

Orofacial Pain Update: Burning Mouth Syndrome  
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As a dentist that treats orofacial pain disorders, I see many patients with burning mouth syndrome (BMS). BMS is a multifactorial orofacial pain condition that is still poorly understood. The main complaint is a burning sensation, but other symptoms include dry mouth and altered taste. Prevalence rate is between 1 – 2.6% and it mainly targets post-menopausal women. The tongue is the most affected site, followed by the lips, palate, and cheeks. The true pathophysiology behind BMS is still unknown but there is evidence of a generalized abnormality of the somatosensory processing at both the peripheral and central nervous levels.

BMS is diagnosed by ruling out other conditions. In one study that looked at 50 individuals complaining of burning mouth: 16% were eventually diagnosed with lichen planus, 7% with aphthous ulcers, 25% had burning pain due to medications, and only the remaining 50% were diagnosed with BMS. Other conditions that may mimic BMS include oral candidiasis, nutritional deficiencies (vitamin B, iron, zinc), allergies (to food, toothpaste, or dental materials), dry mouth due to autoimmune disorders, uncontrollable diabetes, and psychogenic causes.

I choose clonazepam as the first line treatment for my patients with BMS. Clonazepam, a benzodiazepines, is GABA receptor agonists that binds to both peripheral and central receptor sites, promote brain stem descending pain inhibition, and suppress central hyperactivity. Clonazepam differs from other benzodiazepines in that it binds more to central receptor sites, has a greater effect on the serotonergic system in the brain, and has a longer half-life. One study found that 1-mg clonazepam dissolved in the mouth for 3 minutes three times a day gave 66% pain reduction after 2 weeks. Side effects include drowsiness, tiredness, dizziness, change in mood, forgetfulness, and unpleasant taste.

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