patients to compromised emotional wellbeing and reduced quality of life.[3]

Incorporation of artificial salivary reservoir in dentures has been proposed in patients suffering from Xerostomia which makes denture wearing a successful one to affected individuals.[4] This modified dentures provides good lubrication of oral tissues in denture wearing patients. The purpose of this review is to outline for clinicians the common etiologies, clinical identification, and routine therapeutic modalities available for individuals with xerostomia.

2. Etiological Factors

Xerostomia is often related with aging process but it is mostly a problem of systemic or extrinsic origin. Saliva seems to undergo chemical changes with aging. As the amount of ptyalin decreases and mucin increases, saliva can become thick and viscous. Thus, this makes the elderly at a greater risk of developing Xerostomia. Anticholinergics, such as psychotropic agents and antihistamines and diuretics, used as medication can also be the reason for dryness of the mouth.

Salivation can be diminished by

- Chronic mouth breathing
- Radiation therapy

Xerostomia can lead to dysgeusia, glossodynia, sialadenitis, cracking and fissuring of the oral mucosa, and halitosis. Oral dryness can affect denture retention, mastication, and swallowing. [5] Individuals with xerostomia also complain of problems with eating, speaking, swallowing, and wearing dentures.[9] Some people also complain of salivary gland enlargement or changes in taste. Lack of saliva may predispose one to oral infections, such as candidacies, and increase the risk of dental caries, because patients are at risk for dental caries, they should be referred to a dentist for preventive care.[3]
Xerostomia in Complete Denture Wearers:

A study by John Wiley and sons reveals that denture wearers are more suspected to dry mouth which leads to oral infection.[10] Xerostomia can be diagnosed by various tests like measurement of the unstimulated saliva, stimulated saliva, level of salivary secretion of endocrine gland and he palatal salivary glands[4]. Denture wearers with dry mouth are more prone to fungal infections by opportunistic fungi like Candida albicans. It can also lead to mouth ulcer, bleeding gums, gingivitis, periodontitis and tooth decay especially around the gum line. The most common side effect of dry mouth is bad breath along with sore throat. It might rarely lead to diabetics ketoacidosis, burning mouth syndrome, taste disorders and dehydration.

Majority of xerostomic participants with different sets of complete dentures were dissatisfied with oral infection. Most of the studies suggest that there is significant relation with dry mouth age, female gender and smoking status. Dental adhesive noticeably improved retention and stabilization of dentures but is also necessary for the treatment of the cause and symptoms of xerostomia. It has been stated that excess of zinc from denture adhesives leads to bone marrow suppression.[11]

4. Management of Xerostomia


Saliva preservation

Patients suffering from xerostomia must first identify the underlying cause which is the first step in the treatment. Avoid drinking liquids which will cause dryness of mouth like alcohol, tobacco and drinks.[4]

Saliva substitution:

There are many saliva substitute products which can keep the mouth moist and more lubricated which include tooth paste, rinses, gels and sprays.

Saliva stimulation:

Using drugs which will stimulate saliva secretion might be used. Drugs like pilocaprine or salagen, evoxac can stimulate saliva secretion.[11] Dry mouth symptom can be treated with hydration and sialogogues or with artificial salivary substitutes(e.g.: -Biotene). In patients with Sjogren's syndrome and in those who have undergone radiation therapy, pilocaprine has been used recently with good results.[5] Management of the individual patient with Xerostomia includes assessment of salivary gland function, replacement therapy, and prevention of caries and oral candidiasis. Early recognition and management of Xerostomia may prevent devastating dental disease and help to improve the quality of life.[9]

Prevention of caries:

Cavities, gingivitis, periodontal infection and fungal infection are common complications of a dry mouth. Dentures often harbor fungal infection, so they should be soaked in 1% bleach or chlorhexidine. They may require proper antifungal treatment.[12]. Products containing sodium lauryl sulphate must be avoided as they can contribute to aphthous ulcer or canker sores. Dentures should be own only during day and not during night. Xerostomic patients are recommended to floss and brush regularly.[4]

Saliva reservoirs

To help overcome the xerostomic problem, a number of techniques have been proposed for incorporating salivary reservoir which contains salivary substitutes, into dentures. Reservoir dentures are in the ready access to the reservoirs, both to the patient as well as for professional attention further helping the patients overcome the xerostomic condition.[13]

5. Conclusion

Significant association of the perception of dry mouth among denture wearers with oral symptoms and function. Xerostomia is significantly associated with increased age and smoking. Xerostomia adversely affects oral functions and overall satisfaction with dentures. Dry mouth [Xerostomia] may lead to loose dentures, irritations, sores and possible infection for denture wearers. Clinician needs to identify the possible cause for the xerostomia condition and provide the patient with appropriate treatment.

References

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