Burning mouth syndrome: "a fire that burns unseen"

Joana Crawford¹, Inês Souto Braz¹, André Bonito Ferreira¹
1: Hospital de Santa Maria – Centro Hospitalar Lisboa Norte

WHAT IS BURNING MOUTH SYNDROME?

Burning Mouth Syndrome (BMS) is characterized by oral pain with no visible causing lesions. It is often accompanied by dysgeusia and xerostomia, despite normal quantitative salivation. By definition, no macroscopic alterations in oral mucosa are apparent. The typical pain is described as a burning sensation, and may be located to the gums, tongue or lips.

It usually appears suddenly, but it can also develop gradually over time, and usually runs a chronic course, with 50% of the patients achieving partial remission over 6-7 years.

WHO HAS IT?

It is most often diagnosed in people with 40 to 60 years old, and it is believed that affects up to 4% of the general population (ranging from 1% to 15%). It is estimated to be about five times more frequent in women than in men, particularly in post/perimenopausal women.

Up to 50% of these patients have psychiatric co-morbidity, namely major depressive disorder and generalized anxiety disorder. Personality disorders are also linked to BMS, affecting up to 86% of sufferers, with significant weight for Cluster A disorders.

Some authors consider BMS a psychosomatic illness.

WHAT CAUSES IT?

BMS can be considered primary, or idiopathic, or secondary to other conditions.

They comprise endocrinological causes, such as thyroid disease, menopausal hormone disturbances or diabetes, as well as xerostomia, gastroesophageal reflux disease, vitamin deficits or fungal infections of the oral cavity. Psychogenic factors are frequently associated, including anxiety (including illness anxiety disorders), depression and personality disorders.

ARE THERE DIFFERENT CLINICAL SUBTYPES?

One of the most consensual classification typologies is based on the symptom pattern, as follows:

- Type 1: No symptoms upon waking, with progression throughout the day. Most associated with nutritional deficiency and diabetes.
- Type 2: Continuous symptoms throughout the day, with improvement at night. Most associated with anxiety disorders.
- Type 3: Intermittent symptoms throughout the day and symptom-free days. Food allergy is suggested as a potential mechanism.

Clinical vignette

Male, 57 years old, married with 2 children, retired.

No relevant past medical history.

The patient reported that in the last two years he began to feel a daily burning sensation in his mouth, particularly in the tongue and gums. He underwent medical investigation of possible organic etiology but none was found. He was referred to a psychiatry consultation, where significant lifelong anxiety symptoms were found, as well as a recent worsening of these symptoms, accompanied with insomnia and irritability. Attending to the chronology, BMS seemed to be secondary to this clinical worsening.

He was treated with paroxetine and, for lack of a complete response, with pregabalin in anxiolytic dosage. A significant improvement in pain and anxiety was visible after 4 weeks.

HOW TO TREAT?

Primary BMS has been traditionally treated with antidepressants, anxiolytics or anticonvulsants. A recent Cochrane review concluded that strong evidence of an effective treatment was not available, but a systemic review in 2018 found that the use of antidepressants and alpha-lipoic acids was promising. Cognitive behavioral therapy also appears to be useful in reducing symptom intensity.

Bibliography:

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