The ‘Challacombe’ Scale

A S Pharma discusses the severity and diagnosis of dry mouth

Treatment outcomes are increasingly recognised throughout UK healthcare as more important than other considerations such as meeting targets, inputs of improved oral health care. In this context the primary post-diagnosis questionnaire 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 (GHC), and St Thomas’ NHS Foundation Trust.

Evidence suggests that perhaps 20% of the population suffers from a dry mouth, and numbers are growing as more and more medications 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, anti-histamines and many others, which impact gland secretions or affect glandular nerve impulses and lead to a 25% 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 undergo tests for Sjogren’s syndrome, the most common autoimmune condition after rheumatoid arthritis, but which is often unrecognised. In Sjogren’s syndrome, white blood cells attack the tear and saliva glands, causing swelling and pain in the 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 Sjogren’s syndrome to widen understanding of the condition.

Evidence suggests that perhaps 20% of the population suffers from a dry mouth, and numbers are growing. Having confirmed xerostomia, the clinician must then determine the severity of the condition and whether treatment is required. Applying the Challacombe scale measures the acuteness of the problem relative to the saliva flow and mucin density. The Scale has been proven over two years of application and provides a common reference point for use between clinicians, as well as indicating treatment options. While a high score is a clear indication that treatment is needed, the more radical option with a low score is not to intervene, which can be a demanding decision and often requires specialist knowledge. An additional benefit of the Challacombe Scale is that the patient’s progress can be monitored over time, measuring the efficacy of treatment or indeed introducing treatment in the event of deterioration.

Widespread lack of awareness among both clinicians and the general public has led to a frequent failure to diagnose and treat dry mouth, especially in the older demographic. The misconception persists that age is a major contributory factor, despite the fact that over half (55%) of octogenarian patients are prescribed a salivary re-juvination 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 with this age group. Conversely, some patients may only need to be encouraged to drink water more frequently but it is vital to recognize 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 oesophagus and the skin. Professor Stephen Challacombe and Professor Challen’s pioneering scale.

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

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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 applicable calibration system to assist dentists in the diagnosis, measurement and treatment of symptoms of dry mouth and as it is more commonly called.

It is the result of ten years’ work headed by Professor Challacombe who has published over 90 peer reviewed papers on mucosal immunology, immunology, immunological and microbiological aspects of oral disease and is recognised as one of the leading experts in this specialist field.