Prevalence of xerostomia and factors associated with oral health

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Resumo

Xerostomia is a disease popularly known as "dry mouth" and can be temporary or chronic. Its symptoms are related to hyposalivation, due to a decrease or not in the salivary glands (submandibular, sublingual and parotid), the use of medication, systemic diseases and head and neck radiotherapy. It is capable of altering the quality and quantity of saliva, which performs numerous functions, such as: tissue hydration, tooth cleaning, lubrication, protection, oral pH regulation, phonetics and swallowing, and is basically composed of water, proteins and electrolytes. The keywords used for the searches were xerostomia, dry mouth, saliva, hyposalivation, palliative care. Ten articles from 2005 were found in the Scielo and Google Scholar databases. The sensation of dry mouth or xerostomia can be the result of some diseases, such as diabetes mellitus (DM), and can be a side effect of some medications, such as hypotensive/diuretics, tricyclic antidepressants and antihistamines. In patients with decompensated diabetes, the predominance of xerostomia is linked to dehydration, hyperglycemia, kidney problems and medications used to treat the disease, which can increase the rates of periodontal disease and caries. Another cause of xerostomia is head and neck radiotherapy. Currently, the main causes of head and neck cancer are smoking and alcohol consumption. Radiotherapy causes reactions that destroy tumor cells through ionizing radiation and, consequently, the salivary glands are affected, causing discomfort, decreased stimulation, impaired speech and chewing. Therefore, when we analyze the prevalence of xerostomia, we realize how much diabetes mellitus and head and neck radiotherapy can intervene in the functions of saliva, which is an important factor for our oral health. Dentists should advise patients on the best course of treatment, such as increasing salivary flow with medication and stimulants, the use of artificial saliva, chewing gums and dental follow-up at least every six months, reinforcing good oral hygiene.

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