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Commentary
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Xerostomia Is a Common Problem among the Elderly

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Introduction

Despite the fact that xerostomia is linked to ageing, studies have shown that salivary gland function is preserved in healthy geriatrics. Furthermore, dry mouth is most likely not a result of ageing, but rather of a systemic or extrinsic cause. Saliva appears to change chemically as people age. Saliva can become thick and viscous as ptyalin levels drop and mucin levels rise, causing problems for the elderly [1].

Medication is one of the most common causes of xerostomia. Diuretics and anticholinergic, such as psychiatric drugs and antihistamines, can dry up the oral mucosa. Salivation can be reduced by chronic mouth breathing, radiation therapy, dehydration, and autoimmune diseases like Jorgen's, as well as systemic illnesses such diabetes, nephritis, and thyroid dysfunction. Xerostomia can cause dysgeusia, glossodynia, sialadenitis, oral mucosa cracking and fissuring, and halitosis. Denture retention, mastication, and swallowing can all be affected by oral dryness. Hydration and sialagogues, as well as artificial saliva substitutes, can be used to treat dry mouth. Patients should be referred to a dentist for preventative care since they are at risk for dental caries. Pilocarpine has lately been utilised with good success in individuals with Jorgen's syndrome and those who have had radiation therapy [2].

Description

Xerostomia (the term comes from ancient Greece) is a common and aggravating ailment treated by otolaryngology. This syndrome is most commonly seen in the elderly, and it can be linked to depression, microsites, oral and dental infections, dysphagia, speech impairments, and digestive issues. It is critical for a skilled doctor to look for a systemic or extrinsic cause of xerostomia. These include metabolic or immunological disorders, pharmaceutical use, and/or a history of head or neck radiation. Patients with dry mouth syndrome can benefit immensely from head and neck experts taking the time to inquire about their general health in a caring and sympathetic manner. Despite the fact that xerostomia is a tough condition to treat, there are treatment options that can significantly improve the patient's well-being and avoid subsequent difficulties [3].

Saliva is a secretion that supports oral homeostasis by including proteins, glycoproteins, enzymes, electrolytes, and tiny chemical compounds. Cholinergic activation of muscarinic receptors within the salivary glands causes saliva production. Every 24 hours, a healthy adult generates about 1.5 litres of saliva. The average patient produces 0.4 ml of saliva every minute. The salivary glands can generate five times as much saliva when stimulated, or around 2 ml/min. The parotid, sublingual, and submandibular salivary glands produce 90% of the total salivary output. The rest of the secretory output is produced by min or salivary glands, which are found across the buccal mucosa and palate [4]. The parotid glands secrete up to 50% of a person's saliva when they are awake. When a person is sleeping, however, the parotid gland produces essentially no saliva; the submandibular glands provide the majority of the nocturnal output. The parotid gland produces primarily serous flu id, which gives saliva its watery appearance, whereas the sublingual glands create mucin, which gives saliva its viscosity. A mixture of serous and mucin is secreted by the submandibular gland.

Saliva has a wide range of functions and is extremely important. Water and mucus, as well as enzymes like amylase, ribonucleic acid, and lipase, help to break down food by lubricating and dissolving it into particles. Saliva also regulates the oral flora and helps to maintain normal oral and upper gastric pH levels (many glycoproteins and enzyme s contain antibacterial, antifungal, and antiviral properties). Because salivary gland plasma cells produce immunoglobulin A (lgA) antibodies, saliva is considered part of the mucosal immune system. Saliva's ability to buffer acids protects tooth enamel and promotes dental health. Finally, as previously said, saliva is necessary for proper speech and taste. Natural ageing causes major changes in the content and mixing of saliva, with ptyalin levels dropping and mucin levels rising. Saliva can become thick and viscous in the elderly. Salivation diminishes with age, yet it is still acceptable in normal, healthy people [5].

Because xerostomia is a subjective complaint, it may or may not correspond to physical signs of oral dryness. Oral moisture perception can be affected by defective or changed psych sensory function. Locker investigated subjective complaints of mouth dryness in an older population and discovered that over 20% of those polled had experienced it. Xerostomia was the most common symptom among the 22 in that poll. In this sample, Locker discovered three predictors of mouth dryness: prescription medication use, recent stress, and the patient's wealth. Gilbert et al surveyed 600 senior, community-dwelling Floridians and discovered that 39% of them had xerostomia. They also came to the conclusion that the increased prevalence of xerostomia in this group was due to the usage of several drugs. Locker conducted a second research of xerostomia in patients aged SO and older and discovered three predictors: age, chronic medical problems, and poor general health.

Acknowledgement

None.

Conflict of Interest

None.

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