

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 processes are not appropriate work of salivary glands, side effects of some medicines (antihistamines, antipsychotics, beta-blockers,

3. Javaid MA, Ahmed AS, Durand R, Tran SD. Saliva as a diagnostic tool for oral and systemic diseases. *J Oral Biol Craniofac Res* 2016; 6(1):67-76. <https://doi.org/10.1016/j.jobcr.2015.08.006>.
4. Nederfors T et al. Prevalence of perceived symptoms of dry mouth in an adult Swedish population--relation to age, sex and pharmacotherapy *Community Dent Oral Epidemiol* 1997; 25:211-216
5. Shannon IL, McCrary BR, Starcke EN. A saliva substitute for use by xerostomic patients undergoing radiotherapy to the head and neck. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*, 1977, 44: 656-661
6. Thomson WM, Chalmers JM, Spencer AJ, Williams SM. The Xerostomia Inventory: a multi-item approach to measuring dry mouth. *Community Dent Health*, 1999 Mar, 16(1):12-7
7. Busato IM, Ignácio SA, Brancher JA, Grégio AM, Machado MA, Azevedo-Alanis LR. Impact of xerostomia on the quality of life of adolescents with type 1 diabetes mellitus. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*, 2009 Sep, 108(3):376-82
8. Ameri A, Heydarirad G, Rezaeizadeh H, Choopani R, Ghobadi A, Gachkar L. Evaluation of Efficacy of an Herbal Compound on Dry Mouth in Patients With Head and Neck Cancers: A Randomized Clinical Trial. *J Evid Based Complementary Altern Med*, 2016 Jan, 21(1): 30-3.