

Therapy of oral problems in primary Sjögren's syndrome

Downen Birkhed

Department of Cariology, Faculty of Odontology, Göteborg University, Göteborg, Sweden

Sjögren's syndrome results in reduction of salivary flow, both of the major and minor salivary glands. The patients frequently experience problems with oral discomfort and sources, candidosis, alterations in taste and difficulties in speaking and swallowing (1). Another consequence of xerostomia for patients with Sjögren's syndrome is the increased risk of developing rapid dental caries (2). The reason for this is that saliva plays an important role for both de- and remineralisation of the tooth surfaces. However, there are no indications from the literature that Sjögren's syndrome results in problem with periodontal disease (3).

Local and Systemic Therapy of Oral Dryness

For patients with dry mouth it is important to recommend saliva stimulating products on the market. A recent multicentre study shows that both chewing gums and lozenges can give relief (4). However, no long-term effect was found. In severe cases of dry mouth, saliva substitutes should be recommended (4). They are available both as mouth rinse solution and as spray. Various viscous-increasing substances have been tested, like carboxymethylcellulose and mucin. For systemic treatment of xerostomia, oral pilocarpine may be used (5). A recent study in patients with Sjögren's syndrome showed positive results using 5-mg pilocarpine tablets 4 times daily for 12 weeks (6).

Caries Prevention

Since there is an increased risk for dental caries at dry mouth - and since caries can ruin the teeth within a relatively short period of time - it is important to offer the caries prevention as early as possible in the treatment. Three main strategies should be considered: 1) use of fluorides 2) dietary recommendations, and 3) plaque control. Especially the use of fluorides is important in this context. Daily use of a mild fluoride toothpaste and of fluoride-containing mouth rinse solutions have a strong effect against dental caries. Fluoride tablets and chewing gums may be used as supplements. Professional (topical) application of fluoride varnish or fluoride gel should be carried out several times a year.

Treatment of Oral Candidosis

There is a certain risk for developing of oral candidosis in dry mouth patients, especially for those wearing dentures. In order to prevent candidosis, saliva stimulation with lozenges and with chewing gums is important as well as good oral hygiene of the dentures. If candidosis is diagnosed, it is important to give antimycotic treatment during several weeks, or even longer, in order to cure the disease (7).

References

1. Lundström IMC, Lindström FD. Subjective and clinical oral symptoms in patients with primary Sjögren's syndrome. *Clin Exp Rheumatol* 1995; 13: 725-731.
2. Birkhed D, Heintze U. Salivary secretion rate, buffer capacity, and pH. In: Tenouvo J (ed) *Human saliva: clinical chemistry and microbiology*, volume I, page 25-73. CRC Press 1989.
3. Ravald N, List T. Caries and periodontal conditions in patients with primary Sjögren's syndrome. *Swed Dent J* 1998; 22: 97-103.
4. Björnström M, Axéll T, Birkhed D. Comparison between saliva stimulants and saliva substitutes in patients with symptoms related to dry mouth. *Swed Dent J* 1990; 14: 153-161.
5. Wiseman LR, Faulds D. Oral Pilocarpine: a review of its pharmacological properties and clinical potential in xerostomia. *Drugs* 1995; 49: 143-155.
6. Vivino FB, Al-Hashimi I, Khan Z et al. Pilocarpine tablets for treatment of dry mouth and dry eye symptoms in patients with Sjogren syndrome: a randomized, placebo-controlled, fixed-dose, multicenter trial. P92-01 Study Group. *Arch Intern Med* 1999; 2: 174-181.

7. Budtz-Jørgensen E. Oral yeast infection. *Acta Odontol Scand* 1990; 48: 64-69.