



# Patient Education Sheet

## Simple Solutions for Treating Dry Mouth

**Clinicians:** Please make as many copies of this Patient Education Sheet as you want and distribute to your patients.

If you have an idea for a topic or want to author a Patient Education Sheet, please contact us at [sq@sjogrens.org](mailto:sq@sjogrens.org).

The SSF thanks **Frederick Vivino, MD, FACR**, University of Pennsylvania, Penn Rheumatology Associates & Sjögren's Syndrome Center, Philadelphia, for authoring "Simple Solutions for Treating Dry Mouth."

- ▶ Ask your family doctor to discontinue or provide substitutes for all medications that cause dry mouth.
- ▶ Eat smaller, more frequent meals to stimulate saliva flow.
- ▶ Increase your intake of liquids (e.g. water, diet soda) during the day. Small sips work best.
- ▶ Minimize time in air-conditioned environments such as offices, supermarkets, airplanes, etc.
- ▶ Use a humidifier at bedtime (target humidity 40-50%) during the fall and winter months when the air is dry to increase nighttime moisture and decrease discomfort.
- ▶ Stop cigarette, cigar and pipe smoking to lessen dryness and your risk for other health problems.
- ▶ Chew sugar-free gum or suck on hard diabetic or sugar-free candies, fruit pits or lemon rinds to activate reflexes that will increase saliva. Look for products containing xylitol, a sweetener that may help prevent dental decay.
- ▶ Try artificial salivas. Use 2-3 squirts in the mouth every hour while awake and at nighttime as needed. Do not spit out any preparation that is safe to swallow to help it last longer.
- ▶ Avoid mouthwashes, fluoride rinses or products containing alcohol or witch hazel that can aggravate oral dryness or burning.
- ▶ Apply vitamin E oil (use liquid or punch hole in capsules) or moisturizing gels to dry or sore parts of the mouth or tongue. Use 2-3x/day after meals, at bedtime, when talking for long periods, exercising, or any other time your mouth needs long-lasting relief.
- ▶ Contact the Sjögren's Syndrome Foundation to obtain a copy of its Product Directory, available free of charge to all members.

For more information on Sjögren's syndrome, visit the SSF Web site at [www.sjogrens.org](http://www.sjogrens.org), call 1-800-475-6473, e-mail [ssf@sjogrens.org](mailto:ssf@sjogrens.org) or write to the Sjögren's Syndrome Foundation, 6707 Democracy Blvd, Suite 325, Bethesda, MD 20817.



# Patient Education Sheet

## Simple Solutions for Dry Eye

*The SSF thanks J. Daniel Nelson, MD, Associate Medical Director, Specialty Care HealthPartners Medical Group & Clinics, and Professor of Ophthalmology, University of Minnesota, Minneapolis, Minnesota, for authoring this Patient Education Sheet.*

### ► One of the main goals in treating dry eye is to make you more comfortable!

Unless specifically ordered by your doctor, stop treatments that make you feel worse.

- Apply a warm, wet compress to the closed eyes using a washcloth heated in tolerably warm water from the sink or shower. Apply at bedtime and upon awakening for 5 minutes or more often if desired.
- Carefully clean the eyelids with warm water or one of the commercially available eyelid cleansers or baby shampoo (avoid any that are irritating), and keep the upper and lower eyelids free of facial creams at bedtime. Anything applied to the eyelids will get into the tear film and can irritate the eye.
- Use non-preserved artificial tears frequently and regularly, even when your eyes feel good. Don't wait until your eyes are uncomfortable.
- When starting a new, preservative-free artificial tear, use the drops every 1-2 hours for at least two weeks before reducing frequency of use. When you taper their use, see if your symptoms worsen. It often is easier to determine feeling worse than better.
- Most artificial tears vary in two important ways - preservatives and thickness or viscosity. If you use artificial tears more than four times a day, use non-preserved preparations. If your vision is blurred with artificial tear use, try a less viscous preparation.
- Try ointments or gels at bedtime by first applying them only to the eyelids and lashes. If that is not helpful, place ~1/4 inch of ointment between the lower lid and eyeball. Because it blurs their vision, some individuals may not like using it.
- Sleep is important for maintaining eye comfort. If you are not sleeping well, see your primary physician for help.
- Wear wrap-around glasses or goggles when outside to provide protection from the environment and to create more humidity around the eyes.
- If you are bothered by light, wear sunglasses or try lenses with a FL-41 filter.
- Humidify your environment in cold weather. Use a bedside humidifier at night, and add a humidifier to your furnace.
- Pollutants and allergens are more concentrated in the tear film of dry eye patients. In hot weather, sleep with the windows shut and keep cool with air conditioning.
- Dry eye patients often develop or aggravate allergies. An over-the-counter allergy drop (even if preserved) used twice daily may help.
- Cold compresses help itchy eyes due to allergies. Warm compresses work best for dry eye symptoms of burning and sand-gravel sensations.
- Anticipate times of the day, week or month when your symptoms are worse, and use artificial tears and warm compresses as a preventive measure. Symptoms may vary with changes in the weather, changes in locale (at work versus at home), and, in women, with the menstrual cycle.

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