Letters to the Editors

Oral symptoms and oral function in people with Sjögren’s syndrome

Sirs,

Saliva is essential for oral health and oral function including oral lubrication, oral clearance and tissue maintenance (1-4). Autoimmune disorders, such as Sjögren’s syndrome (SS), are common causes of hyposalivation possibly leading to further oral and other health complications. We conducted a survey of people with SS in conjunction with the Sjögren’s Syndrome Foundation to assess the severity of oral symptoms, oral function and quality of life in people with SS. One hundred and fifty-one subjects completed informed consent and a survey rating their common oral symptoms from zero (no symptoms) to 10 (most severe symptom), based upon the Vanderbilt Head and Neck Symptom Survey (5). The sample was primarily female (96%) and the mean age was 65.8±11.5.

Subjects reported experiencing many oral symptoms with the highest rated symptoms involving dry mouth (Table I: problems with dry mouth (x=7.6±2.1, 78.5% in the severe group), lining of mouth/throat is sensitive to dryness (x=5.9±3.4, 50.7% in the severe group), food sticking in mouth due to dryness (x=5.9±3.4, 50.7% in the severe group), problems with dry mouth affecting chewing/swallowing (x=5.7±2.9, 44.6% in the severe group), problems with dry mouth affecting speech (x=5.3±3.1, 44.2% in the severe group), problems with dry mouth affecting sleep (x=4.8±3.3, 35.4% in the severe group) and food sticking in the throat due to dryness (x=4.7±3.2, 36.1% in the severe group). Additional oral symptoms related to eating were trouble eating certain solid foods (x=6.0±3.4, 49.3% in the severe group) and sensitivity in lining of mouth/throat (x=5.9±3.5, 53.4% in the severe group).

Some subjects rated medications hard to take due to dry mouth (x=2.7±3.1, 65.2% in the mild group). Weight loss problems were minimal despite report of dry mouth. Trouble with dentures (x=3.8±3.8, 33.3% in the severe group) was rated as somewhat problematic, while other oral care complications such as burning pain in lining of mouth/throat prevents brushing of teeth (x=0.8±1.9, 91.0% in the mild group) were not problematic.

Subjects were asked to rate their worst pain and average pain over the last week and the mean worst pain was 3.5±3.3 and the average pain mean was 2.9±2.8 with 19.6% and 15.1% in the severe group, respectively. Burning pain in the lining of mouth/throat changes food choice (x=4.1±3.9, 35.9% in the severe group) and painful sores in mouth/throat (x=3.0±3.4, 20.9% in the severe group) were moderately problematic. Mouth/throat pain causing difficulty speaking (x=2.6±3.1, 14.9% in the severe group) and pain leading to difficulty sleeping (x=2.1±3.1, 13.6% in the severe group) were also reported.

The goal of this study was to present oral symptoms associated with SS. Frequent and impactful symptoms were reported by the vast majority of subjects. These findings identify considerable impact of dry mouth in this population. While this survey addressed oral symptoms in patients with hyposalivation due to SS, the findings may have implications for people with hyposalivation due to other causes. The severity of the symptoms reported in this survey further emphasise the need for investigation of SS management strategies.

Salivary stimulation with a sialologogue and salivary substitute seem to offer minor benefits as do non-pharmaceutical approaches (6, 7). The lack of better treatment options provides a strong case for group support or other coping strategies (8). It is also imperative, given the intensity of the reported symptoms, that any novel treatment, whether immune-modulatory such as low-dose interferon (9) or other, stresses patient-driven outcomes of QOL in addition to objective measurements of salivary flow which may or may not reflect underlying immune function including oral lubrication, oral clearance and tissue maintenance.

Table I. Baseline oral symptoms by severity stratification of mild, moderate and severe.

<table>
<thead>
<tr>
<th>Symptom Description</th>
<th>Mean sample score (mean±SD)</th>
<th>Percentage reporting mild symptoms (0-3)</th>
<th>Percentage reporting moderate symptoms (4-6)</th>
<th>Percentage reporting severe symptoms (7-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burning pain in lining of mouth/throat</td>
<td>4.8±3.3</td>
<td>40.8</td>
<td>23.8</td>
<td>35.4</td>
</tr>
<tr>
<td>Teeth are sensitive to hot/cold/sweet foods</td>
<td>4.3±3.5</td>
<td>48.5</td>
<td>15.8</td>
<td>35.6</td>
</tr>
<tr>
<td>Burning sensation in lining of mouth and throat</td>
<td>2.9±2.8</td>
<td>65.1</td>
<td>19.9</td>
<td>15.1</td>
</tr>
<tr>
<td>Food gets stuck in mouth due to dryness</td>
<td>3.3±3.0</td>
<td>57.4</td>
<td>23.0</td>
<td>19.6</td>
</tr>
<tr>
<td>Problem with dry mouth</td>
<td>6.0±3.4</td>
<td>29.1</td>
<td>21.0</td>
<td>50.7</td>
</tr>
<tr>
<td>Trouble speaking</td>
<td>7.6±3.4</td>
<td>14.4</td>
<td>21.9</td>
<td>63.7</td>
</tr>
<tr>
<td>Teeth are sensitive to hot/cold/sweet foods</td>
<td>4.3±3.5</td>
<td>51.1</td>
<td>15.1</td>
<td>33.8</td>
</tr>
<tr>
<td>Burning pain in the lining of mouth/throat prevents brushing of teeth</td>
<td>0.8±1.9</td>
<td>91.0</td>
<td>5.0</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Ratings range from 0 indicating the least number of problems with a symptom, to 10 indicating the greatest number of problems with a symptom.

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Competing interests:

J. Epstein is a consultant for MedActive Oral Pharmaceuticals; the other co-authors have declared no competing interests.

References