

Mouth care

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

Introduction

Good mouth care is important to keep your mouth clean, moist and free from infection. However, myeloma patients are at an increased risk of developing a variety of problems including a sore or inflamed mouth, infection, bleeding gums and a dry mouth.

What are the causes of mouth problems?

Weakened immune system

When you have myeloma you are likely to have a weakened immune system – both because of the myeloma itself and also as a result of some of its treatments and this means you are at an increased risk of picking up infections.

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

Treatment side-effects

Some of the chemotherapy drugs used to treat 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 in the body, such as those in the lining of the mouth. Mucositis can be extremely painful and can make eating and drinking very difficult. Patients receiving high-dose melphalan given as part of a high-dose therapy and stem cell transplantation (HDT-SCT) are particularly at risk of developing oral mucositis.

Some myeloma treatments can also temporarily lower your platelet count. Platelets are the blood cells involved in clotting. As a result of a lowered platelet count you may notice that you bleed more easily – especially from your gums or the corner of your mouth which can sometimes lead to painful cracks around your mouth.

In addition, some myeloma treatments can affect saliva production and cause a dry mouth in some patients.

Although unpleasant and uncomfortable, most mouth problems are usually temporary and improve 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 any mouth problems or prevent them from developing in the first place.

A small number of myeloma patients develop pain and/or damage to the jaw bone, a condition known as osteonecrosis of the jaw (ONJ). This is a very rare condition, however there is some evidence to suggest that it may be linked to long-term use of intravenous (in to the vein) bisphosphonates. Bisphosphonates are a type of drug that slows down or prevents bone damage, 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

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
- 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 infection
- 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
- Caphosol - a mouth rinse that helps to moisten a dry mouth caused by mucositis. It is given as a 30ml solution at the start of high-dose therapy and stem cell transplantation (HDT-SCT)

- Palifermin – aims to reduce the risk of developing mucositis during HDT-SCT. It encourages the growth of new cells lining the mouth. It is thought to stop ulcers from forming and help any ulcers that do form to heal faster

Try to form 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 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. It is also important to discuss any proposed dental treatment with your doctor prior to treatment.

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
- Maintain regular dental check ups
- 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 and remove them at night
- Visit your dentist regularly, especially prior to the start of any new treatment
- Avoid smoking, and drink alcohol in moderation
- Inspect your mouth daily and inform your doctor or nurse 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 administered. This can help to reduce the risk of developing, and severity of mucositis

Coping with 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 alcohol and tobacco as they too 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 as much as possible – use a straw if necessary
- Eat ice cubes or ice-lollies – 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

Future directions

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 during high-dose therapy and after stem cell transplantation.

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

The Myeloma 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 around the clock at www.myeloma.org.uk

Notes

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