

By DIANA
PILKINGTON

How the menopause can leave your mouth too dry to eat or talk

GAZING out at the crowd of expectant faces, Cheryl McBroom felt a surge of anxiety. As an experienced dental hygienist used to giving lectures on her subject, the task should have been fairly straightforward.

But thanks to a debilitating health complaint, she wondered if she'd make it even halfway through her talk, let alone to the end. 'I do a lot of public speaking, but was naturally slightly nervous at the prospect of lecturing to 70 people.'

'Nerves can make your mouth dry up, but for me the problem is twice as bad because I already suffer from a terrible dry mouth,' recalls the 51-year-old, from York.

'I had to drink water throughout the lecture just to be able to keep talking. It was very embarrassing.'

Since her problem began four years ago, simple daily tasks have become a struggle.

'I'd been out with a friend for a curry and when I woke up the next day my mouth felt really dry. It got worse as the day wore on, and I still had it weeks later.'

While exercising, she had to sip from a water bottle constantly as her throat quickly felt parched and started to hurt.

Her eating habits changed to cope with the apparent lack of saliva. 'I couldn't eat anything dry, such as chicken in bread-crumbs, because I'd struggle to swallow it. And I'd crave soft, cold foods — ice cream, melon, jelly and yogurts.'

'I even found there were certain words I couldn't say — I was avoiding long words with an "s" sound in, and going for something easier to pronounce.'

'It affected my sleep, too — I'd wake up four or five times a night with my lips clamped together.'

Although there was no obvious cause, she had an inkling her dry mouth could be connected to the menopause which, then aged 47, she was entering.

'Until then my only real symptom was hot flushes. They'd come on fast and frequently and keep me awake at night. When working on a patient, I'd suddenly be enveloped in heat and start sweating in my gloves — it was horrible.'

'I thought the dry mouth might be related to the lining of the mouth drying up through lack of oestrogen.'

After a month of tolerating it, Cheryl went to see her GP, who prescribed a variety of treatments — such as gels to act as artificial saliva, and sugar-free lemon sweets, meant to stimulate the salivary glands.

BUT these brought little relief to her dry mouth, nor did hormone replacement therapy. So, a year after the problem began, she was referred to a head and neck consultant at the maxillofacial department of York Hospital.

'The doctor prodded my salivary glands and concluded that I was producing saliva, albeit at a very reduced rate, so did not consider me a bad case,' she recalls. 'He prescribed some foam spray, which is supposed to cling to the mouth and coat it like saliva, but said there was little he could do.'

It's a frustrating but common problem. It's estimated that 13 per cent of the population suffers from the feeling of having a dry mouth, known as xerostomia. But many more may be affected — up to one in five adults, according to a recent survey of 422 dentists by Denplan.

'Many people will suffer for years with a dry mouth because they don't know how much saliva they're supposed to have,' says Pepe Shirlaw, a consultant in oral medicine at Guy's and St Thomas's Hospital, London. 'They may assume it's a natural part of ageing, or not visit their dentist regularly enough to check.'

Not only can it cause serious discomfort — a constant thirst, trouble chewing, swallowing and even talking — but it can also have an impact on oral health.

Saliva helps keep the teeth clean of plaque, and plays a key role in protecting against gum disease, tooth decay and infections, says

WHAT YOU CAN DO TO SOLVE THE PROBLEM

OVER-THE-COUNTER sprays, lozenges, mouthwashes and gels can act as a substitute saliva. Sugar-free gum or sugar-free mints may help stimulate the salivary glands, as can citrus fruit (thanks to its acid — though too much acid can also damage teeth, so fruit should not be eaten between meals).

Drugs known as sialogogues can be prescribed to promote salivary production, although profuse sweating may be a side-effect.

Acupuncture and electrostimulation devices may help, says oral medicine doctor Pepe Shirlaw.

'Electrostimulation works by stimulating the nerves that drive the salivary glands, but it's experimental and not widely available.'

Avoid food that's particularly hot in temperature, or spicy, as the tissues of the mouth are very fragile without saliva as a buffer, says University College London's Professor Andrew Eder. 'I'd go for blander foods that aren't too crusty, but be careful about anything sugary or acidic.'

Alcohol and coffee have a dehydrating effect, so reduce your intake.

Professor Andrew Eder, a specialist in restorative dentistry at University College London's Eastman Dental Institute. 'So if you are very dry you are more at risk of these.'

A major cause is medication — there are more than 1,800 drugs known to cause dry mouth. 'Anti-depressants, antispasmodics and morphine are the main ones, as well as some ulcer prevention tablets and some antihistamines,' says Ms Shirlaw. 'The mechanism varies, but some drugs act directly on the signalling pathway in the brain that affects the secretion of saliva from the salivary glands.'

Cancer patients may also experience a dry mouth because of chemotherapy, or following radiotherapy, such as for head and neck cancer, because the radiation has damaged the glands directly. Another cause is Sjogren's syndrome,

an autoimmune condition affecting up to 4 per cent of adults, in which the immune system attacks glands that secrete fluid, such as tears and saliva.

But when the dry mouth is not a result of salivary gland disease or drug-induced dryness, a common cause is the menopause, says Ms Shirlaw.

Last week, actress Patsy Kensit, 45, who recently had a hysterectomy, said she's 'in full-blown menopause', and as a result, 'my mouth is dry [and] I have the sweats'.

Here, dry mouth is linked to falling levels of oestrogen, which in turn reduce the moisture in the mucus membranes lining the mouth and nose, says Dr Nick Panay, consultant gynaecologist at Queen Charlotte's and Chelsea Hospital and Chelsea and West-

minster Hospital in London. 'As oestrogen levels fall it can lead to intractable dryness in the mouth.'

'Some people complain of burning in the mouth, too, because the nerve endings become more sensitive. It can potentially last for ever, but can also clear up,' he adds.

Although patients usually respond to hormone replacement therapy, doctors have to be careful when prescribing the hormone progesterone because, ironically, it can cause a mouth to become dry again.

As dry mouth is not always associated with the menopause, women can be 'passed from pillar to post' before they get seen by the right specialists, and may suffer in silence, says Dr Panay.

The good news is that some forms of dry mouth are less severe than others. While some people feel as if their mouth is dry, they may not



Picture: ROSS PARRY AGENCY

Anxiety: Cheryl McBroom

actually be producing less saliva than normal.

'The term "xerostomia" describes a patient's mouth feeling dry, but it doesn't mean they necessarily have salivary hypofunction — a reduced flow of saliva,' explains Ms Shirlaw.

'A lot of menopausal women will come to us complaining of a dry mouth, but when you ask them to spit into a pot they may have plenty of saliva.'

'It's probably the quality of the saliva that's altered somehow. And their mouth may not feel the same after the menopause because the lining will be thinner, which may be perceived as dryness,' she adds. 'The feeling is horrible either way.'

But if you're actually lacking in saliva, there's an impact on the teeth and mouth lining. Saliva is the fluid by which the mouth stays healthy.

MS SHIRLAW adds: 'Whatever the cause, if you feel your mouth is dry, you should visit your dentist — they're trained to recognise the signs. If you're found to have a severe loss of saliva, you may be referred to a specialist and will need regular dental check-ups.'

Treatments include saliva substitutes, in the form of gels, sprays, lozenges and mouthwashes. Drugs known as sialogogues can stimulate any functioning gland to produce more saliva.

Although Cheryl has had no trouble with her oral health ('I'm fastidious about brushing my teeth three times a day'), the effect on her life has been huge: 'My GP has prescribed drugs to help me sleep — it's not proper sleep but at least it's uninterrupted. The trouble is they cause dry mouth, too.'

'I'm anxious about eating out now in case food gets stuck to my teeth. My musical group is doing a show soon, but I'm really worried because I won't be able to have my water with me. I'll have to mouth the words rather than sing them.'

She says the experience has made her more sympathetic to what many of her patients go through. 'I've treated people with dry mouth for 28 years, and never realised how distressing it can be.'

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TRY IT, DITCH IT, SWITCH IT

We digest the health news of the week and deliver a quick prescription

TRY IT
ASKING your doctor to wear gloves.

A study published in the Journal of the American Medical Association found that hospitals that insist medics wear gloves and gowns for all patients — not just those with suspected infections — experienced slightly lower rates of MRSA.



DITCH IT
ASSUMING others are thinking what you're thinking.

German research suggests while we think we can predict others' emotional response, we make mistakes, causing relationship problems. Lack of activity in the right supramarginal gyrus, the area of the brain that processes emotions, is said to be to blame.



SWITCH IT
SWAP that stiff gin for a hot chocolate if your bones are weak — or you are in a vulnerable age group.

Scientists have discovered exactly how alcohol impairs bone repair and growth — not only does it reduce the levels of minerals such as calcium, but it switches off a protein that activates stem cells, crucial for healing.

