

Salivary substitutes and xerostomia & evaluating efficacy and usage.

Sonal Mishra*

Department of Oral Medicine, King George's Medical University, Lucknow, India

Introduction

Xerostomia, commonly known as dry mouth, is a condition characterized by insufficient saliva production. It can lead to discomfort, difficulty in speaking and swallowing, and an increased risk of oral health problems, such as tooth decay and gum disease. For those suffering from xerostomia, salivary substitutes offer a ray of hope by providing relief from the symptoms. This article delves into the world of salivary substitutes, exploring their efficacy and usage in managing xerostomia [1].

Before delving into salivary substitutes, it's essential to grasp the impact of xerostomia on individuals. Saliva plays a critical role in maintaining oral health by lubricating the mouth, aiding in digestion, and preventing the growth of harmful bacteria. Xerostomia disrupts these functions, leading to dryness, difficulty in chewing and swallowing, halitosis (bad breath), and an increased risk of dental problems. Salivary substitutes, also known as artificial saliva or oral moisturizers, are specially formulated products designed to mimic the properties of natural saliva. They aim to provide relief from the symptoms of xerostomia, enhancing oral comfort and preventing complications. Salivary substitutes typically come in various forms, including sprays, gels, rinses, and lozenges [2].

Effective salivary substitutes should moisturize and lubricate the oral tissues, reducing the sensation of dryness. They should also promote better speech and swallowing. The duration of relief provided by a salivary substitute is crucial. Products that offer longer-lasting effects are generally preferred by individuals with xerostomia. The taste, texture, and overall tolerability of a salivary substitute play a significant role in patient adherence. Products that are pleasant to use are more likely to be used consistently. Some salivary substitutes are designed to stimulate the natural production of saliva, offering a more comprehensive solution to xerostomia. Effective salivary substitutes should help prevent the development of dental caries, gum disease, and other oral health issues associated with xerostomia [3].

Several factors influence the usage of salivary substitutes among individuals with xerostomia; The degree of dryness and associated discomfort can vary among individuals. Those with

more severe symptoms are often more motivated to use salivary substitutes regularly. Personal preferences regarding product form (spray, gel, etc.), taste, and ease of use can influence whether a patient continues to use a particular substitute. Accessibility and affordability of salivary substitutes may impact their usage, especially for individuals with limited financial resources. Guidance from healthcare professionals, including dentists and physicians, can significantly influence patient compliance and product selection [4].

Salivary substitutes play a crucial role in alleviating the discomfort associated with xerostomia and preventing related oral health complications. However, their efficacy and usage can vary based on product formulation, patient preferences, and the severity of xerostomia. Healthcare providers must work closely with patients to identify suitable salivary substitutes and provide guidance on their optimal use. As research and development in this field continue, we can expect even more effective and patient-friendly salivary substitutes to emerge, further improving the quality of life for individuals with xerostomia [5].

References

1. Dirix P, Nuyts S, Vander Poorten V, et al. Efficacy of the BioXtra dry mouth care system in the treatment of radiotherapy-induced xerostomia. *Supportive Care Cancer*. 2007;15:1429-36.
2. Vissink A, Schaub RM, Van Rijn LJ, et al. The efficacy of mucin-containing artificial saliva in alleviating symptoms of xerostomia. *Gerodontology*. 1987;6(3):95-101.
3. Shahdad SA, Taylor C, Barclay SC, et al. A double-blind, crossover study of Biotene Oralbalance and BioXtra systems as salivary substitutes in patients with post-radiotherapy xerostomia. *Eur J Cancer*. 2005;14(4):319-26.
4. Dost F, Farah CS. Stimulating the discussion on saliva substitutes: A clinical perspective. *Aust Dent J*. 2013;58(1):11-7.
5. Stewart CM, Jones AC, Bates RE, et al. Comparison between saliva stimulants and a saliva substitute in patients with xerostomia and hyposalivation. *Spec Care Dentist*. 1998;18(4):142-8.

*Correspondence: Sonal Mishra, Department of Oral Medicine, King George's Medical University, Lucknow, India, Email: Sonalusb45@yahoo.com

Received: 28-Aug-2023, Manuscript No. AACDOH-23-112756; Editor assigned: 31-Aug-2023, PreQC No. AACDOH-23-112756 (PQ); Reviewed: 14-Sept-2023, QC No. AACDOH-23-112756; Revised: 20-Sept-2023, Manuscript No. AACDOH-23-112756 (R); Published: 27-Jun-2023, DOI:10.35841/aacдох-7.5.169
