



# Burning Mouth Syndrome in Patients with Psychological Disorders

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## Aim

Burning mouth syndrome (BMS) refers to chronic orofacial pain, unaccompanied by mucosal lesions or other evident clinical signs. It is observed principally in middle-aged patients and postmenopausal women. BMS is characterized by an intense burning or stinging sensation, preferably on the tongue or in other areas of the oral mucosa. It can be accompanied by other sensory disorders such as dry mouth or taste alterations. Probably of multifactorial origin, and often idiopathic, with a still unknown etiopathogenesis in which local, systemic and psychological factors are implicated. The aim of this observational study was to evaluate the prevalence of psychiatric symptoms in a cohort of patients with BMS (Figure 1).

## Materials and Methods

49 patients were enrolled, relating to UOC of Pathology Odontostomatology of the Second University of Naples [1]. 25 subjects with BMS were included in group A and 24 with traumatic alteration of the oral mucosa were the control group (group B) [2]. The patients were subjected to psychiatric evaluations, through the use of 5 psychometric scales: VAS, HRSD, STAI-1-2, DT, HAM-D [3]. The level of Distress was also evaluated and tested in a linear regression model with the gradual method with independent variables VAS, STAI-state, STAI-trait [4].

## Results

The results of this study demonstrated the presence of psychiatric symptoms in almost all of the sample. A significant correlation between the intensity of the symptom "burning", the presence of an anxious trait and the presence of Distress have been found. Moreover, the anxious trait and a greater intensity of burning are predictors for the development of Distress.

## Conclusion

The results corroborate the clinical observation reported in literature about the role of psychiatric disorders in the pathophysiology of BMS. However, discrepancies in the correlation between BMS and specific psychiatric disorder still persist: for example in some cases there is a higher prevalence of anxiety, in other depression. Anyhow, considering the great impact that this

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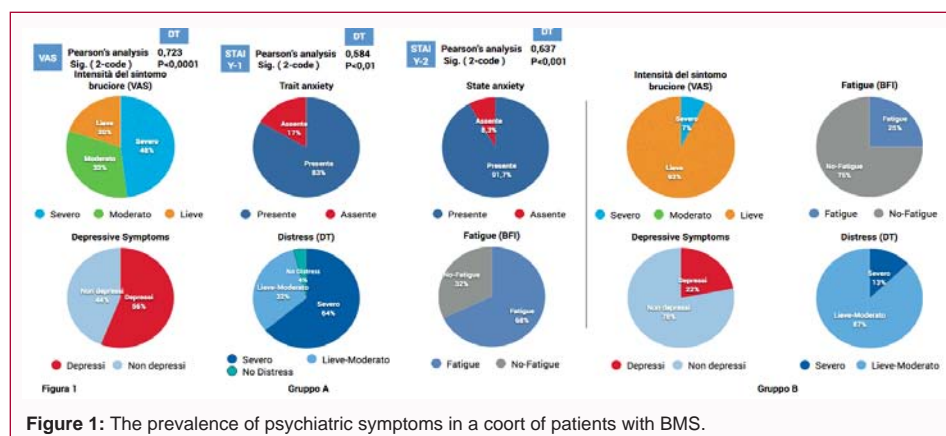


Figure 1: The prevalence of psychiatric symptoms in a cohort of patients with BMS.

disorder has on the quality of life of patients, became important that the clinicians may suggest a psychiatric consultation to improve treatment efficacy.

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