Mouth care

Symptoms and complications Infosheet

This Infosheet explains the causes of mouth problems in myeloma patients and what increases the risk of developing these problems. It also explains the signs and symptoms of mouth problems, and how they are treated and managed.

Mouth care and myeloma

Good mouth care is important, so that you keep your mouth clean, moist, and free from infection. However, myeloma patients are at an increased risk of developing mouth problems. These include: a sore or inflamed mouth, infection, bleeding gums, and a dry mouth.

What are the causes of mouth problems?

In myeloma, mouth problems can result from a weakened immune system or from side effects of treatment. Both are described more below.

Weakened immune system

When you have myeloma you are likely to have a weakened immune system. This is due to the myeloma itself and some of the treatments. This means you are at an increased risk of picking up infections.

Common mouth infections include fungal infections, such as thrush (or candidiasis), and the viral infection herpes simplex (which often causes cold sores).

Side effects of treatment

Some of the chemotherapy treatments for myeloma can cause a variety of mouth problems. Inflammation or ulceration of the lining of the mouth, known as oral mucositis, is a common mouth problem. This is because chemotherapy attacks the rapidly dividing cells in the body, such as those in the lining of the mouth.

Oral mucositis can be extremely painful and can make eating and drinking very difficult. Patients receiving high-dose melphalan as part of high-dose therapy and stem cell transplant (HDT-SCT) are particularly at risk of developing oral mucositis.

Oral mucositis can cause significant problems if it becomes severe. Measures to prevent oral mucositis or keep it under control are part of the care given to HDT-SCT patients.

For more information about HDT-SCT see the **High-dose therapy and stem cell transplant Infosheet** from Myeloma UK

Some myeloma treatments can also temporarily lower your platelet count. Platelets are the blood cells that form clots to stop bleeding. As a result of a low platelet count you may bleed more easily from your gums or the corner of your mouth. This can sometimes lead to painful cuts on the skin around your mouth.

In addition, some myeloma treatments can reduce the amount of saliva you produce. This causes a dry mouth in some patients.

Although unpleasant and uncomfortable, most mouth problems are usually temporary. They should resolve once treatment has finished or once your myeloma is brought back under control.

There are also several supportive treatments that can be prescribed to treat or prevent mouth problems. See page 4 for more information on supportive treatments.

Osteonecrosis of the jaw (ONJ) is a rare condition in which one or more parts of the jawbone become exposed to the inside of the mouth. It can occur as an uncommon side effect of bisphosphonates in some myeloma patients. ONJ is more common when the bisphosphonates are given into the vein (intravenously) or after longer-term treatment. It is more common after major dental treatment such as a tooth extraction.

Bisphosphonates are a type of treatment that slows down or prevents bone damage, which is a common complication of myeloma. Bisphosphonates are recommended for all patients with active myeloma.

For more information see the **Osteonecrosis of the jaw Infosheet** from Myeloma UK

What to look out for

Try to check your mouth every day so that you can detect any visible changes. To do this you will need to look closely at your gums, tongue, and the lining of your mouth.

Let your healthcare team 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 or ulcers on the lips, or at the corners of the mouth
- Altered taste or sensation in the mouth
- White plaque or film coating the tongue and the lining of the mouth
- Pain or numbness in the jaw or surrounding area
- Loose or damaged teeth

Treatments available

It is important to inform your healthcare team as soon as you notice any changes to your mouth, so that treatment can be given as quickly as possible.

Treatments may include:

- Antibacterial mouthwash, such as chlorhexidine, to reduce the risk of infection
- Anaesthetic mouthwash such as benzydamine (Difflam®) to relieve pain
- Antiviral medication such as aciclovir, to treat, or prevent, cold sores
- Antifungal lozenges, drops, mouthwash (such as nystatin), or tablets (such as fluconazole), to treat and prevent oral thrush
- Artificial saliva spray to help relieve the discomfort of a dry mouth
- Pain killers (such as codeine or morphine) may sometimes be required for severe oral mucositis
- Caphosol® is a mouth rinse that helps to moisten a dry mouth caused by oral mucositis. It may be given as a 30ml solution at the start of HDT-SCT

Try to form a routine with your mouth care and make sure that you follow any advice that your healthcare team has given you. If your mouth is sore, make sure that you take pain killers or an anaesthetic mouthwash before you eat.

If you need any invasive dental treatment, it is important that your dentist knows about your myeloma and any treatment that you are receiving. If you have been told you need any major dental treatment, it is important to discuss this with your healthcare team before you start bisphosphonate treatment.

Tips for self-management

There are many things you can do to reduce your risk of mouth problems and help manage symptoms.

Preventing mouth problems

- Brush your teeth gently with a soft toothbrush at least twice a day
- Avoid flossing your teeth if you have a low platelet count
- Try to drink plenty of clear fluid, but keep within your daily allowance if your liquid intake needs to be limited
- Use lip balm to help keep your lips moist
- Keep your dentures clean and remove them at night
- Visit your dentist regularly, especially before starting any new treatment

- Avoid smoking, and drink alcohol in moderation
- Inspect your mouth daily and inform your healthcare team of any changes
- If you are going through HDT-SCT ask for some ice or an ice lolly to suck on when high-dose melphalan is being given. This can help to reduce the risk of severe oral mucositis developing

Managing a sore, dry, or infected mouth

- Take pain killers regularly throughout the day, or as prescribed. Do not wait until you are in pain
- Avoid spicy, acidic, or salty foods as they can increase irritation in your mouth
- Avoid smoking and drinking alcohol, as they can irritate your mouth
- Eat soft or puréed foods, or moisten foods with gravy, melted butter, or sauces to make them easier to chew
- Try to keep drinking and use a straw if necessary
- Eat ice cubes or ice lollies because 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
- Alcohol-based mouthwashes can make your mouth sore. Ask for advice about alternatives from your healthcare team or pharmacist
- Avoid food that sticks to the roof of your mouth such as peanut butter and pastry
- Allow food and drinks to cool slightly before having them
- Sugar-free boiled sweets or chewing gum can help stimulate your saliva and make your mouth less dry

Key points

- Good mouth care in myeloma patients is important to prevent mouth problems
- Mouth problems in myeloma can include sore or inflamed mouth, infection, bleeding gums, or a dry mouth
- Mouth problems can be due to both myeloma and its treatment
- Inspect your mouth every day to see if there are any visible changes to your mouth and report any changes to your healthcare team
- Treatment will depend on what mouth problems you are having
- Preventative measures can help reduce the risk of mouth problems
- Major dental work should be done before you start bisphosphonate treatment, to reduce the risk of osteonecrosis of the jaw (ONJ)
- Speak to your healthcare team if you are experiencing symptoms of ONJ
- There are self-management tips to cope with a sore, dry, or an infected mouth

About this Infosheet

The information in this Infosheet is not meant to replace the advice of your healthcare team. They are the people to ask if you have questions about your individual situation.

For a list of references used to develop our resources, visit **myeloma.org.uk/references**

We value your feedback about our patient information.
For a short online survey go to **myeloma.org.uk/pifeedback** or email comments to **patientinfo@myeloma.org.uk**

Other information available from Myeloma UK

Myeloma UK has a range of information booklets available covering all aspects of myeloma and related conditions. Download or order them from **myeloma.org.uk/publications**

To talk to one of our Myeloma Information Specialists about any aspect of smouldering myeloma, call our Myeloma Infoline on **0800 980 3332** or **1800 937 773** from Ireland.

The Infoline is open from Monday to Friday, 9am to 5pm and is free to phone from anywhere in the UK and Ireland.

Information and support about myeloma is also available at **myeloma.org.uk**

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MyelomaUK

We're here for everything a diagnosis of myeloma brings

Get in touch to find out more about how we can support you

Call the Myeloma Infoline on
0800 980 3332

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Visit our website at
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