

Study finds ways to help end dry mouth in cancer patients

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(Edmonton) For patients suffering from cancer in the mouth or throat, a recent study shows that a treatment called submandibular gland transfer will assist in preventing a radiation-induced condition called xerostomia.

Also known as [dry mouth](#), xerostomia occurs when salivary glands stop working. University of Alberta researcher Jana Rieger likens the feeling of xerostomia to the experience of the after-effects of having surgery and [anesthetic](#)—but the feeling is permanent.

While the importance of healthy saliva glands may be an afterthought for some patients when battling cancer, the long-lasting effects create a number of problems for them when they are in remission.

"We need saliva to keep our mouths healthy," said Rieger. "Without saliva, people can lose their teeth, dentures don't fit properly and the ability to swallow and speak is severely altered."

The study conducted by Rieger, a speech language pathologist in the Faculty of Rehabilitation Medicine, looked at functional outcomes—speech changes, swallowing habits and the quality of life of patients with mouth and throat cancers—as they received two different types of treatments prior to and during radiation.

The first group of patients underwent the submandibular gland transfer. This method was pioneered by Hadi Seikaly and Naresh Jha at the University of Alberta in 1999. The transfer involves moving the saliva

gland from under the angle of the jaw to under to the chin. Prior to this procedure, the saliva gland was in line for the radiation. Seikaly says, "Most patients, when they are cured from cancer, complain of one major thing: dry mouth."

The second group in the study took the oral drug salagen. Rieger says, "Studies have shown in the past that if this drug was taken during radiation, it might protect the cells in the salivary glands."

According to the study findings, both groups had the same results in terms of being able to speak properly but where the main difference was in swallowing. The group taking the drug had more difficulty.

Rieger said, "This group needed to swallow more, and it took a longer time to get food completely out of their mouth and into the esophagus. Because they had trouble eating, they may become nutritionally comprised."

This leads to a host of other problems. Dry mouth causes one to drink large volumes of water, which leads to numerous trips to the bathroom. Difficulty swallowing causes issues with eating food while it's still hot and it takes the patients a long time to complete a meal.

As a result of these problems, Rieger found the quality life for most patients decreased significantly. "People suffering from xerostomia no longer want to go out eat and be in social settings. Consuming water to quench dry mouth means they have difficulty in getting a good night's sleep. Some become depressed and avoid going out."

Based on this study, the authors hope to encourage patients to have the submandiublar gland transfer as a preventative treatment for [xerostomia](#) prior to radiation for mouth and throat cancers.

Provided by University of Alberta

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