
Burning Mouth Syndrome (BMS)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about Burning Mouth Syndrome (BMS). It tells you what it is, what may cause it, how it is diagnosed and what treatment is available.

What is Burning Mouth Syndrome?

BMS is a condition in which affected patients have a burning sensation in the mouth. This most commonly affects the tongue but may involve other sites in the mouth and lips. The burning is usually present daily and continues throughout the day; often becoming worse later in the day. On examination the mouth appears clinically normal. Despite the normal appearance of the mouth the symptoms are very real and can be very distressing. Patients have often suffered from the symptoms for many months or even years before being correctly diagnosed. BMS affects women more commonly than men. Affected women are usually 50 years or over.

BMS is generally a condition which is present for a number of years. In some patients the symptoms may completely resolve in time.

What causes BMS?

The cause of BMS is not fully understood. Factors that may play a role in the development of BMS include hormonal changes and neuropathic mechanisms (changes originating in nerves). Psychological factors may also play a part in BMS as often the symptoms appear at times of increased stress. Sometimes but not always, patients have a history of depression or anxiety. BMS is not linked to cancer.

Is BMS hereditary?

There is little or no evidence to suggest that BMS is inherited.

What are the symptoms of BMS?

In BMS patients experience pain in the form of burning. The tongue is the most common site of burning but it may also affect other sites in the mouth such as the roof of the mouth, gums and lips. Burning is usually present daily and continues throughout the day often becoming worse as the day goes on. In some patients the symptoms may come and go. Sometimes burning is accompanied by dryness or an altered taste (often bitter or metallic). These symptoms are sometimes referred to as **oral dysaesthesia**. Often the symptoms increase at times of stress and reduce at times of relaxation, distraction or when eating

What does BMS look like?

There are no outward physical signs of this condition. People with BMS have a normal appearance to the mouth.

How is BMS diagnosed?

There is no diagnostic test for BMS, so the diagnosis relies largely on your description of your symptoms and examination of the mouth to exclude any disease. Investigations will usually be required to help rule out other causes of a sore mouth. A swab or saliva sample may be taken to check that there is no evidence of a candidal infection (thrush) in your mouth as this can give rise to burning symptoms. Blood tests may be undertaken to exclude anaemia or a deficiency of minerals or vitamins such as iron, folate or vitamin B12. Other investigations may be indicated in certain situations.

Can BMS be cured?

BMS cannot be cured. The aims of treatment are to reduce the severity of your symptoms and to help you manage your symptoms. There are no known serious health problems associated with BMS but the burden of having persistent burning can lead to irritability, anxiety, low mood and depression. If

this is a problem for you, it should be openly discussed. Your pain specialists or doctor will routinely ask about mood and other mental health conditions during consultations.

How can BMS be treated?

- Treatment in the form of *Cognitive Behavioural Therapy*, undertaken with a psychologist can help you to learn to manage the symptoms of BMS and can be more effective than drug treatments.
- *Difflam* spray or mouthwash can help to “numb” the burning and is available to buy or on prescription.
- As with all chronic (long term) pain low dose antidepressants e.g. *nortriptyline*, *fluoxetine* or *sertraline* may be helpful. This form of treatment typically takes 2-3 months to obtain the full benefit and often needs to be carried on for a year or two.
- Other anticonvulsant drugs such as gabapentin and clonazepam have been used, but only a few patients will benefit from their use.

What can I do?

- The most important part of treatment is to accept that this is a long term condition and may take many years to disappear.
- It is very important to realise how stress affects your symptoms and to learn to manage it. Relaxation, yoga, and meditation can all help to reduce stress.
- Keep active and try not to let the presence of burning impact on your daily activities. Set aside time to do pleasurable activities and reward yourself if you have coped well with the day. These types of measures have been shown to be more effective than any medication.
- If you find that you are feeling sad or unable to cope with your condition, you should seek professional help. It is common for people with painful conditions to develop a low mood, and there is treatment available to help.

- If you are given medication please take it regularly and be patient as it may take several weeks to improve symptoms.
- Burning is often worse when accompanied with dryness. Use water sips, ice or sugar free gum to help keep your mouth moist. Dry mouth sprays or gels are also available to buy in pharmacies or can be prescribed.
- Continue to visit your dentist regularly and maintain good oral hygiene to prevent any tooth decay and gum disease which may make pain symptoms worse.

This leaflet has been prepared by the British Society for Oral Medicine (BSOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BSOM is not responsible for information on web sites where links are provided.

This leaflet is available online at www.bsom.org.uk

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