ENT Specialists Of North Florida

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Burning mouth syndrome

Potential contributing factors/Therapies:

Acid Reflux: Many people have reflux without the traditional symptoms of heartburn or indigestion. Some experience only throat irritation, cough, and burning sensation in the throat or mouth. You should try to avoid reflux triggers and we may start a trial of reflux medication to see if this helps the burning sensation.

Dry mouth: If you have significant dry mouth, you may try salivary substitutes such as Biotene products or XyliMelts. Another option is a prescription medication called Cevimeline (Evoxac).

Avoiding Irritants: Avoid hot and caffeinated beverages such as coffee, tea, soda. Avoid smoking/tobacco products. Stop all toothpastes, mouthwashes, any habitual candies or gums. Try basic fluoride toothpaste such as Tom's of Maine brand. Tartar control and even sensitivity toothpastes can be particularly irritating.

Fungal infection: A trial of antifungal medication (Clotrimazole troches) may be recommended to rule this out as a potential cause of burning sensation.

Vitamin supplementation: BMS has been associated with various vitamin deficiencies. There is some evidence that supplementation of B vitamins, zinc, and magnesium may help. You may discuss testing for deficiencies and supplementation with your primary care physician. Consider taking B complex supplement pill containing all B vitamins (vitamin B1), riboflavin (vitamin B2), niacin (vitamin B3), Pantothenic acid (vitamin B5), pyridoxine (vitamin B6), vitamin B12, Folic acid (vitamin B9), Biotin (vitamin B7). As well as a zinc and magnesium supplement.

Chewable dental probiotic: These are specific strains of bacteria known to support a healthy mouth and improve oral health. Some have reported improvement in burning with use.

Capsaicin Rinse: Capsaicin is the substance in hot peppers that makes them spicy. Ironically, capsaicin mouth rinse has been shown to improve symptoms in those with BMS. This is thought to be related to depletion of substance P within sensory nerves which interrupts the sensation of pain.

Medication side effect: Some evidence suggests that there may be an association between use of blood pressure medications called angiotensin converting enzyme (ACE) inhibitors and BMS. The names medications in this class end in “-pril” such as Lisinopril or Captopril. If you are on one of these medications you may discuss with your primary care physician whether it would be possible to switch to another class of blood pressure medication to see if this improves the burning sensation.

Allergies: You may be referred to an allergist to consider testing for food allergies or allergies to dental materials which may contribute to burning.

Neuromodulating medications: If all of the above treatments fail to bring symptoms to an acceptable level of control, certain medications that are used to treat nerve related pain may be considered. These include medications such as Gabapentin or tricyclic antidepressants.

Hormone replacement therapy: Burning mouth syndrome is more common in postmenopausal women. Some women who initiate hormone replacement therapy have had improvement in burning mouth syndrome symptoms.