

Resource

Dry Mouth

Dry mouth is more common in people with RA, and this can have a big impact on oral health. Saliva is important for many reasons, including keeping the mouth clean and free from gum disease and infection.

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What is dry mouth?

[Dry mouth](#) or 'xerostomia' is a condition which affects the flow of saliva and is something that some patients with RA experience. Your mouth needs saliva to be able to work properly. Saliva is important as it:

- Keeps your mouth comfortably moist.
- Helps you to speak.
- Helps you to swallow.
- Helps to break down your food.
- Acts as a cleanser – it is constantly washing around your mouth and teeth, fighting [decay](#), gum disease and infections by helping to keep your mouth clean.
- Helps keep in (complete) dentures.

Dry mouth symptoms

- You may notice a change in taste and dry foods feeling gritty within the mouth.
- You may notice an increase in cuts/grazes/burns/ulcers.
- Lack of moisture will lead to plaque and food debris being more stagnant as the protective washing effect of saliva is diminished.
- Some people feel that their saliva has become thick and sticky, making it difficult to speak or swallow. Some people also have a 'prickly' or a burning sensation in their mouth.
- Certain foods may cause greater sensitivity, e.g. spicy foods, dry, crumbly foods and acidic foods/drinks.
- The mouth can become sore, and there is a higher risk of tooth decay, [gum disease](#) and infections. In some cases, the mouth can also become red and shiny.

If you are suffering from any of these symptoms, it doesn't necessarily mean that you have dry mouth, but it may be best to talk to your dentist or doctor about it.

Causes of dry mouth

Dry mouth may be caused by Sjögren's syndrome or be a side-effect of medication (see ['RA medication and the mouth'](#)).

Sjögren's syndrome is a chronic autoimmune disease in which a person's immune system attacks glands that secrete fluid, e.g. tear and salivary glands. This results in less fluid being produced by the glands. Patients with Sjögren's syndrome, therefore commonly have dry eyes and a dry mouth.

Sjögren's syndrome is usually classified by a clinician as either primary or secondary. Primary Sjögren's syndrome develops by itself (i.e. not as a result of another condition) and secondary Sjögren's syndrome develops in combination with another autoimmune disease such as RA.

However, this classification does not always correlate with the severity of symptoms or complications. Primary Sjögren's and Secondary Sjögren's patients can all experience the same level of discomfort, complications and severity of their disease.

If you become aware of any symptoms of dry mouth and/or eyes, please discuss it with your dentist (mouth only), GP or rheumatologist. If it is as a result of your RA medication, your rheumatologist may be able to adjust your medication, though this may not always be possible.

Please be aware that it is normal to have a dry mouth first thing in the morning and that dry mouth can also be part of the natural ageing process.

What can I do about my dry mouth?

Your dentist, dental therapist or hygienist won't be able to help with the cause of your dry mouth but will be able to help keep your mouth clean and help prevent tooth decay and gum concerns. They will also be able to give [dietary advice](#) such as cutting down on sugar and acid intake to reduce the risk of tooth decay and [erosion](#). Sugar substitutes such as xylitol can be used, for example.

Try the following tips:

- Keeping hydrated – sip (not gulp!) water or sugar-free drinks frequently during the day.
- Avoid drinks which dry the mouth, such as caffeine-containing drinks (tea, coffee, some soft drinks) and alcohol.
- Avoid tobacco as this has a drying effect.
- Use a humidifier (or a wide bowl of water) in your bedroom at night to keep the air full of moisture.
- Chew [sugar-free gum](#) or sugar-free sweets to stimulate saliva flow (though this may not be possible if you also suffer from jaw joint pain).
- Try using a toothpaste without the foaming ingredient sodium lauryl sulphate as it can cause irritation to an already dry mouth. However, do make sure the toothpaste still contains [fluoride](#) to help keep teeth strong.

Your dentist or GP may be able to prescribe certain saliva replacement products such as artificial saliva, which can provide useful relief from dry mouth; the gel will have a neutral pH (the scale used to measure levels of acidity) and contain electrolytes (including fluoride). [Normal NHS prescription charges apply](#).

Some large pharmacies also carry a range of over-the-counter dry mouth products including artificial saliva, gels, chewing gum and toothpaste. The two main brands are BioXtra and Biotène.

How can I keep my dentures in if I have a dry mouth?



Saliva is required as a lubricant to maintain the hold of dentures in the mouth. It helps create suction between the base of your denture and the ridge of gum tissue on which your denture sits. Therefore, with a dry mouth maintaining the position of dentures can become difficult. The use of artificial saliva will help to increase hold as well as using denture fixatives.

It is important to see your dentist to check the fitting surface of the denture, as an ill-fitting denture will

not help with natural hold in the mouth. It may be possible to reline your current denture, or it may be a better solution to make a new set with an improved design where possible.

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