Xerostomia and hyposalivation are not such ‘dry’ subjects

The opening plenary session, ‘Xerostomia and Hyposalivation: Mechanisms and Solutions,’ at the European Association of Oral Medicine Meeting

By Lisa Townshend, Dental Tribune U.K. Edition

The 10th biannual meeting of the European Association of Oral Medicine (EAOM), held in London, was a truly collaborative effort. Organised by the EAOM and London’s three dental schools (King’s College London, Queen Mary University of London and the Eastman Dental Institute of University College London) and supported by GSK, the conference highlighted the importance of oral medicine in diagnosing and treating conditions such as xerostomia and hyposalivation.

The opening plenary session of the main part of the conference was dedicated to this topic. After opening remarks by Baroness Gardner of Parkes and Chief Dental Officer for England Dr. Barry Cockcroft, it was time to turn over the session to the two chairs, Prof. Isaäc van der Waal (head of the department of oral and maxillofacial surgery and oral pathology of the VU University Medical Center/ACTA Dental School, Amsterdam) and Prof. Crispian Scully, CBE (director of special projects at the UCL-Eastman Dental Institute and professor of special care dentistry, University College London).

After setting the scene for the session, they introduced the first speaker, Prof. Stephen Porter. Porter is director and professor of oral medicine of UCL Eastman Dental Institute. His presentation, “Hyposalivation: Prevalence, assessment, differential diagnosis and quality of life impact,” gave a general overview of the problem of xerostomia in terms of prevalence.

He discussed the age factor in the condition, as well as issues such as immune-suppressant disease and drug/radiotherapy treatments. He also looked at the issue of the dental profession, which evaluates patient maturity and stability, obtains and evaluates a credit report, and returns a credit “grade” and a payment plan recommendation in seconds. ZACC evaluates credit risk in exactly the same fashion as a bank loan officer, but does not affect your patient’s credit score.

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About the author

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from the point of view of the patient, whose quality of life can be affected because of reduced sleep and impaired eating function.

Next to speak was Dr. Jackie Brown, specialist in oral and maxillofacial radiology. She is a consultant in dental and maxillofacial radiology at Guy's and St. Thomas' Hospitals Foundation Trust, and is senior lecturer at King's College London Dental Institute. He discussed Mr. Gage’s presentation with “Systemic disease associations of hyposalivation.” Price has a specialist interest in Sjögren’s Syndrome and runs a specialist Sjögren’s clinic at the Great Western Hospital in Swindon.

She discussed the condition in more detail and highlighted that along with dry eyes and mouth, tiredness and fatigue are also common symptoms. She also discussed the condition’s association with thyroid disease and osteoarthritis.

Next, Prof. Sue Lightman, Medical Research Council senior clinical fellow and senior lecturer at the Institute of Ophthalmology and consultant ophthalmologist at Moorfields Eye Hospital in London, looked at “Ocular associations of xerostomia.” Price has a special-interest in Sjögren’s Syndrome and allowed Jonsson’s presentation with tissue to be dry.

He stressed that biopsies are very important for diagnosis and understanding the pathogenesis of the condition. Detailing various studies, Jonsson hypothesised that it might be a virus that triggers the inflammation.

Again focusing on Sjögren’s Syndrome, Dr. Elizabeth Price then followed Jonsson’s presentation with “Systemic disease associations of hyposalivation.” Price has a specialist interest in Sjögren’s Syndrome and runs a specialist Sjögren’s clinic at the Great Western Hospital in Swindon.

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Next, Prof. Sue Lightman, Medical Research Council senior clinical fellow and senior lecturer at the Institute of Ophthalmology and consultant ophthalmologist at Moorfields Eye Hospital in London, looked at “Ocular associations of hyposalivation.” She detailed how quickly dry eyes can occur and how conditions such as Sjögren’s Syndrome are initiated.

The final speaker of the session was Dr. Philip Fox, visiting scientist at the department of oral medicine, Carolinas Medical Center, in Charlotte, N.C., and an independent biomedical consultant focusing primarily in the area of clinical trial design and analysis.

This was the part of the session where it took a more practical turn as it focused on the treatment of patients suffering with xerostomia.

The first thing clinicians have to remember, Fox said, is at the end of the day we have to treat patients. One thing clinicians can do is encourage patients to chew and stimulate the masticatory function.

Fox also looked at other different ways of trying to manage xerostomia, including different formulations such as Biotene produced as gels, gums and mouth rinses.

He concluded by saying that one of the most important issues a clinician can consider is the patients and what makes the mouth feel moist and comfortable for them.

This session was a very detailed look at some of the causes of xerostomia and hyposalivation and allowed delegates to get a better understanding of how these conditions affect salivary flow; as well as get an update in the thinking behind many of the products clinicians can recommend to patients for relief.