

## Mouthcare

### Introduction

Good mouth care is important at all times to help ensure that your mouth is kept clean, moist and free from infections. However, when you have myeloma it is essential to be extra vigilant with your mouth care as you may be more prone to a variety of problems including a sore or inflamed mouth, infections, bleeding gums and a dry mouth.

### What are the causes of mouth problems?

When you have myeloma you may have a weakened immune system – both because of the disease itself and also as a result of some of the common treatments (e.g. chemotherapy and steroids). This can mean that you are at an increased risk of picking up frequent or recurring infections. Common mouth infections include the fungal infection known as thrush (or candidosis) and the viral infection herpes simplex (which often results in cold sores).

Some of the chemotherapy drugs used in the treatment of myeloma can cause a variety of mouth problems, especially inflammation or ulceration of the lining of the mouth (known as mucositis). This is because chemotherapy attacks the rapidly dividing cells throughout the body, such as those in the lining of the mouth. Mucositis can be extremely painful and can, especially after highdose chemotherapy and stem cell transplantation, make eating and drinking very difficult.

Some myeloma treatments can, temporarily, lower your platelet count (e.g. Velcade, chemotherapy). As a result of this you may notice that you bleed more easily – especially from your gums or the corner of your mouth. This can sometimes lead to painful cracks around your mouth.

Another common side-effect is a dry mouth as many drugs can interfere with saliva production. Though unpleasant and uncomfortable, it is worth remembering that most mouth problems are usually a temporary and very treatable complication of myeloma or its treatment.

There are some reports of patients with myeloma, who are receiving bisphosphonate treatments, experiencing pain and / or destruction of the jaw bone. This condition, known as osteonecrosis of the jaw, is a very rare condition and there is some evidence to suggest that it may be linked to long-term bisphosphonate therapy. However, it is still recommended that everyone who requires treatment for their myeloma should be receiving bisphosphonate treatment.

### What to look out for

It is a good idea to get into the habit of inspecting your mouth every day so that you can detect any visible changes. To do this you will need to look closely at your gums, your tongue and the lining of your mouth.

Let your doctor, or nurse, know if you are experiencing any of the following:

- Unusual dryness of the mouth
- Redness or swelling of the tongue, lips, gums or the lining of the mouth
- Gums that bleed easily or are inflamed
- Sores on the lips or at the corners of the mouth
- Mouth ulcers
- Altered taste or sensation in mouth
- White plaques coating the tongue and the lining of the mouth – this may indicate oral thrush
- Pain or numbness in the jaw or surrounding area
- Loose or damaged teeth

## **Treatments available**

It is important to inform your doctor, or nurse, as soon as you notice any changes to your mouth so that the appropriate treatment can then be prescribed.

Treatments may include:

- Antibacterial mouthwash (e.g. chlorhexidine) – to reduce the risk of infections
- Anaesthetic mouthwash (e.g. difflam) – to relieve pain
- Antiviral medication (e.g. acyclovir) – to treat, or prevent, cold sores
- Antifungal lozenges, drops or mouthwash (e.g. nystatin) – to treat and prevent oral thrush
- Artificial saliva spray (e.g. glandosane) – to help relieve the discomfort of a dry mouth
- Pain killers (e.g. codeine or morphine) may sometimes be required (often in liquid form or via a syringe driver) for severe mucositis

Try to get into a routine with your mouth care and ensure that you comply with any treatment that your doctor has given you. If your mouth is sore, ensure that you take painkillers or an anaesthetic mouthwash before you eat.

If you do need any invasive dental treatment, it is important that your dentist knows about your myeloma and any treatment that you are receiving. It is also advisable to discuss any proposed dental treatment with your haematologist prior to undergoing the procedure.

## **Tips for self-management**

### **Preventative measures**

- Try to keep your mouth clean by brushing your teeth at least twice a day. Use a soft toothbrush and only brush very gently around your gums
- Avoid flossing your teeth unless you know that your platelet count is normal
- Keep your mouth moist and fresh and try to drink at least three litres of clear fluid a day
- Use vaseline or lip balm to help keep your lips moist
- Keep your dentures clean
- Visit your dentist regularly, especially prior to the start of any new treatment
- Avoid smoking, and take alcohol only in moderation
- Inspect your mouth daily and inform your doctor or nurse of any changes

## **Coping with a sore, dry or infected mouth**

- Take painkillers regularly throughout the day – do not wait until you are in pain
- Avoid spicy, acidic or salty foods as they can increase irritation in your mouth
- Avoid alcohol and tobacco as they too can irritate your mouth
- Eat soft or pureed foods or moisten foods with gravy, melted butter or sauces to make them easier to chew
- Try to keep drinking as much as possible – use a straw if necessary
- Eat ice cubes, ice-lollies or boiled sweets – they can soothe a sore mouth and help with dryness
- Avoid wearing dentures for a while if your mouth is very sore or inflamed
- Ask to be referred to a dietician if you are having problems eating – they can prescribe supplements to boost your nutritional intake.
- Use mouthwashes regularly as they can provide temporary relief

## **The future**

There is now an increased awareness of the mouth care needs of myeloma patients. Research is ongoing to try to establish the most effective mouth care regime – particularly after high-dose therapy and stem cell transplantation. Further research is also being carried out to try to establish what, if any, links there are between osteonecrosis of the jaw and bisphosphonate therapies.

## **About this Infosheet**

The information in this Infosheet is not meant to replace the advice of your medical team. They are the people to ask if you have questions about your individual situation. All Myeloma UK's publications are extensively reviewed by patients and healthcare professionals prior to publication.

## **Other information available from Myeloma UK**

Myeloma UK has a range of Essential Guides, Infoguides and Infosheets available, covering many areas of myeloma, its treatment and management. To order your free copies, contact the **Myeloma Infoline** on **0800 980 3332**. This information is also available 24/7 on our website at [www.myeloma.org.uk](http://www.myeloma.org.uk).

If you would like to talk to someone about any aspect of myeloma, its treatment and management, call the **Myeloma Infoline** on **0800 980 3332**. Your call will be answered by Myeloma Nurse Specialists who are supported by medical and scientific advisors. The Myeloma Infoline is open from Monday to Friday, 9am to 5pm, and is free to phone from anywhere in the UK. From outside the UK, call +44 131 557 3332 (charged at normal rate).

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