• Rinsing with a chlorhexidine mouthwash (Corsodyl) twice daily roughly three days a week
• Using any antifungal treatments recommended by your doctor

Infection of salivary glands:
This is rare and can be avoided by adopting the above advice. It is often treated with antibiotics. If you have any questions about treatment or side effects please discuss it with your doctor.

Practical measures:
• Sip frequent amounts of water or milk
• Keep water by your bedside
• Reduce caffeine and alcohol intake which may dehydrate you further
• Suck ice cubes
• Apply Vaseline regularly to dry, cracked lips
• Avoid dry and spicy foods
• Reduce smoking

Replace missing saliva with saliva substitutes:
Your doctor may choose to prescribe artificial saliva such as Glandosane® & Saliva Orthana® sprays, or gels such as Biotene OralBalance® which can be used on a regular basis.

Contact
Department of Oral Medicine
Address: The Eastman Dental Hospital
256, Gray’s Inn Road
London WC1X 8LD
Telephone: 020 3456 1175
Website: www.uclh.nhs.uk

For further information please contact
Webites: www.patient.co.uk
www.nhs.uk/conditions/dry-mouth/
www.dentalhelpline.org.uk
www.sjogrens.org
www.bssa.uk.net

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Telephone: 020 3456 5076.

We will try our best to meet your needs.
Dry mouth is the most common salivary gland problem. It is a sense of dryness that may be due to reduced salivary flow or changes in the composition of the saliva.

**What are the causes of dry mouth?**
- Medicines: Antidepressants, anti-histamines, diuretics (water tablets), tranquillisers and many other drugs can often cause a dry mouth.
- Anxiety
- Dehydration
- Irradiation/Radiation therapy to the head and neck region
- Chemotherapy
- Age
- Nerve damage: Injury to the head or neck can damage the nerves that tell salivary glands to make saliva. Some people feel a dry mouth even if their salivary glands are working correctly. People with certain disorders, like Alzheimer’s disease, or those who have suffered a stroke may not be able to feel wetness in their mouths.
- Mouth Breathing
- Diseases of the salivary gland: The most common is Sjogrens syndrome. This is an autoimmune condition affecting the salivary glands (causing dry mouth), tear glands (resulting in dry eyes) and possibly joints (arthritis). Less common causes include Sarcoidosis, Hepatitis C, HIV & Cystic fibrosis.

**What are the symptoms of dry mouth?**
You may experience some of the following:
- Excessive thirst
- Difficulties with:
  - Eating
  - Speaking
  - Swallowing
  - Wearing dentures
- Burning sensation
- Disturbed taste
- Cracked / sore lips
- Tongue sticks to the palate

**How is dry mouth diagnosed?**
**Sialometry:** measuring the amount of saliva produced over 15 minutes, by spitting into a volumetric tube.
**Sialography:** introduction of a dye into the salivary glands to observe the flow rate.
**Scintiscanning:** An injection that is taken up by the salivary glands is given and followed by scanning at intervals to measure the amount of saliva produced.
**Imaging:** Ultrasound
**Blood tests:** To check for nutritional deficiencies, signs of inflammation, connective tissue diseases, arthritis, diabetes and viruses.

**Salivary gland biopsy:** the removal of a few small glands from the inside of your lower lip under local analgesia.

**Schirmer’s test:** To confirm dry eyes paper strips are inserted into the eye for several minutes to measure the production of tears.

**Treatment of dry mouth**
If possible, we try to treat the underlying cause, e.g. If drug related, we may ask your GP to prescribe a different drug or reduce the dose.

**What complications can arise from a dry mouth and how are they treated?**

**Dental decay:**
Avoid by:
- Reducing sugar intake, especially in between meals
- Avoiding sticky foods like toffee
- Brushing your teeth at least twice daily with a fluoride toothpaste
- Using a fluoride alcohol free mouthwash daily

**Thrush:**
Avoid by:
- Keeping your mouth clean
- Keeping your mouth as moist as possible
- Leaving dentures out at night