## SCIENCE, THEORY AND PRACTICE

### MEDICAL SCIENCES

# EPISODES OF "DRY MOUTH" IN THERAPEUTIC DENTAL PRACTICE

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**Actuality:** The problem of "Dry mouth" or "Xerostomia" in medical language is being widely spread in recent years [1]. The symptom of "Dry mouth" in the oral cavity may occur as a result of hyposalivation (reduction of salivation) or asialia (complete cessation of salivation). Xerostomia can provoke diseases of internal organs (diseases of the gastrointestinal tract, psycho-emotional disorders) and oral organs (caries, glossalgia, periodontal disease and oral mucosa, paresthesia) [5].

A great part of patients that came for consultation and treatment to the Therapeutic dentistry department for the 2 years had complains on the feeling that there is not enough saliva in their mouth. [7] Mostly, they had such disturbance when being nervous, under stress or upset. Saliva as a part of mouth liquid plays a significant role in our body. It helps to chew, swallow and digest food; protects teeth from decay by remineralization processes; controls bacteria and fungi in the mouth; balance pH [2]. So, the lack of it may cause pathological condition itself or be a symptom of illness. [8] The most common reasons for such prosses are not appropriate work of salivary glands, side effects of some medicines (antihistamines, antipsychotics, beta-blockers,

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antidepressants, atropine-like drugs), radiotherapy, surgery to the head and neck, HIV/AIDS, diabetes [4].

Xerostomia has three stages of development: initial, clinically pronounced and late. It is important to diagnose this pathological condition in the early stages [6].

The **aim** of this piece of work, is to inform patients and to emphasize for professional in medical sphere main complains and complication of this condition.

**Materials and methods:** During 2018-2020 years we have examined 324 patients, both male and female (aged 18 to 50), who had complained on:

- ➤ difficulties in chewing, swallowing, and speaking
- > a burning feeling in the mouth
- > cracked lips

After clinical examination and questioning we noticed:

- ✓ great caries incendivity
- ✓ dry, rough tongues
- ✓ galitoses
- ✓ in anamnesis, such patients had high blood pressure, diabetes and lupus

According to the results of the questionnaire, patients with symptoms of xerostomia were selected, for whom we performed sialometry.

**Results and discussion:** After examining 324 patients, we found out that 12% of them had symptoms of "Dry mouth". But only 9% had objective xerostomia and the results of allometry were less than 0.2 ml / min. In the other 3%, salivation was within normal limits, but patients had a feeling of dry mouth due to hypersensitivity of the receptors of the oral mucosa.

They were recommended to: avoid drinks with caffeine and sodas, sip water or a sugarless drink during meals to make chewing and swallowing easier, chew sugarless gum to stimulate saliva flow; not to use tobacco or alcohol. They are to be aware that spicy or salty foods may cause pain in a dry mouth; use a humidifier at night. Their daily oral hygienic routine was corrected, they were recommended to use toothpastes with at least with 1500 ppm of fluoride. Pharmacological drugs were not prescribed, as additional examination is required with the involvement of general practitioners to determine the etiology of this pathological condition and concomitant pathology.

Thus, xerostomia is an urgent problem in modern dental practice. And prevention and timely detection of dry mouth prevents the development of complications, both general somatic and local - in the oral cavity. The question of finding the most effective drugs with minimal side effects for the symptomatic treatment of such patients remains open.

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