

Further Information

If you require further information regarding this syndrome, or your symptoms, please contact your doctor.

Contact details

Oral and Maxillofacial Department
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Monday to Thursday, 8.30am - 5pm
and Friday, 8.30am - 1pm.

Out of these working hours please contact:
Luton and Dunstable Hospital out of hours service ☎ **01582 491166**
and **ask for the maxillofacial doctor on call.**

Reference: Information in this leaflet is taken from www.baoms.org.uk
British Association of Oral and Maxillofacial Surgeons

www.enherts-tr.nhs.uk

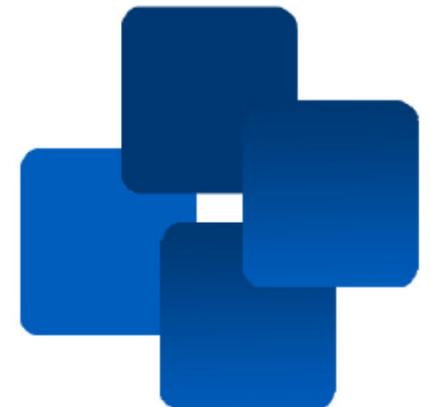
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Patient Information

Burning Mouth Syndrome

Oral and Maxillofacial
Department



Introduction

The purpose of this leaflet is to help you understand the cause, symptoms and treatment of burning mouth syndrome.

What is burning mouth syndrome?

Burning mouth syndrome is the name given to pain or discomfort felt in the mouth. Although the symptoms of this syndrome can be annoying it is harmless. Burning mouth syndrome often affects the tongue, lips and cheeks with occasional effects on the other skin linings in the mouth. Most people with the condition describe symptoms as a “burning” or “scalded” feeling inside the mouth.

Who is affected?

Burning mouth syndrome is a common condition. It often affects women of post menopausal age and can also affect men. Up to 1 in 3 older woman are affected by burning mouth syndrome.

What is it caused by?

The sensation of a burning mouth can be caused by:

- Medical or dental problems e.g. mouth infections or thrush
- Blood vitamin deficiencies
- Allergic reactions
- Reactions to medication which is being taken for other medical conditions
- Incorrect setting of dentures
- Anxiety or stress
- Depression

The Oral Medicine Unit at Cardiff Dental Hospital found that certain foods or drinks may contribute. However, no definitive proof has been established that food or drinks cause ulcers. Below are some examples of those that may:

- Chocolate
- Liquorice
- Tomatoes
- Most fizzy drinks
- Crisps may cause recurrent ulceration in susceptible patients
- The preservatives E210-E219 (Benzoates)

Patients are advised to look out for a link between food stuffs and the onset of ulcers. Be aware that E210-E219 is widely used in foods.

How is burning mouth syndrome diagnosed?

Should a person complain that their mouth feels as though it is burning or scalded, some minor procedures are completed before burning mouth syndrome is diagnosed:

- A detailed medical history is taken to check for any possible allergic reactions or medications which may cause the symptoms.
- The mouth will be examined to check for infections such as thrush.
- Denture wearers will have the fit of their dentures checked to evaluate whether this could be a contributing factor.
- Any stress, anxiety or depression problems will be discussed to see if they may be a causing factor.
- Blood test may be completed to check for any deficiencies which may be the reason for the symptoms.

What treatment is available?

It may simply be the case that your GP will need to review your medication or you may need vitamin supplements. There is no evidence that hormone replacement therapy is effective as a treatment for the burning mouth syndrome. Likewise vitamin supplements will not be effective if blood tests are normal. Symptoms often improve following reassurance that there is nothing to worry about.

Special mouthwashes and toothpaste can be prescribed to reduce the symptoms when they are especially uncomfortable. Likewise Difflam Spray can be used to relieve the pain. Experiment with different toothpastes but avoid toothpastes with **Lauryl Sulphate** in them.

Occasionally a prescription for a low dose of anti-depressants can be helpful even if you are not depressed. This is because in low doses some anti-depressants have been found to reduce the symptoms of burning mouth syndrome.