Dry Mouth due to Radiotherapy

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Introduction

Why are salivary glands affected?

Radiation can damage the salivary glands leading to dry mouth. This is called “xerostomia”. The effect tends to occur early in the treatment and is long-lasting.

Some people experience thick, stringy saliva as well as a dry mouth. This is due to the salivary glands producing less of the watery part of normal saliva, leaving only the thicker part.

Why do you need saliva?

It helps you to:

- Keep your mouth clean.
- Reduce tooth decay.
- Chew and swallow food.
- Digest food.
- Taste.
- Speak.

Although the dry mouth will not go away there are things you can do to manage the problem.

Treatment for dry mouth

There are two main types of treatment:

1. **Saliva substitutes** – substances which aim to replace your own saliva

2. **Saliva stimulants** – these prompt your salivary glands to produce more of your own saliva

1. **Saliva substitutes**

   **Water:** Many people find that sipping water brings some relief but this may only last for a few minutes.
Artificial saliva: You use these when your mouth feels dry. They come as sprays, lozenges or gels which you use under or on your tongue. The effects generally last longer than water. Side effects are rare but may include nausea, diarrhoea, irritation of the mouth and unpleasant taste. There are various products on the market:

**Glandosane Spray:** This is often the most widely available product but it is acidic which can lead to increased risk of tooth decay. There are various flavours but the ‘neutral’ flavour may be best during or after radiotherapy.

**Saliva Orthana:** More similar to normal saliva and is thought to be more effective than Glandosane. However, it contains animal derivatives so some people may prefer not to use this type.

**BioXtra or Biotene Oralbalance:** Comes as a gel or gel spray. The gel may be longer lasting so especially useful at night.

**Xerotin:** Comes as a spray and contains no animal derivatives.

2. Saliva stimulants

These work by increasing the production of your own saliva.

**Pilocarpine (Salagen tablets):** This can be an effective treatment for dry mouth for some people after radiotherapy. It can, however, take up to 12 weeks to show an improvement. Pilocarpine is not recommended if you have certain medical conditions and there are some side effects. You will need to discuss this with your GP.

**Organic acids:** Some products contain fruit acids and are thought to increase saliva production. E.g. Salivix pastilles, SST tablets.

**Acupuncture:** This is thought to increase saliva production but has not been scientifically tested.

**Chewing sugar-free gum/mints:** This may help to stimulate saliva production through both taste and chewing/sucking of the product. However, many people find this too difficult after radiotherapy.

Some products are available over the counter but do tend to be expensive. Your GP can prescribe many of the products listed.
Reference


NHS Constitution. Information on your rights and responsibilities. Available at www.nhs.uk/aboutnhs/constitution
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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