

Burning mouth syndrome

This leaflet has been written by a European team who belong to EFIC, a multidisciplinary professional organisation who are involved in pain management and pain research.

It is intended for use by patients (or their family and carers) in discussion with their local specialists. It is not intended to replace discussion with your specialist.

The aim of the leaflet is to provide information about burning mouth syndrome.

What is Burning Mouth Syndrome (BMS)?

Burning mouth syndrome is a condition which is characterized by a burning pain or unpleasant sensation confined to the lips or tongue or can be more widespread in the mouth.

The sensation can be continuous or may come and go. Sometimes it can also be accompanied by other symptoms such as a dry mouth or an unpleasant taste or feelings of numbness.

Some people find the symptoms can increase with talking, eating hot or spicy foods and in times of stress. Others have reported that symptoms can be reduced by some foods or drink, sleep or rest and distraction, although this is usually a temporary effect.

This condition can have a variety of symptoms and you may experience symptoms that we have not mentioned here. Sometimes you will see BMS referred to by other names such as glossodynia, glossopyrosis, oral dysaesthesia or stomatodynia.

Who gets BMS?

It is thought that BMS can affect up to about four and a half percent of the population.

BMS is more common in women than men. There is an increased occurrence in women around the menopause.

What causes BMS?

At this time, the causes of BMS are not well understood and research is ongoing. Burning is not a symptom of mouth cancer or infection, but it may be caused by other diseases, deficiencies or occasionally by certain medications.

How is BMS diagnosed?

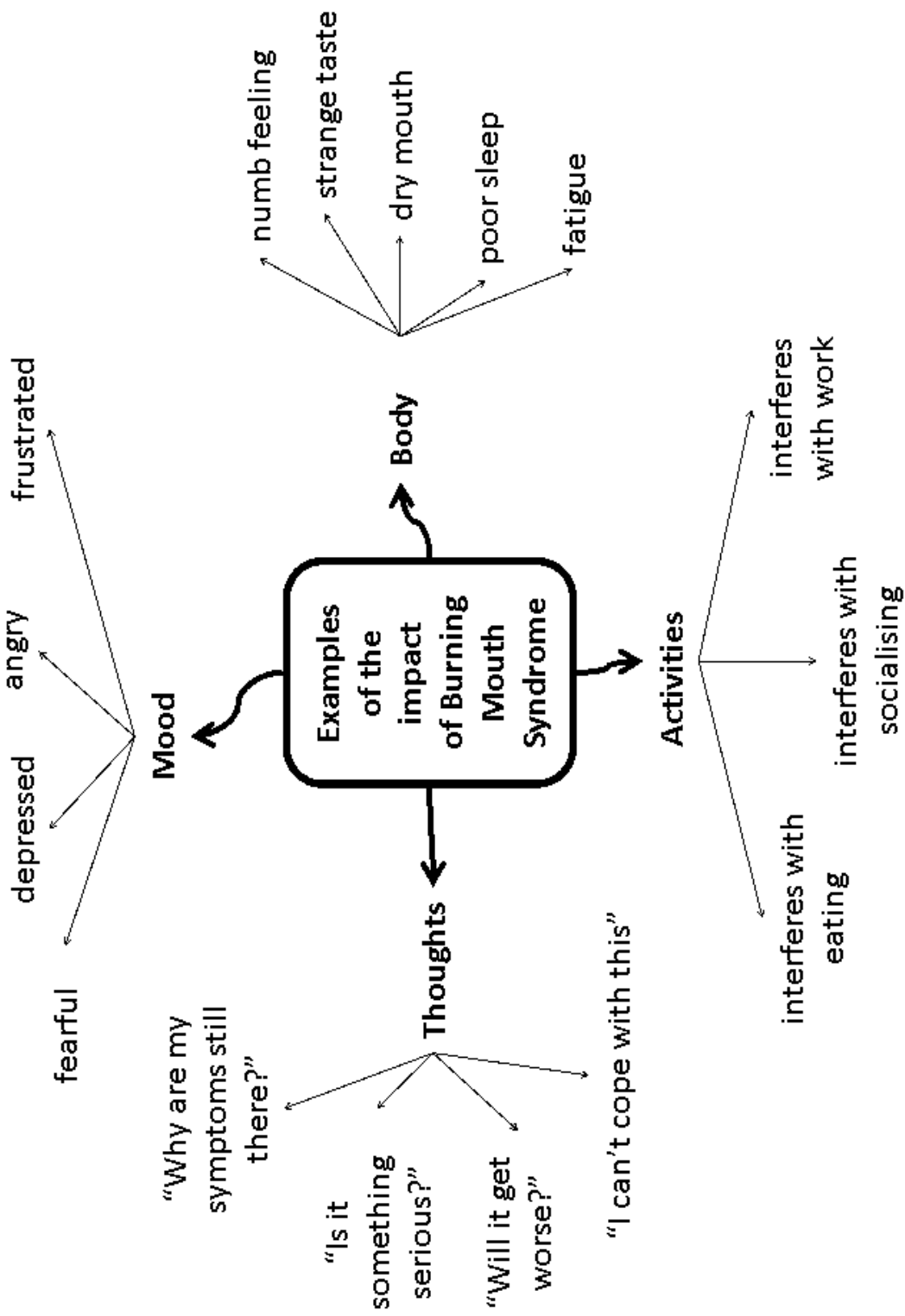
Before a diagnosis can be made, blood tests are often carried out to check for other conditions such as anaemia or vitamin deficiencies. If any abnormality is found, treating the underlying condition may alleviate the symptoms.

If all the tests are normal and all other potential causes have been excluded, then a diagnosis of Burning Mouth Syndrome will be made.

Recent studies suggest that in some people with the condition, changes occur in the way the mouth transmits warmth, cold and taste signals to the brain. This results in pain, discomfort, or burning. This is called “neuropathic pain” as it is caused by a change in the way the nerves transmit messages. We often do not know why this can happen.

What are the effects of living with BMS?

Living with ongoing physical symptoms can be a challenge. Some people find their symptoms do not have a major impact on their life, although they may find the symptoms annoying or frustrating. Others can find it more difficult to continue with activities and can find the symptoms very distressing. If you find that the symptoms are causing you to feel low or stop you undertaking your usual activities, then you may find it helpful to discuss this with your doctor. Sometimes pain psychologists can help you to learn ways of coping with the symptoms and to reduce the negative impact they have on your life.



What treatments are available?

BMS is usually a long-term condition. It is unlikely that medical treatment will be able to provide a cure, but it may be able to improve some of the symptoms.

- Some people find medications used for neuropathic pain useful.
- Burning is often worse when accompanied with mouth dryness. Plain water or sugar-free chewing gum can help keep your mouth moist.

Psychological treatments have been shown to be of benefit to some patients. As this condition can be long-term, it may be helpful to think about what you can do to manage the symptoms. If you find that you have stopped doing some things you enjoy because of your symptoms, you may want to think about how you can gradually return to some of these activities, or even consider developing new hobbies. Many people find doing enjoyable activities helpful, as it provides pleasure and a focus away from their condition.

If you find that stress increases your symptoms, you may find it helpful to consider what you can do to manage the stress. For example, some people find it helpful to undertake more physical exercise or activities such as yoga or meditation.

Making changes can be difficult; so clinical psychologists can support you with thinking about ways to reduce the impact that BMS has on your life. A psychological approach will not take your symptoms away but it can help you learn self-management strategies to address many of the effects of BMS.

Cognitive-behavioural therapy (CBT) for pain management has been shown to be very effective. For example, people who have attended a CBT programme may be doing more in spite of having pain, their mood may improve and they may be able to manage day to day life better. These are just a few of the ways that CBT can help.

Referral to a psychologist does not mean that we do not believe your pain is real or we think psychological factors are causing your symptoms. We recognise that a condition like BMS can have an impact on mood and activity and psychologists can help you to manage this.

References

Fedele S, Fricchione G, Porter SR, Mignogna MD (2007). Burning mouth syndrome (Stomatodynia). *Q J Med*;100:527–530

National Institute for Health and Clinical Excellence (2010). CG96 Neuropathic pain – pharmacological management: understanding NICE guidance (<http://www.nice.org.uk/nicemedia/live/12948/47958/47958.pdf>)

Zakrzewska JM, Forssell H, Glenny AM (2005). Interventions for the treatment of burning mouth syndrome. *Cochrane Database of Systematic Reviews*, Issue 1. Art. No.: CD002779. DOI: 10.1002/14651858.CD002779.pub2

(<http://www2.cochrane.org/reviews/en/ab002779.html>)

Further information

Online support for chronic pain patients: <http://www.paintoolkit.org>

Based on material produced by facial pain team University College Hospitals NHS Foundation Trust