

Treatments for a dry mouth include:

1) Salivary substitutes. These include sprays and gels which can be sprayed or rubbed into the mouth when required. A number of salivary substitutes are available eg:

- Glandosane®
- Saliva Orthana®
- Biotene Oral Balance®
- Bio Xtra® Gel and Chewing Gum
- Salivex® Pastille

2) Sipping water or diluted sugar free drinks can help to keep the mouth moist.

3) Chewing sugar-free chewing gum can help to stimulate production of saliva

4) Specific salivary stimulant medications such as pilocarpine can cause some stimulation of salivary flow but are not always very effective and may have unwanted side-effects.

Written by Professor Stephen Porter at the Eastman Dental Hospital and adapted by the Specialist Nurses at the Royal Free Hospital.



The Scleroderma Society supports people with scleroderma and their families by providing:

- educational literature
- a telephone helpline
- a comprehensive website & forum
- a newsletter with research information
- member contact
- informal group meetings
- an annual conference

We also work to promote awareness of scleroderma among the medical profession and general public in order to improve early diagnosis and prognosis. We fund medical & scientific research in the UK and are a founder member of FESCA (Federation of European Scleroderma Associations), working to forward the cause of people with scleroderma throughout Europe.

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PO Box 581

Chichester

PO19 9EW

020 7000 1925

info@sclerodermasociety.co.uk

Helpline 0800 311 2756

www.sclerodermasociety.co.uk

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Scleroderma Oral Problems

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Sclderoderma Oral Problems

Sclderoderma is an umbrella term used to indicate a spectrum of disorders. Often medical professionals use the term “scleroderma” when they talk about systemic sclerosis.

Systemic sclerosis can give rise to a variety of oral problems, the most common ones being:

- Reduced mouth opening (microstomia)
- Dry mouth (xerostomia)
- Oral ulcers (common in patients taking immunosuppression)
- Denture problems

Good Mouth Care in Scleroderma

Good mouth care is essential for patients with scleroderma. Helping to keep the mouth free of dental decay (caries) and gum disease (gingivitis), lessening the discomfort associated with mouth dryness and exercises to prevent a small mouth are all important aspects of mouth care.

Toothpaste and Toothbrush

Toothpaste aids the removal and prevents the formation of plaque and tartar, provides fresh breath and a pleasant tasting mouth and can provide fluoride, antimicrobials and desensitising agents.

As fluoride has no notable oral or other side-effects, patients with scleroderma are advised to use a fluoride-containing toothpaste. Fluoride mouthwashes are also available and are particularly recommended for patients who have a dry mouth as they may be particularly at risk of dental decay. Fluoride mouthwashes can be used on a weekly or daily basis and may be given in addition to fluoride-containing toothpaste.

The ideal toothbrush should have nylon bristles of an even length and be of medium hardness. A toothbrush should be small enough to be easily placed in the mouth and yet be suitably designed to effectively remove all the dental plaque – a

toothbrush head of about 1cm length is usually sufficient.

A variety of toothbrushes are available:

Angled Brushes: To facilitate access to areas of the mouth that are difficult to reach. These often have small heads and flexible handles and are therefore ideal for patients with scleroderma.

Altered Filament Length Brushes: The middle row of filaments are shorter than the outer rows. These brushes clean above and below the tooth without causing overbrushing. These are excellent for patients with generally healthy mouths.

Easy-Grip Brushes: These are particularly useful for patients who do not have the strength to grip closely or firmly. A toothbrush handle can be enlarged by fixing a ball of sponge rubber, nail brush or bicycle handle grip to the brush handle.

Extended-Handle Brushes: These are particularly effective for patients who cannot raise their arms. Two toothbrush handles can be glued or taped together or a tongue depressor can be taped to the brush handle.

Electric Toothbrushes: These are increasingly popular and are often more effective than ordinary brushes in removing plaque. They are ideal for patients with scleroderma who have limited manual dexterity. Electric toothbrushes are often light and easy to hold.

Oral Ulceration

Oral ulceration is often seen in immunosuppressed patients and is a common side-effect of the many disease-modifying drugs (such as mycophenolate mofetil (MMF), methotrexate, cyclophosphamide) taken by patients with scleroderma.

The best treatment for mouth ulcers are those which contain a small amount of steroid such as Corlan[®] pellets or Adcortyl in Orabase[®]. These are available over the counter as well as

on prescription.

Preparations containing local anaesthetic such as Anbesol[®] and Rinstead pastilles[®] and salicylate gels such as Bonjela[®] and Teejel[®] can help with the pain but not with healing.

Denture Problems

Scleroderma can give rise to problems with dentures. The upper denture can become easily dislodged causing rubbing and ulceration of the adjacent mouth lining. This can be minimised by applying synthetic salivary substitutes to the fitting surface of the denture and having the denture regularly checked and/or modified.

Small Mouth (Microstomia)

A small mouth in scleroderma is caused by a general tightening of the skin over the face which makes lip and mouth movements as well as oral hygiene difficult. Mouth stretching and facial exercises are helpful (please ask your doctor or nurse for the information sheet on facial exercises).

Dry Mouth (Xerostomia)

A permanently dry mouth can cause difficulty in speech and swallowing and is very uncomfortable for the sufferer. In scleroderma a dry mouth is usually the consequence of loss of saliva due to some destruction of the salivary glands. However many medicines may make the mouth dry as a side effect and if you have a very dry mouth it may be helpful for your doctor to review your medications with this in mind.

Saliva performs several protective functions in the mouth. Lack of saliva increases the liability to caries, gingivitis, fungal infections of the mouth and bacterial infections of the salivary glands. Finally a lack of saliva can lessen the retention of dentures.