



“Pearls” from your Palliative Medicine Team

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Every painful mouth is not thrush!

This issue is prepared by Paola Reynolds, BS Pharm, Clinical Pharmacy Manager WRH, and Charmaine Jones, MD, palliative physician. We suggest that this be added after page 7 in your Windsor and Essex County, Care Management Tools.

Stomatitis: diffuse inflammatory, erosive and/or ulcerative condition affecting the mucous membranes of the mouth. Stomatitis is a descriptive term. Inflammation of the mucous membranes can have many causes:

- trauma -- poorly fitting dentures
- poor dental care and mouth hygiene -- infections
- recurring aphthous ulcers
- infections -- yeast (thrush, candidiasis)
 - viral (herpes)
 - bacterial
- cancer of the mouth membranes
- nutritional deficiencies
- mucositis** -- stomatitis caused by radiotherapy or chemotherapy which can get secondary infections

Every painful mouth is not thrush. As with all other symptoms in palliative medicine, the first step is to answer the question “why does my patient have this symptom now?” and tailor the treatment to the cause. Some circumstances might call for treatment of the cause as well as treating the pain. If there is concern of bacterial infections, (C+S) should be done. Morphine applied locally adheres to pain receptors present in raw areas and acts locally. Morphine is not easily absorbed through the mucous membranes, as it is not very lipophilic; it acts locally. Be sure to use an alcohol free preparation. Any grade >RTOG 2 would require local and possibly systemic opioids for pain relief.

Radiation Therapy Oncology Group (RTOG) Grading of Mucositis

Grade	
1	some redness, mild pain
2	patchy mucositis, inflammatory serosanguinous discharge, moderate pain
3	confluent areas of mucositis, fibrinous, severe pain
4	ulceration, hemorrhage, necrosis, severe pain
5	severe causing death

medication type	medication name	ODB	notes
sialogogue encourage saliva			
	Sialor® anetholtrithione 25 mg tid po	no	
	Salogen® pilocarpine 5-10 mg tid po	no	
	pilocarpine 4% eyedrops 3 drops (5 mg) tid into mouth	yes	15 ml bottle lasts about 3 wks
	pineapple chunks		contains enzyme ananase, which will help clean the coated tongue
antifungal			
	Nystatin® mycostatin 200,000 u q2h first day, then qid po	yes	it is important to take dentures out when using the mycostatin. Swish in mouth, hold, then swallow.
	Diflucan® fluconazole 50, 100 mg tabs 10 mg/ml oral liquid	LU 202, 203 LU 274	can cause hepatotoxicity
antiviral			
	Famvir® famciclovir Valtrex® valacyclovir Zovirax® acyclovir	LU 147 LU 159 LU 95, LU 97	#97 does not have limitations of age nor time elapsed from onset.
topical anesthetics			
	Tantum® benzydamine hydrochloride 0.15%	no	rinse and spit generally, this class does not provide lasting pain relief
	Anbesol® benzocaine	no	extra strength gel 20% gel 6.4% grape gel 7.5%
	xylocaine® viscous lidocaine 2%	no	

medication type	medication name	ODB	notes
topical ASA			
	Teejel® choline salicylate, topical gel	no	
topical antihistamine			
	benadryl® diphenhydramine 12.5 mg/5ml kapectate equal parts	no	kapectate helps it bind to the mouth. diphenhydramine has some local analgesic properties
antiseptic mouthwashes			
	peridex® chlorhexidine 0.12%	no	
antibiotic mouthwash			
	tetracycline: 250mg capsule mixed in water, hold in mouth and spit	yes	
steroids			
effervescent tabs	Betnesol® betamethasone 0.5mg	no	
ointment	kenalog® in orabase triamcinolone 0.1%	no	apply to discrete ulcers
	oracort® triamcinolone 0.1%	no	
nasal sprays	nasacort® AQ triamcinolone 55 µg	no	Spray into mouth when more coverage required. There is some systemic absorption.
	rhinocort® aqua budesonide 64, 100µg	no	
cytoprotectives			
stimulate mucous production	Bioral® gel carbenoxolone	no	
adheres to raw surface	Orabase® carboxymethocellulos		
	Sulcrate® sucralfate	yes	NOT a benefit in mucositis

medication type	medication name	ODB	notes
opiate analgesic			
local use	morphine gel 0.1%	no	Raw areas have more opiate receptors that bind morphine. Morphine is not very lipid soluble. Studies show that the effect is good, and is local. If held and spit, there is no systemic absorption ^{Cerchietti} .
local use	morphitec-5® alcohol free, sucrose free 2.5 – 3 ml (10-15 mg)hold in mouth 2 min then spit.	yes	
mixtures			
"magic mouthwash" "NCl cocktail"	lidocaine viscous 2% diphenhydramine elixir 12.5 mg/ml maalox®	no	equal parts 30 ml q2h prn swish, hold, and spit or swallow
"koolstat"	koolaid lidocaine viscous 2% mycostatin	no	equal parts 30 ml q4h swish, hold, and spit or swallow
"Miles solution"	tetracycline mycostatin lidocaine viscous 2% hydrocortisone benadryl	no	2 million units mycostatin=20 ml 2 gm tetracycline (capsules) 150 ml 2% lidocaine viscous 100 mg solu-cortef 50 mg benadryl elixir 15-30 ml q4-6h swish, hold and swallow

References

www.palliativedrugs.com

see RAG panel, Lothian Palliative Care Guidelines for Mouthcare
Drugs for oral inflammation and ulceration

www.RxFiles.ca

The RxFiles: Drug Comparison Chart

Effect of Topical Morphine for mucositis-Associated Pain following Concomitant
Chemoradiotherapy for Head and Neck Carcinoma

Cerchietti et al

Cancer 95(10), 2230-2236, 2002

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