

COCHRANE-REVIEW

Behandling af mundtørhed savner evidens

Mundhygiejne, kost, livsstilsreguleringer og regelmæssig fluorbehandling er stadig centrale elementer i behandlingen.

Winnie Brodam

Der er ikke stærk evidens for, at én lokal behandling er bedre end en anden, når det drejer sig om at lindre symptomer på mundtørhed.

Tyggegummi ser, ifølge reviewet, ud til at øge spytkretionen hos personer, som lider af nedsat sekretionskapacitet, og tyggegummi foretrækkes af mange patienter – men der er ikke evidens for, at det virker bedre end saliva-substitutter. Integreerede "mouthcare systems" og orale gel-reservoir-indretninger kan måske gavne – men der savnes evidens.

Alt i alt konkluderer Cochranes forfattere, at der er behov for veldesignet forskning både i, hvilke behandlingsmetoder der er effektive, og i behandlingernes langtidseffekt på patienternes livskvalitet.

En vigtig pointe er måske, at Cochranes forfattere understreger, at sure produkter og ting, der indeholder sukker, bør undgås.

Kommentar af lektor, ph.d. Anne Marie Lynge Pedersen, Tandlægeskolen i København:

– Mundtørhed (xerostomi) er et udbredt helbredsmæssigt problem for en stor del af befolkningen og udgør ofte en diagnostisk og behandlingsmæssig udfordring i klinikken. Det skønnes, at omtrent 20 % af alle voksne er generet af varierende grader af xerostomi. Lægemedelindtagelse og forskellige almensygdomme er de væsentligste årsager til xerostomi og nedsat spytkretion, hvilket også forklarer, at xerostomi er hyppigst forekommende hos personer over 65 år, og hyppigere blandt kvinder end mænd. I de kommende år forventes forekomsten af xerostomi/nedsat spytkretion at stige i takt med, at ældrepopulationen øges, og at flere patienter overlever sygdomme længere end tidligere. Det er derfor væsentligt, at vi fremadrettet kan tilbyde patienter med mundtørhed/nedsat spytkretion en bredere vifte af veldokumenterede behandlinger, der er adækvate ift. årsagen til xerostomi og hyposalivation, fx Sjögrens syndrom eller strålebehandling og/eller

kemoterapi, og ikke mindst tilpasset den enkelte patient mht. spytkretionskapacitet, tand- og mundslimhindestatus, tyggevæne og præferencer for smag, konsistens, etc.

Det aktuelle Cochrane-review, der udelukkende fokuserer på lokalbehandling af xerostomi dvs. sugetabletter, mundsprays, mundgeler, skyllevæske og tyggegummi, pæger en central problemstilling. De eksisterende anbefalinger for behandling af xerostomi/hyposalivation er i vid udstrækning empiriske, idet erfaringsgrundlaget fra randomiserede interventionsstudier af høj kvalitet er begrænset. Ligeledes mangler vi viden om langtidseffekten af de forskellige lokalbehandlinger, herunder indflydelse på tandsubstans og mundslimhinde. Vi har for nylig i et review vedr. behandling af xerostomi og hyposalivation som følge af cancerterapi netop påpeget, at den videnskabelige dokumentation for effekten af spyterstatnings-/spytkretionsfremmende produkter er sparsom. Ud over nævnte behov for flere evidensbaserede behandlingsmuligheder er patientvejledning fsva. mundhygiejne, kost og andre livsstilsfaktorer samt regelmæssig fluorbehandling centrale elementer i behandlingen af patienter med xerostomi og nedsat spytkretion.

ABSTRACT**Background**

Xerostomia (the feeling of dry mouth) is a common symptom especially in older adults. Causes of dry mouth include medications, autoimmune disease (Sjögren's Syndrome), radiotherapy or chemotherapy for cancer, hormone disorders and infections.

Objectives

To determine which topical treatments for dry mouth are effective in reducing this symptom.

Search methods

We searched the following electronic databases: the Cochrane Oral Health Group Trials Register (28 October 2011), The Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library, Issue 4 2011), MEDLINE via OVID (1950 to 28 October 2011), EMBASE via OVID (1980 to 28 October 2011), CINAHL via EBSCO (1980 to 28 October 2011), AMED via OVID (1985 to 28 October 2011), CANCELIT via PubMed (1950 to 28 October 2011).

Selection criteria

We included randomised controlled trials of topical interventions such as lozenges, sprays, mouthrinses, gels, oils, chewing gum or toothpastes for the treatment of dry mouth symptom. We classified interventions into two broad categories, saliva stimulants and saliva substitutes, and these were compared with either placebo or another intervention. We included both parallel group and crossover trials.

Data collection and analysis

Two or more review authors independently carried out data extraction and assessed risk of bias. Trial authors were contacted for additional information as required.

Main results

Thirty-six randomised controlled trials involving 1597 participants met the inclusion criteria. Two trials compared saliva stimulants to placebo, nine trials compared saliva substitutes to placebo, five trials compared saliva stimulants directly with saliva substitutes, 18 trials directly compared two or more saliva substitutes, and two trials directly compared two or more saliva stimulants. Only one trial was at low risk of bias and 17 were at high risk of bias. Due to the range of interventions, comparisons and outcome measures in the trials, meta-analysis was possible for only a few comparisons. Oxygenated glycerol triester (OGT) saliva substitute spray shows evidence of effectiveness compared to an electrolyte spray (standardised mean difference (SMD) 0.77, 95% confidence interval (CI) 0.38 to 1.15) which corresponds to approximately a mean difference of 2 points on a 10-point visual analogue scale (VAS) for mouth dryness. Both integrated mouthcare systems (toothpaste + gel + mouthwash) and oral reservoir devices show promising results but there is insufficient evidence at present to recommend their use. Although chewing gum is associated with increased saliva production in the majority of those with residual capacity, there is no evidence that gum is more or less effective than saliva substitutes.

Authors' conclusions

There is no strong evidence from this review that any topical therapy is effective for relieving the symptom of dry mouth. OGT spray is more effective than an aqueous electrolyte spray (SMD 0.77, 95% CI 0.38 to 1.15) which is approximately equivalent to a mean difference of 2 points on a 10-point VAS scale for mouth dryness. Chewing gums appear to increase saliva production in those with residual secretory capacity and may be preferred by patients, but there is no evidence that gum is better or worse than saliva substitutes. Integrated mouthcare systems and oral reservoir devices may be helpful but further research is required to confirm this. Well designed, adequately powered randomised controlled trials of topical interventions for dry mouth, which are designed and reported according to CONSORT guidelines, are required to provide evidence to guide clinical care. For many people the symptom of dry mouth is a chronic problem and trials should evaluate whether treatments are palatable, effective in reducing xerostomia, as well as the long-term effects of treatments on quality of life of those with chronic dry mouth symptoms.

Furness S, Worthington HV, Bryan G, Birchenough S, McMillan R. Interventions for the management of dry mouth: topical therapies. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD008934. DOI: 10.1002/14651858.CD008934.pub2.