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## **Burning Mouth Syndrome (BMS)**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about Burning Mouth Syndrome (BMS). It tells you what it is, what may cause it, how it is diagnosed and what treatment is available.

### **What is Burning Mouth Syndrome?**

Burning mouth syndrome is a condition which is characterized by a burning pain or unpleasant sensation often confined to the lips or tongue, or can be more widespread in the mouth. The discomfort is usually present daily and continues throughout the day; often becoming worse later in the day.

On examination the mouth appears clinically normal. Despite the normal appearance of the mouth the symptoms are very real and can be very distressing. Patients have often suffered from the symptoms for many months or even years before being correctly diagnosed. BMS affects women more commonly than men. Affected women are usually 50 years or over.

BMS is generally a condition which is persistent, although in some patients the symptoms may completely resolve in time.



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## What causes BMS?

BMS is considered to be a neuropathic (changes in the nerves) pain condition.

Factors that may play a role in the development of BMS include hormonal changes and neuropathic mechanisms (changes originating in nerves).

BMS is not linked to cancer.

## Is BMS hereditary?

There is little or no evidence to suggest that BMS is inherited.

## What are the symptoms of BMS?

Many BMS patients experience pain in the form of a burning sensation, although sometimes it can present with other symptoms such as a dry mouth, unpleasant taste or feelings of numbness or tingling. The tongue is the most common site of discomfort, but it may also affect other sites in the mouth such as the roof of the mouth, gums and lips. Discomfort is usually present daily and continues throughout the day often becoming worse as the day goes on. In some patients the symptoms may come and go. These symptoms are sometimes referred to as oral dysaesthesia. Some people find the symptoms can increase with talking, eating hot or spicy foods and in times of stress. Others have reported that symptoms can be reduced by some foods or drink, sleep, rest and distraction, although this is usually a temporary effect.



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## What does BMS look like?

There are no outward physical signs of this condition. People with BMS have a normal appearance to the mouth.

## How is BMS diagnosed?

There is no diagnostic test for BMS, so the diagnosis relies largely on your description of your symptoms and examination of the mouth to exclude any disease. Investigations will often be required to help rule out other causes of a sore mouth. Blood tests may be undertaken to exclude anaemia or a deficiency of minerals or vitamins such as iron, folate or vitamin B12. Other investigations may be indicated in certain situations.

## Can BMS be cured?

BMS cannot be cured. The aims of treatment are to reduce the severity of your symptoms and to help you manage your symptoms. There are no known serious health problems associated with BMS but the burden of having a persistently sore mouth can lead to irritability, anxiety, low mood or depression. If this is a problem for you, it should be openly discussed with your healthcare team. Your pain specialists or doctor will routinely ask about mood and other mental health conditions during consultations.



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## How can BMS be treated?

- Treatment in the form of Cognitive Behavioural Therapy (talking therapy), undertaken with a psychologist can help you to learn to manage the symptoms of BMS and can be more effective than drug treatments.
- Difflam spray or mouthwash can help to reduce the discomfort and is available to buy or on prescription.
- As with many chronic (long term) neuropathic pain conditions antidepressant and anticonvulsant (anti-epileptic) medications can be helpful e.g. amitriptyline, duloxetine, gabapentin, pregabalin.

## What can I do?

- The most important part of treatment is to understand your condition and appreciate that it is a long-term condition that cannot be cured.
- It is very important to realise how stress affects your symptoms and to learn to manage it. Relaxation, yoga, and meditation can all help to reduce stress.
- Keep active and try not to let the presence of pain impact on your daily activities. Set aside time to do pleasurable activities and reward yourself if you have coped well with the day. These types of measures have been shown to be more effective than medications.



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- If you find that you are feeling sad or unable to cope with your condition, you should seek professional help. It is common for people with painful conditions to develop a low mood, and there is treatment available to help.
  - If you are given medication please take it regularly and be patient as it may take several weeks to improve symptoms.
  - Continue to visit your dentist regularly and maintain good oral hygiene to prevent any tooth decay and gum disease which may make pain symptoms worse.

### **Further information**

- Cochrane Oral Health BMS review (Can be found online at [https://www.cochrane.org/CD002779/ORAL\\_interventions-treating-burning-mouth-syndrome](https://www.cochrane.org/CD002779/ORAL_interventions-treating-burning-mouth-syndrome))
- National Institute for Health and Clinical Excellence (2013). CG173  
Neuropathic pain – pharmacological management: in non-specialist settings.  
(Can be found online at: [www.nice.org.uk/guidance/cg173](http://www.nice.org.uk/guidance/cg173))



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*This leaflet has been prepared by the British and Irish Society for Oral Medicine (BISOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BISOM is not responsible for information on web sites where links are provided.*

*This leaflet is available online at [www.bisom.org.uk](http://www.bisom.org.uk)*

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