Xerostomia – an ‘orphan’ waiting for adoption

Described as one of the most common, persistent and distressing symptoms in palliative care, xerostomia ranks fourth following pain, dyspnoea, and terminal respiratory congestion. At the Amsterdam cancer congress, EONS’ new board member Andreas Charalambous made a comprehensive presentation of the symptom, ranging from a thorough review of its research to its management.

Many academics would struggle to explain why they choose to research subjects other people do not touch. Andreas has no such qualms. On the contrary, he speaks with passion and great authority about something he believes should be given better attention – xerostomia, a condition characterised mostly by a dry mouth.

“People should stop treating it as an orphan symptom and adequate resources have to be allocated to that effort,” he says. Like so many orphan symptoms, xerostomia is not perceived as life-threatening to the patient; but it is a life-changer.

Its underlying pathophysiology includes the invasion of salivary glands by cancer, diminution of salivary secretion and the erosion of buccal mucosa. Patients often suffer anxiety and depression as a result.

“There is a profound misunderstanding of the effect of xerostomia on cancer patients,” explains Andreas. “It is not just a physical symptom, it also affects the patient’s social and psychological way of living. Saliva is something people take for granted. If you don’t have saliva in your mouth then there are many problems piling up. For a start, you cannot chew or swallow your food properly, and that forces you to drink more water or other liquid. Furthermore, you won’t be able to speak properly, as there are words that you cannot pronounce. As a result people are embarrassed, in particular those in the public eye, and cannot engage. If you lose your speech, it is like amputating one of your legs.”

Andreas started as a general nurse, then took up postgraduate education in oncology nursing. Today he is an assistant professor at Cyprus University of Technology, where he was elected to the post of oncology and palliative care to teach a 13-week palliative module and 13-week oncology module at undergraduate level.

As well as being an academic, Andreas is also an active researcher, working with institutions beyond Cyprus focussing especially on supportive care. In his lecture, he referred to his work involving patients with head and neck cancer, in particular those with thyroid cancer, who will undergo radio-iodine therapy. “We are using thymus honey as a preventive in order to mitigate the effect of radiation on the salivary glands. The results are measured through quantitative scintigraphy, clinical assessment as well as self-administered questionnaires,” he explains.

Recent research has increased the effectiveness of interventions in the management of xerostomia with saliva substitute spray, integrated mouth-care systems and oral reservoir devices, and even traditional acupuncture, and is showing promising results. Andreas argues for a more holistic approach and interdisciplinary specialised care for patients.

Andreas is proud of his efforts to teach his students by example. “We have introduced in the radiology department a self-assessment of xerostomia which, we hope, will provide an opportunity for radiation nurses to assess xerostomia and not take it for granted. My message is that this should not be something that we take lightly, it should be acknowledged fully within the multidisciplinary team,” he says. Andreas plans to publish his research in the European Journal of Oncology Nursing.