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Use and Simplification of the Dry Mouth Severity Score

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Objectives We have previously proposed a Dry Mouth Severity Score, DMSS, for uniform characterization of patients in clinical studies. We have here used the DMSS in a pilot study to evaluate the effect of an innovative product to relieve the symptoms of dry mouth. As the product was not intended to increase the secretion of stimulated whole saliva, a simplification of our original DMSS was tested.
Methods Twenty patients who had been evaluated for Sjögren's syndrome were included. OHIP-14 sum scores were recorded. Initially, four parameters of DMSS were employed: The Standard Xerostomia Question (GXQ, range 0-3, 1 point (p) when ≥2), the Shortened Xerostomia Inventory (SXI, range 5-15, 1 p when ≥11), the Clinical Oral Dryness Score (CODS, range 0-10, 1 p when ≥6), and secretion of unstimulated whole saliva (UWS, 1 p when ≤0.01 ml/min). DMSS (range 0-3, 0p=0, 1-2p=1, 3p=2, 4-5p=3) was calculated according to these four parameters. Thereafter, stimulated saliva secretion (SWS, 1 p when ≤0.07 ml/min) was evaluated, and DMSS was calculated using five parameters as in the original DMSS.
Results The mean age of the patients was 50.6 years, and their mean OHIP-14 sum score was 22.7. Mean GXQ was 2.7, mean SXI was 13.1, mean CODS was 6.5 and mean UWS was 0.07 ml/min. In the first round, patients scored 2-4 points, corresponding to DMSS 1-3, mean 2.5. Addition of SWS (mean 0.54 ml/min) led to an increase in points for most patients, but only four patients increased their DMSS, mean 2.7 (ns).
Conclusions In this group of patients exhibiting low oral health-related quality of life and high DMSS, the score can be simplified as most patients received the same score in the presence and absence of SWS. The findings indicate that DMSS can be simplified according to patient groups and purpose of the clinical study.