

The simplest question
could make a real
difference...

...is it time to ask
your patients
about dry mouth?



biotène[®]
for dry mouth

Uncover a silent condition

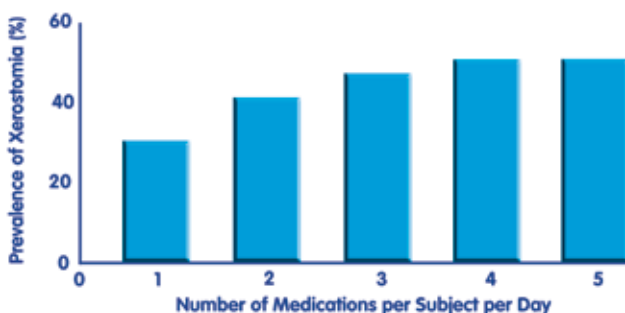
Approximately 20% of people suffer symptoms of dry mouth¹, however, dentists do not routinely ask about dry mouth when screening patients during dental checkups². Four easy steps for incorporating dry mouth into your routine clinical practice:

Step 1:

Medical history – certain conditions, e.g. diabetes, Sjögren's syndrome, are linked with dry mouth

Step 2:

Drug history – more than 400 medicines including tricyclic antidepressants and antihistamines can cause dry mouth³ and the prevalence is directly related to the total number of drugs taken^{4,5}



Adapted from⁵

Step 3:

Subjective evaluation – four key validated questions on salivary flow rates:⁶

- Do you have any difficulty swallowing any foods?
- Does your mouth feel dry when eating a meal?
- Do you sip liquids to aid in swallowing dry food?
- Does the amount of saliva in your mouth seem to be too little, too much or you do not notice?

Step 4:

Clinical assessment should include:

- **Mirror 'stick' test** – place the mirror against the buccal mucosa and tongue. If it adheres to the tissues, then salivary secretion may be reduced



Image courtesy of Professor Challacombe, Kings College London Dental Institute at Guys, Kings College and St Thomas' Hospitals

- **Saliva pooling** – is there saliva pooling in the floor of the mouth? If no, salivary flow rates may be abnormal
- **Changes in caries rates and presentation** – look for unusual sites, e.g. incisal, cuspal and cervical caries

Dry mouth symptoms may not appear until salivary flow rate is reduced to 50% of normal^{7,8,9}

When to refer

If systemic disease, e.g. Sjögren's syndrome, is suspected, patients should be referred to a doctor or specialist as appropriate

The Biotène system

The Biotène system has been appropriately formulated to relieve dry mouth

The Biotène formulations help supplement saliva's natural defences, providing some of the missing salivary enzymes and proteins in patients with xerostomia and hyposalivation to replenish dry mouths

Saliva's natural defences contain a mixture of proteins and enzymes, each of which plays a specific role:¹⁰

- **Protein**
 - Lactoferrin – chelates iron. Deprives bacteria of iron, which is essential for bacterial growth
- **Enzymes**
 - Lysozyme – disrupts cell walls of bacteria, resulting in cell death
 - Lactoperoxidase – synthesis of hypothiocyanite, a potent antimicrobial agent

The Biotène formulations supplement natural saliva

The Biotène formulations deliver these vital salivary components to help:

- Maintain the oral environment and provide protection against dry mouth
- Supplement saliva's natural defences – weakened in a dry mouth

4 Steps to diagnosing dry mouth

- Step 1: Medical history**
- Step 2: Drug history**
- Step 3: Subjective evaluation**
- Step 4: Clinical assessment**

The Biotène system – for dry mouth

The Biotène range allows people to choose the appropriate products to fit in with their lifestyles:

Products specially formulated for dry mouth

Biotène Oralbalance Saliva Replacement Gel – for relief of dry mouth
Biotène Oralbalance Liquid



Hygiene Products Everyday use products

Biotène Fluoride Toothpaste
Biotène Moisturising Mouthwash



The range is appropriately formulated for individuals experiencing dry mouth or related oral irritations.

- Alcohol free
- Sodium Lauryl Sulfate (SLS) free
- Mild flavour

- **Approximately 20% of people suffer symptoms of dry mouth¹**
- **Check patients for symptoms at every visit using the four steps of diagnosis**
- **Biotène is specially formulated for people with dry mouth**

biotène[®] for dry mouth

1. Billings RJ. Studies on the prevalence of xerostomia. Preliminary results. Caries Res. 23:Abstract 124, 35th ORCA Congress 1989 2. Navazesh M. 'How can oral health care providers determine if patients have dry mouth?' JADA 2003. 134: 613-620 3. Eveson JW. 'Xerostomia'. Periodontology 2000. 48: 85-91 4. Sreebny LM, Schwartz SS. 'A reference guide to drugs and dry mouth – 2nd edition'. Gerodontology 1997. 14: 1; 33-47 5. Sreebny LM, Valdini A, Yu A. Xerostomia. Part II: Relationship to non oral symptoms, drugs and diseases. Oral Surg, Oral Med, Oral Pathol 1989; 68:419-27. 6. Fox PC, Busch KA, Baum BJ. 'Subjective reports of xerostomia and objective measures of salivary gland performance'. JADA 1987. 115:581-584 7. Dawes C. 'How much Saliva Is Enough for Avoidance of Xerostomia?'. Caries Res 2004. 38: 236-240 8. Dawes C: Physiological factors affecting salivary flow rate, oral sugar clearance, and the sensation of dry mouth in man. J Dent Res 1987; 66 (special issue): 648-653 9. Wolff MS, Kleinberg I: The effect of ammonium glycopyrrolate (Robinul)-induced xerostomia on oral mucosal wetness and flow of gingival crevicular fluid in humans. Arch Oral Biol 1999; 44:97-102 10. Tenovuo J. 'Clinical applications of antimicrobial host proteins lactoperoxidase, lysozyme and lactoferrin in xerostomia: efficacy and safety'. Oral Diseases 2002. 8: 23-29.

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