LIVING WELL

Why Your Mouth Keeps Feeling Dry

From medicines to mouth breathing, the pattern of your dryness can help reveal what is stealing the moisture from your mouth.

The glass of water that never quite fixes it

You wake with your tongue stuck to the roof of your mouth. Water helps, but not for long. By afternoon, talking feels awkward, food seems harder to swallow, or your lips have cracked again. An occasional dry mouth can come with feeling nervous or stressed. Dryness that stays, keeps returning or shadows most of your day deserves more attention.

The missing ingredient is saliva. Made by the salivary glands, it moistens and begins to break down food, making chewing and swallowing easier. It also washes small food particles from the teeth and gums. Its minerals, including calcium and phosphate, help protect against tooth decay, while its antibodies help fight infections in the mouth and throat.

That makes persistent dry mouth-also called xerostomia-more than an irritating thirst. Too little saliva can leave your mouth sticky, your throat dry and your tongue rough. It may interfere with tasting, speaking, chewing or swallowing. Other possible signs include burning, mouth sores, bad breath and infections in the mouth.

The consequences can creep up quietly. Dry mouth raises the risk of tooth decay and oral infections because saliva is no longer doing its usual protective work. If you are constantly reaching for water, the important question is not simply how to wet your mouth again. It is why your saliva is no longer keeping up.

Start with what changed

The most useful clue may be sitting in your medicine routine. Certain medicines can cause dry mouth as a side effect, including some used for high blood pressure, depression and bladder-control problems. That does not prove any particular medicine is responsible, but it gives your health care provider or dentist a sensible place to begin looking.

Do not adjust a medicine on your own. A clinician can review everything you take and consider whether the timing of the dryness fits. If a medicine appears to be the cause, they may suggest changing the dose or switching medicines. In some cases, artificial saliva or prescription medicine that helps the salivary glands work may be considered.

Cancer treatment can affect the mouth in different ways. Radiation therapy may damage salivary glands if those glands are exposed during treatment. Chemotherapy can make saliva thicker, which can leave the mouth feeling dry even though the experience is not quite the same as producing too little saliva.

Nerve damage is another possibility when it affects the nerves that signal the salivary glands to make saliva. Salivary gland disorders themselves can also reduce moisture. These causes cannot be separated by how annoying the dryness feels; working out what changed, and when, matters more than trying to judge the cause from severity alone.

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Sometimes the route is simpler

Not every dry mouth begins in a gland. Breathing through your mouth can dry it out. That possibility may be especially relevant when the sensation is most noticeable on waking, although the feeling alone cannot establish the cause. Alcohol, tobacco and other substance use can also contribute.

The details around the dryness are useful because dry mouth has many possible causes. Notice whether it appeared after a medicine change, during cancer treatment or alongside regular mouth breathing. Consider whether alcohol or tobacco might be part of the picture. These observations do not diagnose anything, but they can turn a vague complaint into a clearer conversation.

Relief measures can reduce discomfort while you investigate. Drinking water, chewing sugarless gum or sucking sugarless hard candy may help; the latter two encourage saliva flow. Caffeine can dry the mouth, while alcohol and tobacco are best avoided. Spicy or salty foods may hurt when the tissues in your mouth are already dry.

A humidifier at night can add moisture to the room, and mouthwash made for dry mouth is another option. These measures address the feeling, not necessarily its source. If dryness continues all or most of the time, repeatedly treating the sensation without asking why can leave the underlying explanation untouched.

When dryness travels in company

Persistent dry mouth can also accompany diabetes, human immunodeficiency virus (HIV) or Sjogren's syndrome. A dry mouth by itself does not tell you that you have any of them. It does

mean that lasting dryness should not automatically be dismissed as a need to drink more water.

Sjogren's syndrome is a long-lasting autoimmune disease in which the immune system mistakenly attacks healthy tissues and organs. It particularly affects glands that make moisture in the eyes, mouth and elsewhere. Dry mouth and dry eyes are its two main features, but it can also cause dryness of the nose, throat and skin.

The pattern can be broader. Sjogren's may be associated with joint and muscle pain, fatigue that does not go away, a persistent dry cough, rashes, dry skin, or numbness and tingling in the hands or feet. Some people experience cycles of milder and more severe problems. Not everyone has the same combination.

There is no single test for Sjogren's syndrome, and its cause is not known for certain. Researchers think genetic and environmental factors may combine, with a previous viral or bacterial infection considered one possible trigger. Most affected people are women, it is most common in people in their 40s and 50s, and it occurs more often alongside autoimmune diseases such as rheumatoid arthritis and lupus.

Take the pattern to an appointment

Dryness that persists most of the time, makes speaking or swallowing difficult, or comes with mouth sores or infection has crossed beyond a simple comfort problem. Arrange an appointment with a dentist or health care provider. They can examine your mouth, review your history and ask about every medicine you take.

The investigation may include blood tests or a test that measures how much saliva you produce. If Sjogren's syndrome is a concern, assessment may also include eye tests, salivary gland imaging or a biopsy. The aim is not to put every dry mouth through every test. It is to follow the clues in your particular pattern.

Meanwhile, protect the teeth that have lost some of saliva's usual help. Brush and floss regularly, and see your dentist at least twice a year. Symptom relief and dental care solve different problems: water or sugarless gum may make the day easier, while brushing, flossing and dental visits respond to the increased risk of decay.

On Monday, place a refillable water bottle and sugarless gum where you spend most of your day. Then write down when the dryness appears, what medicines you take and whether dry eyes or other persistent problems accompany it. Bring that short record to your dentist or health care provider. A bottle, sugarless gum and a written pattern are enough to turn "my mouth feels dry" into a useful next step.

Where this comes from

- Dry Mouth

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/drymouth.html
- Sjogren's Syndrome

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