

Oxford Radcliffe Hospitals **NHS**
NHS Trust

Burning Mouth Syndrome

Information for patients



What is Burning Mouth Syndrome?

- This condition is characterized by a burning pain or hot sensation which can be localized to the lips or tongue or more widespread in the mouth.
- The sensation can be continuous or intermittent.
- It can also be accompanied by other symptoms like dryness, an unpleasant taste, or feelings of numbness.
- It can increase with talking, eating hot or spicy foods, and in times of stress.
- It can be reduced by some foods or drink, sleep or rest and distraction.

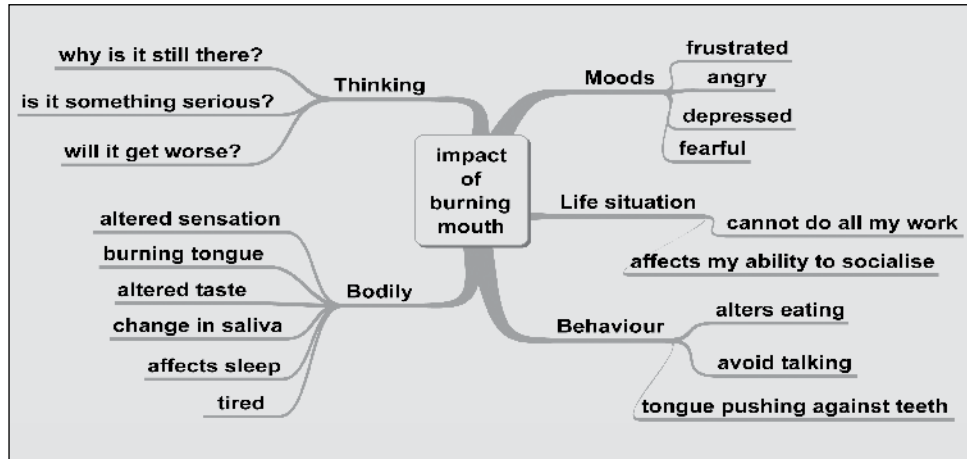
In research literature, it is sometimes referred to by other names e.g. glossodynia, glossopyrosis, stomodynia, oral dysaesthesia.

Who gets it?

- According to the research literature between 0.75 and 15 per cent of the population are affected.
- It is more common in women than men. The women most commonly affected are those around the menopause.

What causes BMS?

- The causes of BMS are poorly understood.
- Recent studies suggest that changes occur in the way the tongue transmits warmth, cold and taste to the brain. This results in pain, discomfort, or burning. It is called a "neuropathic pain" as it is caused by nerves malfunctioning.
- The effect of these symptoms may be to alter production of hormones in the blood which can lead to altered sleep habits, fatigue and depression.



What will happen at your appointment?

When you are first seen in the clinic, a detailed examination of your mouth will be carried out to exclude any underlying disease. Burning is not a symptom of mouth cancer, but may be caused by other diseases or deficiencies.

- A mouth swab may be taken if a candidal (fungal) infection is suspected.
- Some blood will then be taken and analysed. It will usually be tested for levels of iron, vitamin B12, folic acid and glucose.

If any abnormality is found, treating the underlying disease may alleviate the symptoms.

If all your investigations are normal, then a diagnosis of Burning Mouth Syndrome is made.

What are the effects of living with BMS?

Living with ongoing physical symptoms is a challenge. Those people who seem to do best, develop ways of trying to make sure they continue to do things they enjoy as much as possible.

This sometimes means actively challenging thoughts such as 'having a meal is not the same as it used to be'. While this may have truth in it, it is still possible to take enjoyment from activities, but you may have

to re-focus on how it is pleasurable to share the food with friends, or appreciate smells etc.

Some people find that the symptoms are causing them to feel low or stop doing things they used to. If this is the case for you, you can seek further help from a psychologist via your GP.

What treatments are available?

The most important part of the treatment is to accept that BMS is a long-term condition which may take a number of years to disappear. It is very important for you to develop some coping strategies, such as relaxation, yoga and meditation.

- As with all chronic pain, low dose antidepressants can be helpful if taken over a year or two.
- Other anticonvulsive drugs such as gabapentin and clonazepam have been used but only a few patients will benefit from their use.

In trials it has also been suggested that alphasalicylic acid, a dietary additive, may be useful for burning mouth syndrome. The suggested dose is 200mg three times daily for a month and then once daily. It can be bought in health food shops.

Burning is often worse when accompanied with dryness. Use plain water or sugar-free chewing gum to help keep your mouth moist.

It is useful to keep a diary to see how your symptoms respond to the treatments you use.

For further information please see

<http://en.wikipedia.org/wiki/Glossodynia>

<http://www.cochrane.org/reviews/en/ab002779.html>

How to contact us

If you have any concerns or questions, please contact:

Department of Oral & Maxillofacial Surgery
and Orthodontics

The John Radcliffe Hospital

Headley Way, Headington, Oxford, OX3 9DU

Tel: 01865 221407

Fax: 01865 222040



Image reproduced with kind permission from Patricia Chatlin

If you need an interpreter or need
a document in another language,
large print, Braille or audio version,
please call **01865 221473** or
email **PALSJR@orh.nhs.uk**

Update approved by Miss Daljit K Dhariwal,
Consultant in Oral and Maxillofacial Surgery
Version 2, February 2011
Review, February 2014

Oxford Radcliffe Hospitals NHS Trust
Oxford OX3 9DU

www.oxfordradcliffe.nhs.uk/patientinformation