## Advise the Dos and Don'ts For Slowing Dental Decay

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FORT LAUDERDALE, FLA. — The chronic dry mouth that characterizes Sjögren's syndrome can accelerate dental decay in approximately 70% of patients with the disease, Steven J. Kusnick, D.D.S., said at a meeting sponsored by the Sjögren's Syndrome Foundation.

Patients who attempt to manage their dry mouth symptoms with gum or mints should be advised to use products that contain the natural sweetener xylitol instead of looking for ones that are merely sugar free because the latter won't prevent tooth decay, said Dr. Kusnick, a general dentist in private practice in Sunrise, Fla., and a specialist in cosmetic and reconstructive dentistry.

Over-the-counter products that contain xylitol include Smints, a brand of mints that stimulate saliva and have xylitol as the first ingredient, Koolerz gum in any flavor, and Starbucks gum in peppermint and cinnamon flavors.

Other tips include reminding patients to drink water throughout the day, use lip balm regularly, and avoid smoking and drinking alcohol. While some patients may realize they need to avoid acidic juices, such as orange and grape, many carbonated drinks, including diet sodas, also contain acid and should be avoided.

Two prescription salivary substitute medications—pilocarpine (Salagen) and cevimeline (Evoxac)—can be an effective adjunct to lifestyle modifications, but many patients are deterred by their side effects, which include flushing, sweating, and headaches.

Salivary substitutes can interact poorly with other medications, so physicians should inquire about all medications before prescribing them. And since Sjögren's patients are predisposed to several specific conditions—including liver disease and glaucoma—comorbitities should be thoroughly investigated since many are contraindications for the use of salivary substitutes.

"The earlier we catch a problem, such as a cavity, the easier it is to treat," so regular checkups are key.

Dr. Kusnick also recommends that his Sjögren's patients use a standard, non-whitening toothpaste, rather than any of the whitening formulas. "Whitening toothpastes have an ingredient that makes teeth more sensitive. They can also irritate the soft tissues of the mouth. And they don't whiten your teeth that much," he explained.

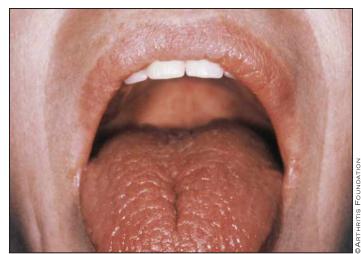
Other rules for basic oral health in general apply to Sjögren's patients as well—floss, and avoid snacks between meals. If patients snack, remind them to rinse their mouths with water afterward.

Fluoride varnish can be helpful to prevent decay in high-risk patients, Dr. Kusnick noted. In patients with gumline decay, power toothbrushes can be helpful in getting the fluoride into the gum area. "If people get a lot of cavities, we give them fluoride trays to use at home," he added.

When cavities occur, Dr. Kusnick rec-

ommends crowns rather than standard fillings. Many Sjögren's patients complain that their fillings fall out, and crowns cover the whole tooth, which makes them more secure. He advises Sjögren's patients to avoid dentures.

For more information about managing dry mouth and a list of additional products with xylitol, visit the Oral Health Education Foundation Web site at www.ohef.org.



Chronic dryness of the mouth and tongue, as shown here, can be managed with xylitol products, lifestyle modifications, and prescription salivary substitutes, if tolerated.

The starting and maintenance dose for MOBIC is 7.5 mg once daily. Some patients may receive additional benefit by increasing the dose to 15 mg once daily. Higher doses of MOBIC (22.5 mg and greater) have been associated with an increased risk of serious GI events; therefore, the daily dose of MOBIC should not exceed 15 mg.

**Indications:** MOBIC is indicated for relief of the signs and symptoms of osteoarthritis and rheumatoid arthritis.

Contraindications: MOBIC is contraindicated in patients with known hypersensitivity to meloxicam. It should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients.

## Important NSAID risk

information: Patients should be informed about the signs and/or symptoms of serious GI toxicity and the steps to take if they occur. It has been demonstrated that upper GI ulcers, gross bleeding or perforation, caused by NSAIDs, appear to occur in approximately 1% of the patients treated for 3-6 months, and in about 2-4% of patients treated for one year. Serious GI bleeding can occur without warning.

Please see following pages for Brief Summary of Prescribing Information.

## MOBIC: A TREATMENT OPTION FOR OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS

- Improvement in pain, stiffness, and physical function in OA studies¹
- Significant improvement in ACR20 responder rate in an RA study
- Low incidence of serious GI adverse events<sup>2</sup>
- Low incidence of hypertension and edema in OA studies<sup>3</sup>
- No sulfonamide contraindication
- Once-daily 7.5 mg and 15 mg tablets for OA and RA



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References: 1. Yocum D, Fleischmann R, Dalgin P, et al. Safety and efficacy of meloxicam in the treatment of osteoarthritis: a 12-week, double-blind, multiple-dose, placebo-controlled trial. *Arch Intern Med.* 2000;160:2947-2954. 2. Singh G, Lanes S, Triadafilopoulos G. Risk of serious upper gastrointestinal and cardiovascular thromboembolic complications with meloxicam. *Am J Med.* 2004;117:100-106. 3. Data on file, Boehringer Ingelheim Pharmaceuticals, Inc.