Treatment outcomes are increasingly recognised throughout UK health care as more important than other considerations such as meeting targets, inputs of topical oral care and treatment. 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, diabetes, anti-depressants, anti-hypertensives, anti-diuretics, anti-neoplastics, and asthma relief. There are more than 1,000 drugs prescribed which has the side effect of reducing salivation.

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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.

The Challacombe Scale is not intended as a research tool but as a practical, empirical 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 Dry Mouth Clinic has confirmed that a 50 micron layer of mucin is necessary to maintain a smoothly functioning, healthy oral cavity.

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The Challacombe Scale

A S Pharma discusses the severity and diagnosis of dry mouth

The system of remuneration has discouraged a comprehensive oral examination. Patients are more likely to consult their GP for non tooth related symptoms and to consider their treatment costs. Nevertheless, the dentists are usually more qualified to give a diagnosis, although the initial care of any patient’s medical history needs to be stressed when prescription drugs are involved, to allow an understanding of the differences between ‘wetness’ and ‘lubrication’. This difference can be crucial when deciding whether to offer a saliva substitute. The Challacombe Scale is not intended as a research tool but as a practical, empirical 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 Dry Mouth Clinic has confirmed that a 50 micron layer of mucin is necessary to maintain a smoothly functioning, healthy oral cavity.

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