The ‘Challacombe’ Scale
A S Pharma discusses the severity and diagnosis of dry mouth

Treatment outcomes are increasingly recognised throughout UK health care as more important than other considerations such as meeting targets, inputs of topical oral care, or funding. In this context the primary post-diagnosis requisite in all disease management/treatment must be an accurate assessment of the initial severity of the condition. The challenge then is to create a gauge or yardstick, against which to measure the treatment’s success. In mucosal disorders involving either hypo-salivation or dehydration it is also necessary to distinguish between pathological and physiological causes, which have been one focus of the work at the Guy’s Hospital Dry Mouth Clinic. (Guy’s & St. Thomas’ NHS Foundation Trust).

Evidence suggests that perhaps 20 per cent of the population suffers from a dry mouth, and numbers are growing as more and more medications are prescribed which has the side effect of reducing salivation. There are more than 1,000 drugs in the BNF (British National Formulary), including those for treating high blood pressure, diuretics, anti-depressants, histamines and many others, which impact gland secretions or affect glandular nerve impulses and lead to a 25 per cent reduction in the flow of saliva. When more than one drug is prescribed, the problem can be exacerbated by up to 75 per cent, and prescribing clinicians are not always fully aware of the combined effect on oral lubrication.

 Patients referred to the Guy’s Hospital Dry Mouth Clinic may undergo tests for Sjögren’s syndrome, the most common autoimmune condition after rheumatoid arthritis, but which is often unrecognised. In Sjögren’s syndrome, white blood cells attack the tear and saliva glands, causing extremely dry mouth and eyes. Women, who are most commonly affected, may also suffer vaginal dryness. The Guy’s Hospital Dry Mouth Clinic team is participating in a major, multi-national study of Sjögren’s syndrome to widen understanding of the condition.

Despite the fact that over half (55 per cent) of octogenarians are taking a prescription medication which reduces saliva flow, experience at Guy’s has shown that age need not be a factor, and dryness can be resolved by stimulation within this age group. Conversely, some patients may only need to be encouraged to drink water more frequently but it is vital to recognise the difference between a lack of hydration and lubrication – water wets but does not lubricate. Many clinicians regard the mouth as merely the entrance to the alimentary canal without appreciating its importance as a primary herald for systemic diseases of the immune system, HIV, the clinic must now become a self-identified oral health care provider. It is now established that oral health is linked to overall health, and there is a need for comprehensive diagnosis and treatment for oral issues, just as it is for other compartments of health.

The ‘Challacombe’ Scale

The ‘Challacombe’ Scale is not intended as a research tool but as a practical, clinical measure for dental professionals to assess the severity of dry mouth syndrome and to help them determine when treatment is required. The composition of saliva includes protein, and lubrication is also necessary throughout the length of the oesophagus to facilitate swallowing, and so wetting alone is not a solution in severe cases. Research at the Guy’s Hospital Dry Mouth Clinic has confirmed that a 50 micron layer of mucin is necessary to maintain a smoothly functioning, healthy oral cavity.

By introducing a reliable, proven system of reference to this important but currently under-recognised area of oral health the Challacombe Scale offers practitioners an opportunity to discuss the problems of a dry mouth with patients who may have become resigned to the discomfort as a consequence of their medication, or in the mistaken belief that nothing can be done as they are simply getting older.

A.S. Pharma is proud to be associated with this important work and Professor Challacombe’s pioneering scale.

For further information, please contact A S Pharma on telephone 08700 664 117 or email: info@aspharma.co.uk

About the author

Professor Stephen Challacombe of King’s College, London and Guy’s Hospital Dry Mouth Clinic, has developed the Challacombe Scale as a universally acceptable tool to provide a lack of awareness in the diagnosis, measurement and treatment of symptoms of dry mouth through its use in the UK and internationally.

It is the result of ten years’ work headed by Professor Challacombe who has published over 350 peer reviewed papers on mucosal immunity, immunology, dermatological and microbiological aspects of oral diseases and is recognised as one of the leading experts in this specialist field.