Burning Mouth Syndrome- A Frustrating Problem

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Burning Mouth Syndrome—A Frustrating Problem

Burning mouth syndrome, which is a burning sensation of the oral cavity without an identifiable cause, is a frustrating condition for many patients.

What Is Burning Mouth Syndrome?
Everyone’s exact symptoms are different, but most patients report a superficial, burning pain of the tongue, lips, or entire mouth that is present daily without obvious triggers.

Burning mouth syndrome occurs in about 90 to 120 of 100,000 people, although some studies report a frequency as high as 18% of the population. Women are 7 times more likely to have burning mouth syndrome. Age is a known risk factor, with an average age at diagnosis of 59 years. It is unusual for those younger than 30 years to develop burning mouth syndrome.

We do not have a clear understanding of why burning mouth syndrome happens. Research suggests it is primarily a problem with the functioning of the nerves to the mouth (neuropathy), but this is not a proven fact.

In patients with burning mouth syndrome, the oral mucosa (the pink lining in your mouth) looks entirely normal. Therefore, before diagnosing burning mouth syndrome, your clinician should examine your mouth to rule out other conditions such as dry mouth, thrush, a viral outbreak such as herpes, recurrent canker sores, and inflammatory conditions that cause visible changes to the mouth lining. Oral allergies can cause intermittent pain, itching, and swelling in the mouth. Oral allergies are often associated with new oral care products, recent dental work, or specific food triggers like fresh/raw fruits. Burning mouth syndrome is diagnosed when, after evaluation, your physician has ruled out the above conditions and cannot find a reason for your symptoms.

In approximately 30% to 50% of patients, the symptoms of burning mouth syndrome resolve without treatment within 2 to 3 years. Unfortunately, we do not have any proven treatments for burning mouth syndrome. Studies have evaluated the benefit of various medications, such as tricyclic antidepressants, clonazepam, or gabapentin. Although some studies have shown limited benefit, there is no high-quality evidence to support the usefulness of these medications. Studies have also shown minimal benefit for using salivary stimulants and dietary supplements. There is no role for surgical treatment for burning mouth syndrome.

Many patients find the diagnosis of a medical condition without a cause or good treatment very frustrating. This is understandable. It is not surprising that burning mouth syndrome is associated with anxiety, depression, and reduced quality of life. However, although we cannot provide a cure for the condition, certain strategies may help improve your quality of life. Although limited, there is evidence that psychological interventions such as cognitive behavioral therapy may provide long-term quality-of-life benefits.

FOR MORE INFORMATION
National Institute of Dental and Craniofacial Research
https://www.nidcr.nih.gov/health-info/burning-mouth/more-info
FamilyDoctor.org
https://familydoctor.org/condition/burning-mouth-syndrome/
Oral Health Foundation
https://www.dentalhealth.org/burning-mouth-syndrome

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