



Addressing Medication Side Effects: Xerostomia (Dry Mouth)

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In the population that we serve there is a common problem that we face known as drug induced xerostomia, AKA, dry mouth. There are ways to reduce dry mouth like gum, mouthwash, and lubricating gels. These have limited use due to the need to remove the stimulant from the mouth during swallowing. We decided to seek alternative interventions that would be easy to implement and cost effective and that would stimulate salivation and decrease the effects of xerostomia in long term care residents. With the help of our registered dietitian we decided to start serving sorbet before our lunch and dinner meals in the dining room to decrease dry mouth and hopefully to increase weight gain.

Many older adults living in nursing homes suffer from inadequate food intake secondary to xerostomia. Persons with xerostomia have difficulty forming a food bolus, swallowing, and tasting food, all of which contribute to diminished nutritional status. Sorbet is composed of water, juice from a fruit, and a sugar substitute. The natural citric acid component in the sorbet has the ability to stimulate salivation by "irritating" or exciting the nerves. The primary purpose of serving the sorbet prior to lunch and dinner is to increase salivation to make it easier for the residents to swallow and to actually taste their food.

We served sorbet in the dining room on each of our halls to all residents, but our target population consisted of the residents who were age 65 and above, took at least two medications associated with xerostomia (anti cholinergics, psychotropics, diuretics, etc.), those with a mini mental between 12-30, and those residents who were able to feed themselves in a hour. If they had a diagnosis of dysphagia, major depression, or ate a pureed diet they were excluded from the target population. Our restorative aides weighed residents and obtained a baseline then weighed those residents monthly to track weight gain. The nurse aides charted meal percentages following each meal and those percentages were tracked for the month.

Although we are continuing to gather results of our best practice, serving the sorbet prior to those meals has made a difference in meal intake for the residents being tracked. Residents have showed much delight in getting a "treat" before they eat their meals. This has become something the residents are starting to ask for so I believe this will be something they will stick with!

Polypharmacy is known to have a negative impact on nutritional intake. While discontinuation of many of these types of medications may not be feasible for most but with the simple addition of a calorie-free citrus sorbet prior to meals, we have shown that nutritional intake could be improved without having to modify the medical profile. After researching xerostomia we have learned a lot about the effects of polypharmacy on the elderly's diet and we will be doing more education with staff as to the potential risks of reduced food intake inherent to many medication classes.