

2543 Patient-based assessment of an intraoral lubricating system for managing xerostomia

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Xerostomia is a major radiation induced side effect in the treatment of head and neck (H&N) cancer. Oral lubricants provide short-acting symptomatic relief. Objective: To compare the efficacy of OralBalance® gel delivered by controlled-release via a novel intraoral device (IOD) versus an oral bolus of gel on the oral health-related quality of life (OHRQoL) of patients who had received radiotherapy for nasopharyngeal carcinoma. Methods: A randomized single-blind crossover design to compare efficacy between the two treatments. 22 disease-free participants were divided into two groups: one group first received treatment with gel alone, applied as required, whilst the other group first received gel "on demand" via an IOD. The device comprised a palatal plate and reservoir/ball-valve system attached to the teeth with clasps. Each treatment period lasted four weeks with an intervening four week washout period. The GOHAI, Xerostomia Inventory (XI), and a patient satisfaction questionnaire were self-completed at baseline (wk0) and wks 4, 8 and 12 and a patient preference measure at wk 12. Data were analysed using paired-t/ Wilcoxon signed ranks tests. Results: There was no statistical difference in mean GOHAI scores pre- and post-treatment for gel alone (45.8[SD 7.1], 43.7[SD 7.5]; $p>0.05$) and for device + gel (44.4[SD 7.6], 45.8[SD 7.5]; $p>0.05$). There was a significant difference in the mean XI score pre- and post-treatment for gel alone (35.6[SD 6.0], 33.4 [SD 7.2]; $p=0.02$) and no difference for IOD + gel (34.9[SD 6.7], 34.1[SD6.7]; $p>0.05$). There was no significant difference in overall patient satisfaction with either treatment ($p>0.05$). However, two thirds of participants preferred to use gel alone. Conclusion: Slow-release of gel via the IOD did not appear to improve OHRQoL most probably because of IOD-related discomfort during function, whereas gel alone reduced the severity of xerostomia symptoms and was the treatment of choice. Supported by CRCG-HKU.

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