

## **Dry Mouth by Other causes**

van Gils T et al. **Self-reported oral health and xerostomia in adult patients with CELIAC DISEASE versus a comparison group.** Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology (Impact Factor: 1.416), 2017, 124(2):152-156 [<https://www.ncbi.nlm.nih.gov/pubmed/28756881>]

### OBJECTIVES:

This study aimed to assess the impact of celiac disease (CD) on oral health and xerostomia.

### STUDY DESIGN:

Members of the Dutch Celiac Society (n = 5522) were invited to complete an online questionnaire based on the Oral Health Impact Profile 14 (OHIP-14) and Xerostomia Inventory (XI). Acquaintances and partners of the CD respondents served as the comparison group. In total, data of 740 patients with CD and 270 comparison participants were evaluated.

### RESULTS:

The median age of the responding patients with CD (55 years) was similar to the median age in the comparison group (53 years). Oral health problems, including aphthous stomatitis, painful mouth, and gingival problems, were more frequently reported by patients with CD. **Mean OHIP-14 score and the mean XI score were higher in the CD group than in the comparison group.** No significant effects of gender, age at CD diagnosis, or time on a gluten-free diet in mean OHIP-14 and XI scores were observed.

### CONCLUSIONS:

This study showed that **oral health problems are more commonly experienced in adult patients with CD than in the comparison group.** Collaboration between dentists and gastroenterologists is recommended to increase detection of undiagnosed CD.

Chamani G et al. **Assessment of relationship between xerostomia and oral health-related quality of life in patients with RHEUMATOID ARTHRITIS.** Oral Diseases (Impact Factor: 2.011), 2017, 23(8):1162-1167 [<https://www.ncbi.nlm.nih.gov/pubmed/28749607>]

### OBJECTIVE:

To determine the relationship between xerostomia and oral health-related quality of life in patients with rheumatoid arthritis.

### MATERIALS AND METHOD:

Two hundred patients with rheumatoid arthritis were assessed using Fox and OHIP-14 questionnaires concerning xerostomia and oral health-related quality of life, respectively. The sum of decayed, missing, and filled teeth (DMFT) was determined via an intra-oral examination.

### RESULT:

Among rheumatoid arthritis patients, **51% had been afflicted with xerostomia.** We found a statistically significant relationship between xerostomia and oral health-related quality of life, as xerostomia cases have significantly worse oral health-related quality of life. Also, there was a statistically significant association between oral health-related quality of life and gender as well as DMFT.

### CONCLUSION:

Because there seem to be a high prevalence of xerostomia in patients with rheumatoid arthritis, screening in such population is highly recommended. Therefore,

educational programs and/or workshops should be encouraged among healthcare providers to prevent worsening of oral health-related quality of life.

Larsen KR et al. **Oral symptoms and salivary findings in ORAL LICHEN PLANUS, ORAL LICHENOID LESIONS and STOMATITIS.** BioMed Central Oral Health (Impact Factor: 1.481), 2017, 29;17(1):103 [<https://www.ncbi.nlm.nih.gov/pubmed/28662707>]

**BACKGROUND:**

To examine if patients with oral lichen planus, oral lichenoid lesions and generalised stomatitis and concomitant contact allergy have more frequent and severe xerostomia, lower unstimulated and chewing-stimulated saliva and citric-acid-stimulated parotid saliva flow rates, and higher salivary concentration of total protein and sIgA than cases without contact allergy and healthy controls.

**METHODS:**

Forty-nine patients (42 women, aged  $61.0 \pm 10.3$  years) and 29 healthy age- and gender-matched subjects underwent a standardised questionnaire on general and oral health, assessment of xerostomia, clinical examination, sialometry, mucosal biopsy and contact allergy testing.

**RESULTS:**

Nineteen patients had oral lichen planus, 19 patients had oral lichenoid lesions and 11 patients had generalised stomatitis. 38.8% had contact allergy. **Xerostomia was significantly more common and severe in patients (46.9%) than in healthy controls, whereas the saliva flow rates did not differ.** The patients had higher sIgA levels in unstimulated and chewing-stimulated saliva than the healthy controls. The total protein concentration in saliva was lower in the unstimulated saliva samples whereas it was higher in the chewing stimulated saliva samples from patients when compared to healthy controls. The differences were not significant and they were irrespective of the presence of contact allergy.

**CONCLUSION:**

**Xerostomia is prevalent in patients with oral lichen planus, lichenoid lesions and generalised stomatitis,** but not associated with salivary gland hypofunction, numbers of systemic diseases or medications, contact allergy, age, or gender. Salivary sIgA levels were higher in patients than in healthy controls, but did not differ between patient groups. The total salivary protein concentration was lower in unstimulated saliva samples and higher in chewing-stimulated saliva samples in patients than in healthy controls, but did not differ between patient groups. Our findings do not aid in the discrimination between OLP and OLL and these conditions with or without contact allergic reactions.

Clague J et al. **Mechanisms underlying METHAMPHETAMINE-related dental disease.** The Journal of the American Dental Association (Impact Factor 2.150), 2017, 148(6):377-386 [<https://www.ncbi.nlm.nih.gov/pubmed/28457476>]

**BACKGROUND:**

The authors clarified the causal mechanisms underlying the high prevalence of dental disease encountered in people who habitually use methamphetamine (meth).

**METHODS:**

Using a stratified sampling approach, the authors conducted comprehensive oral examinations and psychosocial assessments for 571 study participants who used meth. Three calibrated dentists, who used National Health and Nutrition Examination

Survey (NHANES) protocols, characterized the study participants' dental disease. The authors also collected data related to study participants' history of meth use and other attributes linked to dental disease.

RESULTS:

**Study participants who used meth manifested higher rates of xerostomia and caries experience** compared with NHANES control participants. Participants who used meth had a higher level of daily consumption of sugary beverages compared with NHANES control participants. Smoking meth did not increase caries experience over other modes of intake. Dental hygiene was a significant determinant of dental health outcomes.

CONCLUSIONS:

Mode of intake and frequency of meth use have a minimal impact on dental health outcomes. Behaviors, such as sugary beverage consumption and poor oral hygiene, better explain dental health outcomes.

PRACTICAL IMPLICATIONS:

Having a better understanding of the causal mechanisms of "meth mouth" sets the stage for clinicians to provide more personalized interventions and management of dental disease in people who use meth.