

ALGORITHM

Dysgeusia in Adults with Cancer: Screening and Assessment

Screen for dysgeusia at each visit Assessment using Acronym O, P, Q, R, S, T, U and V (adapted from Fraser Health) When did the symptom begin? How often does it occur? How long does it last? Onset Provoking / What makes it better? What makes it worse? What do you think may be causing the symptom? What are **Palliating** the aggravating or alleviating factors (e.g., medications, active treatment, dietary changes)? What type of taste changes are you experiencing? (eg., sweetness, sourness, saltiness, etc) Do you have Quality a dry mouth? (e.g., decrease in amount or consistency of saliva). Do you have any redness, blisters, ulcers, cracks, or white patchy areas? If so, are they isolated, generalized, clustered or patchy? Related Do you have any other related or associated symptoms? **Symptoms** What is the intensity of this symptom (On a scale of 0 to 10 with 0 being none and 10 being worst **Severity** possible)? Right Now? At Best? At Worst? On Average? If dry mouth: Fluid intake? Are you using any oral rinses? What type? Are they effective? Are you using any saliva substitutes or stimulants? What type? Are they effective? If associated pain in mouth: Are you using any pain medications? What type – topical/local, oral/injection? Are they effective? Are there any other treatments that you are using to help with pain? Alteration in diet texture? **Treatment** If associated bleeding from mouth: Does it occur spontaneously? Where is it located? What aggravates it? What treatments have been recommended and have been used? What is your current oral care routine? How effective is it? Have you had oral infections? What treatments have you used? How effective have they been? Do you have any side effects from the medications/treatments you have used for any of the above? What tests have you had for your oral symptoms, if any? How bothered are you by this symptom? Is your ability to eat or drink affected? By how much? **Understanding** / Do you have any weight loss? How much? Over what time frame? **Impact on You** Is your ability to wear dentures affected? How does this symptom affect your day to day life? What is an acceptable level of severity for this symptom (0-10 scale)? What does this symptom mean

Note: Where a patient is not able to complete an assessment by self-reporting, then the health professional and/or the caregiver may act as a surrogate. Physical assessment should include vital signs and an oral examination including a dental assessment.

to you? How has it affected you and your family and/or caregiver?

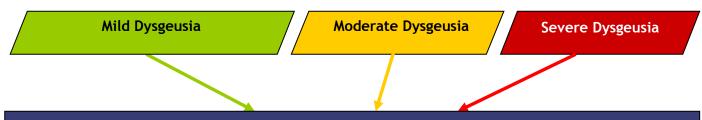


Considerations for all patients

- Significant risk factors for the development of oral complications include the type of cancer, type of cancer treatments, cumulative doses of chemotherapy or radiation treatment, method of delivery and duration of treatment.
- Predisposing medical, dental, and lifestyle factors may increase the severity of the complications.
- Oral complications can significantly affect the patient's morbidity, ability to tolerate treatment, and overall quality of life.
- Rigorous assessment, diagnosis and early intervention are important in preventing and decreasing oral complications; this includes the assessment of nutritional status and adequacy of oral intake.
- Good oral care is important to prevent and decrease oral complications, to maintain normal function of the oral tissues, to maintain comfort, and to reduce the risk of local and systemic infection. (See <u>Table 5 in Oral Care Guide</u> for the basic oral care plan).
- A large variety of medications may cause oral complications. Consultation with a pharmacist is strongly recommended.

Values

Dysgeusia in Adults with Cancer: Care Map



General Oral Care

Non-pharmacological

- The recommended rinsing solution is a bland rinse (1 teaspoon salt, 1 teaspoon baking soda in 1 liter / 4 cups of water) prepared at least once daily and not refrigerated.
- Following emesis, rinse with bland rinse immediately to neutralize the mouth.
- Patients may chew xylitol gum or suck on xylitol lozenges, up to 6 grams a day.
- While there is no evidence to recommend either for or against the use of club soda, the Oral Care SMG suggests it should be avoided due to the acidic pH, a result of the carbonic acid content found in carbonated soft drinks.



Prevention

Non-pharmacological

• Exclusion of the tip of the tongue during radiation therapy.

Pharmacological

- Zinc gluconate is not recommended for the prevention of dysgeusia in head and neck cancer patients.
- Amifostine is not recommended solely for the prevention of dysgeusia in head and neck cancer patients.



Management

Non-pharmacological

Nutritional Care

- As taste changes are unique to each person and can vary over time, an individualized approach needs to be taken to identify tolerable foods. Ongoing follow up is recommended.
- To prevent compromised food intake, patients may need encouragement and support to try foods again that may have resulted in food aversions secondary to taste changes.
- Encourage patients to:
 - o Enjoy foods that taste good
 - o Experiment with food flavours to enhance taste
 - Drink plenty of fluids
 - Avoid strong smells
- Dietary and educational counseling is recommended.

Follow-Up and Ongoing Monitoring

If dysgeusia remains unrelieved despite the approaches outlined above, request the assistance of a palliative care consultation team.

For full references and more information please refer to CCO's Symptom Management Guide-to-Practice: Oral Care.

Disclaimer: Care has been taken in the preparation of the information contained in this Algorithm. Nonetheless, any person seeking to apply or consult this document is expected to use independent clinical judgment and skills in the context of individual clinical circumstances or seek out the supervision of a qualified specialist clinician. Cancer Care Ontario makes no representation or warranties of any kind whatsoever regarding their content or use or application and disclaims any responsibility for their application or use in any way.