

RGH Pharmacy E-Bulletin

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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Mouth care

Stomatitis is defined as inflammation of the mouth and lips, while mucositis is inflammation of the entire oral cavity. Symptoms include painful mouth, loss of appetite and altered taste. These conditions may result from dry mouth (xerostomia), infection (e.g. oral thrush, herpes), radiotherapy or chemotherapy, and nutritional deficiency. Therapy involves treating the underlying cause, and symptomatic management.

For lips or small mouth ulcers, local topical application is adequate. Topical salicylates – Bonjela®, Ora-sed® gel, contain aspirin, which has an anti-inflammatory effect but will increase bleeding time. Overuse may lead to systemic absorption. Orabase® is a protective paste which can be applied to breaks in the oral mucosa to facilitate healing. It often used in a formulation with triamcinolone (Kenalog®) mixed into the paste, i.e. Kenalog® in Orabase®. However, the use of topical corticosteroids is not ideal in the presence of an infection.

Treatment of mucositis should involve all affected areas, so mouthwashes or systemic treatments are necessary. In particularly severe cases (e.g. radiotherapy-or-chemotherapy-induced mucositis) the condition can affect the upper and lower GI tract and limit nutritional intake. Strong opioids may be required to manage pain.

Benzydamine (Difflam®) is the only mouthwash recommended by the Multinational Association of Supportive Care in Cancer (MASCC), and then only for patients receiving head and neck radiotherapy. Chlorhexidine is not recommended by MASCC.

The possible link between alcohol-containing mouthwashes and oral cancer is still under debate. There have been a number of reviews of the literature, the most recent of which implied an increased risk where previous reviews had not done so. However, the Australian Dental Association says this does not reflect its current view of the issue. The Oral and Dental Therapeutic Guidelines advise against the use of alcohol-containing mouthwashes because they are drying to the oral mucosa and may impair healing.

Local anaesthetics do not improve healing time, only discomfort. Xylocaine Viscous® contains 2% lignocaine, and can be swallowed. Numbness of the mouth and throat is an issue to consider for patients swallowing hot foods/liquids. Avoiding trauma to the mouth is important, as is use of a soft toothbrush. Amosan® sachets can be used instead of tooth cleaning – the powder should be dissolved in warm water, rinsed and spat out afterwards.

Gelclair® contains polyvinylpyrrolidone, sodium hyaluronate, and glycyrrhetic acid (a liquorice extract), which form a protective barrier and reduce the pain of mouth ulcers. In the only published paper assessing the effectiveness of this treatment, the product reduced morphine requirements and pain scores, but the duration of mucositis was not assessed. This product has been marketed as a wound dressing and not a therapeutic good.

Other mouthwashes such as vitamin B12, sucralfate etc have been used from time to time in palliative care and although there are anecdotal reports of benefit there is no clinical evidence to support their use. Sodium bicarbonate is routinely used and is unlikely to be harmful.

Palifermin (Kepivance®) is a human recombinant keratinocyte growth factor. Its only approved indication is for use in patients with haematological malignancies receiving myelotoxic therapy requiring haematopoietic stem cell support. Cost would prohibit use under any other circumstances.

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FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
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