

Dry Mouth

Speech & Swallowing Issues in Parkinson's



Xerostomia or dry mouth can be exacerbated by the medications (particularly anticholinergics) used to treat it. In the simplest of terms dry mouth is a condition that results in decreased saliva production. Saliva is not only necessary, but important in maintaining good oral health, and assisting with the breakdown of food, swallowing and speech.

People with Parkinson's can experience varying degrees of dry mouth which can contribute to cavities, gingivitis, periodontal disease and mouth infections (ie: oral thrush), impact swallowing, and affects one's ability to speak and eat. It can also cause a burning/tingling sensation in one's mouth, loss of taste, chapped lips, bad breath, a dry/sore throat, and even difficulty wearing dentures.

Your doctor, dentist and/or pharmacist can provide direction on how to manage symptoms of dry mouth; which may include adjustments to your medications made by your treating physician. Other treatment options are available for dry mouth; these are typically divided into the following four categories:

Saliva preservation: When saliva production is low, it is important to do as much as possible to keep one's mouth as moist as possible and limit things that can dry the mouth out. These include (but are not limited to):

- avoid caffeine, soda, alcohol and tobacco, which all contribute to dry mouth;
- try to breathe through the nose as much as possible, and limit mouth breathing;
- use a humidifier to introduce more moisture into a room or at bedside can be helpful, especially while sleeping.

check with your doctor before using antihistamines or decongestants, as they can dry the mouth out as well.

Saliva substitution: There are many treatment strategies to help replace the moisture that saliva

provides to the mouth. These include, but are not limited to:

- drinking water frequently throughout the day;
- sucking ice chips throughout the day will help the mouth remain as moist as possible;
- an alcohol-free mouthwash can be helpful, as alcohol-based products will only cause further mouth dryness;
- artificial saliva substitutes and oral lubricants (liquids/sprays/gels) can provide temporary help during eating and speaking;
- moisturize lips with a balm or petroleum jelly.

Saliva stimulation: While the aforementioned saliva substitution replaces natural saliva; a saliva stimulant increases the natural production of saliva. Stimulants include, but are not limited to:

- chewing gum (sugar free)
- sugar free mints, lozenges, or other hard candies can also help stimulate the salivary glands;
- prescription medications that help increase salivary flow.

Prevention of dental issues and infection (oral thrush/*Candida*): Cavities, gingivitis, periodontal disease, and oral infections are common problems of dry mouth. Dry mouth makes plaque control more difficult, so oral care and hygiene are essential in maintaining a healthy mouth. Incorporating a low sugar/low acid diet and daily use of antimicrobial rinses to combat the effects oral dryness has on the teeth and oral tissues. Dentures often harbor fungal infections, so they should be cleaned daily.

Regular visits to the dentist are essential to help manage these issues and maintain a healthy mouth.

References

¹ *Cersosimo MG, Raina GB, Calandra CR, Pellene A, Gutiérrez C, Micheli FE, Benarroch EE. Dry Mouth: An Overlooked Autonomic Symptom of Parkinson's Disease. Journal of Parkinson's Disease, vol. 1, no. 2, pp. 169-173, 2011*