

# Managing oral mucositis

Proper management of oral mucositis should include preventative as well as supportive care. It requires an interdisciplinary approach, including nurses, physicians, dentists, dental hygienists, dieticians and pharmacists. It is also important to develop individual oral care regimes and to implement educational programs for cancer patients and their families.<sup>1</sup>

Dental examination prior to the start of cancer therapy is important for all patients. As well as

initial assessment of the mouth before cancer therapy begins, regular oral pain checks should happen throughout treatment. Frequent assessment of the oral cavity's condition can be performed by the patient using validated instruments, as well as by healthcare professionals.<sup>1</sup>

All patients should practice systematic oral hygiene with brushing, flossing, mouth rinses and moisturisers. This is aided by the use of soft-tissue toothbrush that is replaced on a regular basis.<sup>1</sup>

## Treatment

The management of oral mucositis should address efficacy, patient acceptance and appropriate dosing.<sup>2</sup>

A stepwise approach is often used:<sup>2</sup>

|   | Therapy type  | Treatment   |
|---|---|---|
| 1 | Mouth rinses  | Caphosol®* (supersaturated calcium phosphate rinse) is clinically proven to help reduce the duration, severity, and the pain of oral mucositis <sup>3</sup> |
| 2 | Mucosal coating agents  | Antacid solutions, kaolin solutions <sup>2</sup>  |
| 3 | Water-soluble lubricating agents  | Artificial saliva <sup>2</sup>  |
| 4 | Topical anesthetics   | Viscous lidocaine, benzocaine sprays and gels, dyclonine rinses, diphenhydramine solutions <sup>2</sup>   |
| 5 | Cellulose film-forming agents for covering localized ulcerative lesions | Hydroxypropyl cellulose <sup>2</sup>  |

Further medications should be used for prophylaxis against viral and fungal infections if the ulcerated oral cavity is compromised<sup>4</sup> and

opioid analgesics administered if topical treatment does not adequately control the pain.<sup>5</sup>

## Dietary considerations

A bland, soft diet is recommended for patients with oral mucositis. Avoiding acidic, spicy, salty, coarse and dry foods and alcohol protects the

mouth from irritation. Patients should keep the mouth moist by sucking ice chips or popsicles and taking frequent sips of water.<sup>4</sup>

\*Caphosol® is indicated as an adjunct to standard oral care in the treatment of the mucositis that may be caused by radiation or chemotherapy. For more information about Caphosol® visit <http://www.caphosol.com>

## Caphosol® safety information

- If Caphosol® is swallowed accidentally, no adverse effects are expected
- There are no known interactions with other medicines
- Reported side effects have been rare and generally mild

### References:

1. Keefe DM *et al.* *Cancer* 2007;**109**(5):820-831. 2. Oral Complications of Chemotherapy and Head/Neck Radiation (PDQ®). National Cancer Institute. Available at <http://www.cancer.gov/cancertopics/pdq/supportivecare/oralcomplications/HealthProfessional/page6>. Last accessed January 2010. 3. Papas AS *et al.* *Bone Marrow Transplant* 2003;**31**:705-712. 4. Treister N, Sook-Bin W. Chemotherapy-Induced Oral Mucositis, 2008. Available at <http://emedicine.medscape.com/article/1079570-overview> Last accessed January 2010. 5. Bellm LA *et al.* *Support Cancer Care* 2000;**8**(1):33-39.