Dry mouth is a pervasive oral health problem, with up to 50% of the population experiencing this condition. Factors such as age, gender, and medications play significant roles in correctly diagnosing this presentation. The subjective feeling of dry mouth is often referred to as xerostomia but may be more correctly diagnosed as salivary gland dysfunction: a reduced volume of saliva secretion or a change in salivary composition.

Symptoms of dry mouth may range from mild oral discomfort to significant oral disease that can negatively impact patients’ health, dietary intake, and quality of life. Despite the significant prevalence of xerostomia in the general population, however, no standard treatment guidelines exist. Successful treatments are typically individualized for the specific patient and should be targeted at the underlying pathophysiology of the disease. For these reasons, an accurate diagnosis of xerostomia is paramount so that patients may be offered the best treatment possible, and this treatment often involves a multimodal approach.

LEARNING OBJECTIVES

• Explain why xerostomia is not simply a problem of “dry mouth,” and describe the underlying pathophysiology
• Identify commonly used medications associated with causing xerostomia
• Discuss current treatment strategies to include an individualized, yet multimodal and evidence-based approach to success
• Describe a systematic approach to xerostomia management that includes reviewing systemic conditions and medication use and emphasizes patient education, lifestyle modifications, and palliative and preventive measures
• Recognize some of the most common disease-induced causes of xerostomia

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received his baccalaureate degree from the University of British Columbia and his Doctorate in Clinical Pharmacy from the University of Washington. He completed a residency at Vancouver General Hospital, and has practiced as a clinical pharmacy specialist, clinical coordinator and director of pharmacy services at many healthcare organizations in both Canada and the United States. He is currently the Associate Principal of Clinical Pharmacy for Vizent’s Advisory Solutions, and lives in Whitefish, Montana. Dr. Donaldson is a Clinical Professor in the Department of Pharmacy at the University of Montana in Missoula, Clinical Associate Professor in the School of Dentistry at the Oregon Health & Sciences University in Portland, Oregon, and affiliate faculty in the School of Dentistry at UBC. He has a special interest in dental pharmacology and has lectured internationally to both dental and medical practitioners. He has spent the last 25 years focusing on dental pharmacology and dental therapeutics, and is a leader in the field. Dr. Donaldson has published numerous peer-reviewed works and textbook chapters. He currently serves on the Editorial Board for the Journal Healthcare Executive and the Journal of the American Dental Association, and is a reviewer for over ten other different journals. He is board certified in healthcare management and is the Past-President and current Regent of the American College of Healthcare Executives’ Montana Chapter. Dr. Donaldson was named the 2014 recipient of the Bowl of Hygeia for the state of Montana and is the 2016 recipient of the Dr. Thaddeus V. Weclew Award. This award is conferred by the Academy of General Dentistry upon an individual who has made outstanding contributions to the medical, dental and pharmacy literature. In 2019, Dr. Donaldson was conferred by the Canadian Dental Association (CDA) in Ottawa with the, “Special Friend of Canadian Dentistry Award.” This award is given to an individual outside of the dental profession in appreciation for exemplary support or service to Canadian dentistry and/or to the profession as a whole.

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