

Xerostomia Study

Title: Assessing Practitioner Knowledge and Awareness, Attitudes and Confidence of Xerostomia/Salivary Gland Hyposalivation (SGH) and its Management Strategies: A Survey Study.

Background summary:

Xerostomia/SGH, also known as “dry mouth,” is a common but frequently overlooked symptom that is typically associated with salivary gland hypofunction and reduced salivary flow. Patients with xerostomia exhibit symptoms of varied severity and etiology. Causes are commonly attributed to medication use, chronic disease and medical treatment, such as radiotherapy to the head and neck region. Chronic SGH significantly increases the risk of experiencing dental caries, tooth sensitivity, candidiasis and other oral diseases that may negatively affect QoL.

There exist many options for treatment and symptom management: salivary stimulants, topical agents, saliva substitutes, and systemic sialagogues. Xerostomia/SGH poses a challenge for clinicians due to data that suggests limited knowledge and awareness and confidence in managing patients. These difficulties can lead to potentially devastating long-term effects on the oral cavity. It is clear that patient compliance with xerostomia/SGH management strategies is a critical component of every treatment strategy. Currently, there is limited understanding as to the most effective management approaches for xerostomia/SGH, thus limiting the ability of practitioners to make sound management decisions.

Goal:

The overall goals of the study will be to assess practitioners’ knowledge and awareness about the prevalence, etiologies, and clinical signs of xerostomia/SGH, evaluate practitioners’ attitude and confidence in their outcomes, diagnostic and management strategies and explore any differences across levels of practitioners.

Our Hypotheses are:

1. There will be limited knowledge and awareness about the prevalence, etiologies, and clinical signs of xerostomia/SGH and its effect on patient QoL.
2. These limitations correlate with practitioner attitudes and confidence in their diagnostic and management strategies.
3. There will be differences in knowledge, awareness and confidence between two levels of practitioners (Hygienist and Dentist).

Specific Aims:

Aim I: To assess dental practitioners' (dentists and dental hygienists) current knowledge and awareness about the prevalence, etiologies and clinical signs of xerostomia/SGH and its effect on patient QoL.

Aim II: To evaluate practitioners’ attitudes and confidence in their outcomes, diagnostic and management strategies.

Aim III: To compare the findings of AIM I and II between two levels of practitioners (Hygienist, Dentist)