



# Reader Feedback

## Dry Mouth Should Not Be Tolerated as “Natural”

I applaud the excellent review article, “Diabetes and Oral Health,” which appeared in the July 2007 issue, starting on page 64. Those of us who work at the intersection of hospital-based health care and the dental profession always appreciate opportunities to offer guidance to physicians and nurses, as well as to potential patients, on the impact of systemic diseases on oral health and vice versa.

I was less pleased, however, with the Patient Information piece concerning oral health for older adults that appeared on pages 59 and 60 of that same issue. The second sentence of the sixth paragraph stated, “As we age, the flow of saliva naturally slows...”—a widely held but damaging misconception that continues to proliferate through well intentioned but inaccurate sources. Most dry mouth in older adults is an adverse effect of one or more medications that the patient is taking for different chronic diseases; some may be due to autoimmune connective tissue disease or other ailments. But by blaming this destructive condition on aging, the people most likely responsible for it (those who write the prescriptions), who therefore are in the best position to alleviate it, are exonerated of their role.

The research team most widely credited as responsible for debunking the myth linking dry mouth and aging (in 1980) was the Clinical Investigations branch of the National Institute of Dental and Craniofacial Research, whose employees are uniformed officers of the PHS. Their work

with the Baltimore Longitudinal Study on Aging population, along with the findings of VA researchers working on the Dental Longitudinal Study arm of the VA Normative Aging Study at the Boston VA Outpatient Clinic, made clear that reports of dry mouth should be taken seriously as potentially reversible conditions and are not natural concomitants of the aging process. That these findings came from investigators who are among the target audience of *Federal Practitioner* makes their omission in this multidisciplinary journal all the more disquieting to me. ●

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### *The editors respond:*

*All of our Patient Information pieces are staff-written, using multiple reputable sources, and are reviewed by a member of the journal’s peer review committee prior to publication. In this case, we assure our readers that the intention was not to downplay the key role that medication plays in the etiology of dry mouth—nor to let providers “off the hook” in getting to the bottom of and relieving the problem. Rather, in our attempt to present a simplified and concise overview of these conditions for the patient, we may have chosen wording that was not scientifically precise. We appreciate your efforts to clarify the issue for our readers. In recognition of the important point you have raised, we have revised the version of this Patient Information that is available on our web site (<http://www.fedprac.com>).*