

## HIV and Your Mouth <sup>[1]</sup>

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## Table of Contents

- [Oral Problems Are Common](#)
- [Oral Conditions That Are More Common in People Living with HIV](#)
- [Oral Health and Street Drugs](#)
- [Oral Health and Tobacco](#)
- [Getting Dental Care in the US](#)
- [Taking Care of Yourself](#)

## Oral Problems Are Common

Oral (mouth) problems can be very common in people living with HIV (HIV+). Oral health can often be an indicator of overall health. Therefore, if HIV weakens your immune system [2], you will likely be at greater risk for gum problems (gingivitis or periodontal disease), mouth infections, and sores. Often, the best way to prevent and treat problems in the mouth is to treat HIV by taking HIV drugs so that you stay as healthy as possible overall.

Oral problems can cause discomfort and embarrassment, and affect how you feel about yourself. Oral problems can also lead to trouble with eating and speaking. If mouth pain or tenderness makes it difficult to chew and swallow, or if you can not taste as well as you used to, you may not eat the food you need to stay well. It is important to see your dentist or health care provider as soon as possible if you notice any changes in your mouth.

## Oral Conditions That Are More Common in People Living with HIV:

Condition	What and Where	Treatment
<b>Aphthous ulcers</b> (canker sores)	Painful red sores that might have a yellow-gray film on top. Usually on the underside of the tongue or the inside of the cheeks and lips.	Mild cases ? Over-the-counter cream or prescription mouthwash that contains steroids.  More severe cases ? steroids in a pill form, or, in rare cases, thalidomide.
<b>Herpes Simplex</b> (cold sores) are caused by viral infection	One or more small blisters or ulcers on the lips or on the roof of the mouth and/or gums	Antiviral medications (e.g., acyclovir, valcyclovir) in pill form are prescribed and can dramatically reduce healing time. Over-the-counter medicine (e.g., Abreva) may help ease symptoms.

Condition	What and Where	Treatment
<p><b>Oral hairy leukoplakia (OHL)</b> is caused by the Epstein-Barr virus (also known as human herpes virus 4)</p>	<p>White patches that do not wipe away; sometimes very thick and "hair-like." Usually appear on the side of the tongue.</p>	<p>OHL is not harmful and usually goes away without treatment. More severe cases can be treated with antiviral medication (e.g., acyclovir or valcyclovir). Topical treatments are also available. Stopping smoking and not drinking alcohol can help.</p>
<p><b>Candidiasis</b> (thrush) is a <u>fungal (yeast) infection</u> <sup>[3]</sup></p>	<p>White or yellowish patches inside the mouth, throat and on the tongue. If wiped away, there will be redness or bleeding underneath.</p>	<p>Mild cases ? prescription antifungal lozenge or mouthwash</p> <p>More severe cases ? prescription antifungal pills</p>
<p><b>Angular Cheilitis</b> is caused by a fungal infection or malnutrition (too little vitamin B2, zinc, or iron)</p>	<p>Cracks on the corners of the mouth</p>	<p>Antifungal cream applied directly to the site or oral Diflucan (fluconazole), if fungal; improved diet or <u>vitamin and mineral supplements</u> <sup>[4]</sup> (if malnutrition).</p>
<p><b>Oral Warts</b> are caused by the human papilloma virus (HPV)</p>	<p>Small, white, gray, or pinkish rough bumps that look like cauliflower. They can appear inside the lips and on other parts of the mouth.</p>	<p>Inside the mouth - a health care provider can remove them surgically or use "cryosurgery" - a way of freezing them off. If possible, consult a dentist who is an expert in HIV care.</p> <p>On the lips - a prescription cream that will wear away the wart. Warts can return after treatment.</p>
<p><b>Kaposi's sarcoma (KS)</b> is a <u>cancer</u> <sup>[5]</sup> associated with HIV and caused by a virus (human herpes virus 8)</p>	<p>Red or purple lesions that can be raised or flat. KS usually occurs on the roof of the mouth but can be found anywhere in the mouth.</p>	<p>The best treatment is keeping the immune system healthy by taking your HIV drugs. There are several other therapies for KS, depending on how many and how severe the lesions are. If possible consult a dermatologist or oncologist who is familiar with KS.</p>

Condition	What and Where	Treatment
<b>Periodontal disease</b> is an infection of the gums and supporting bone	Red gums that bleed easily and bad breath	Regular dental visits and good oral hygiene both prevent and treat periodontal disease. Regular use of dental floss may prevent periodontal disease.
<b>Xerostomia</b> (dry mouth) can be caused by HIV, HIV drugs, or antidepressants	Lack of saliva (spit); trouble chewing and swallowing; dry, sticky, or burning mouth; and cracked or chapped lips. If untreated, dry mouth can lead to tooth decay.	<ul style="list-style-type: none"> <li>• Artificial saliva</li> <li>• Sipping water or sugarless drinks</li> <li>• Chewing sugarless gum</li> <li>• Sucking sugarless hard candy</li> <li>• Avoiding tobacco</li> <li>• Avoiding alcohol</li> </ul>

## Oral Health and Street Drugs

Additional mouth problems may occur if you use [street drugs](#) [6]. Opium, heroin, and cocaine can increase tooth decay and gum disease. Crystal meth can cause severe oral problems, sometimes described as "meth mouth," including dry mouth and widespread tooth decay.

## Oral Health and Tobacco

Tobacco use is a primary cause of several oral diseases and conditions. People who use tobacco, whether they smoke it (e.g., cigarettes, cigars, pipes) or use smokeless tobacco products (e.g., chew, plug, loose leaf, twist, or snuff), are more likely to develop oral cancer, throat cancer, and gum problems (periodontal disease). In fact, recent research showed that, in the US, smoking is the single biggest risk factor for non-AIDS defining cancers among people living with HIV. Smoking has more of an effect on the risk of a person living with HIV getting cancer than having a low [CD4 count](#) [7], a non-suppressed [viral load](#) [8], [hepatitis C](#) [9], or an AIDS diagnosis.

Tobacco use commonly causes tooth decay, discoloration of your teeth (yellow teeth), and bad breath. Using tobacco also weakens the immune system's response to infections in your mouth. As a result, you will be more likely to get infections in your mouth and these infections will heal more slowly. Since the immune system of people living with HIV is already weakened, it is important for those living with HIV not to further weaken their immune response to oral problems by using tobacco products. If you use tobacco, talk to your health care provider about how to stop smoking or chewing. For more information and help with stopping smoking, see our article on [Smoking and Tobacco Use](#) [10].

## Getting Dental Care in the US

You cannot legally be refused dental treatment because of your HIV status, but finding dental care can be difficult depending on your financial resources, insurance coverage, and where you live. Asking your health care provider or HIV specialist for suggestions on where to find dental care in your area is a great place to start. Options for people with fixed incomes and/or no insurance are limited, but they do exist:

- Federal Ryan White CARE Act-funded dental clinics: These clinics may be able to provide low- or no-cost dental care; however there may be a waiting list. These dentists are generally experts in the dental care of persons with HIV. To find one, go to:
  - <http://www.hrsa.gov> [11]
  - [http://findhivcare.hrsa.gov/Search\\_HAB.aspx](http://findhivcare.hrsa.gov/Search_HAB.aspx) [12]
- Dental schools: Some cities have dental schools or dental hygiene schools that provide good quality care at reduced rates. Check for a program near you at:
  - <http://www.ada.org/267.aspx> [13]
  - <http://www.adha.org/dental-hygiene-programs> [14]
- Public health or community-based primary care clinics: Clinics provide treatment at either a reduced rate or free of charge. Call your local Department of Health office to find a clinic or check the US Department of Health and Human Services website service locator at <http://locator.aids.gov/> [15]

## Taking Care of Yourself

Because of the increased risk for oral problems, it is especially important for people living with HIV to take good care of their mouths. Proper dental care is needed to keep teeth and gums healthy. Basic guidelines for good oral health suggest that you:

- Develop a good home care routine ? brush two to three times daily and floss once a day (preferably at night)
- Use a toothpaste or mouthwash that contains fluoride
- See the dentist every six months or more often if the dentist suggests it
- Avoid smoking [10] and street drugs
- Eat a healthy diet [16]

Most common oral conditions linked with HIV can be treated. If you notice any problems, it is important to talk with your health care provider or dentist about what treatment might work for you. Remember, with the right treatment, your mouth can feel better. And that is a very important step toward living well with HIV.

## Tags:

- HIV mouth [17]

- [HIV oral](#) [18]
- [HIV teeth](#) [19]
- [HIV dental](#) [20]
- [mouth infection](#) [21]
- [oral problems](#) [22]
- [gums](#) [23]
- [periodontal](#) [24]

## Additional Resources

Select the links below for additional material related to HIV and your mouth.

[Oral Health Fact Sheet \(Womenshealth.gov\)](#) [25]

[Oral Health Issues \(AIDS.gov\)](#) [26]

[Mouth and Throat Problems \(CATIE\)](#) [27]

[Dental Care & HIV/AIDS \(The Body\)](#) [28]

[Dental Care \(Terrence Higgins Trust\)](#) [29]

[Mouth Problems and HIV \(NIH\)](#) [30]

[Evaluation Center for HIV and Oral Health](#) [31]

[Finding Low-Cost Dental Care \(NIDCR\)](#) [32]

[Dental Care \(AIDSmap\)](#) [33]

[Oral Health: A Window to Your Overall Health \(Mayo Clinic\)](#) [34]

[Guide to Oral Health Care for People Living with HIV/AIDS \(TARGET Center; webinar\)](#) [35]

- [Sign Up / Login](#)
- [My Account](#)
- [HIV Information](#)
- [A Girl Like Me](#)
- [Partners](#)
- [Who We Are](#)
- [Terms](#)
- [Privacy](#)
- [Contact](#)



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### Links:

[1] <http://www.thewellproject.org/hiv-information/hiv-and-your-mouth>

[2] <http://www.thewellproject.org/hiv-information/understanding-immune-system>

[3] <http://www.thewellproject.org/hiv-information/fungal-infections>

[4] <http://www.thewellproject.org/hiv-information/vitamins-and-supplements>

[5] <http://www.thewellproject.org/hiv-information/cancers>

- [6] <http://www.thewellproject.org/hiv-information/substance-abuse-and-addiction>
- [7] <http://www.thewellproject.org/hiv-information/understanding-cd4-cells-and-cd4-cell-tests>
- [8] <http://www.thewellproject.org/hiv-information/women-and-viral-load>
- [9] <http://www.thewellproject.org/hiv-information/hepatitis-c-hcv>
- [10] <http://www.thewellproject.org/hiv-information/smoking-and-tobacco-use>
- [11] <http://www.hrsa.gov/publichealth/clinical/oralhealth/findoralhealth.html>
- [12] [http://findhivcare.hrsa.gov/Search\\_HAB.aspx](http://findhivcare.hrsa.gov/Search_HAB.aspx)
- [13] <http://www.ada.org/267.aspx>
- [14] <http://www.adha.org/dental-hygiene-programs>
- [15] <http://locator.aids.gov/>
- [16] <http://www.thewellproject.org/hiv-information/nutrition-and-hiv>
- [17] <http://www.thewellproject.org/tags/hiv-mouth>
- [18] <http://www.thewellproject.org/tags/hiv-oral>
- [19] <http://www.thewellproject.org/tags/hiv-teeth>
- [20] <http://www.thewellproject.org/tags/hiv-dental>
- [21] <http://www.thewellproject.org/tags/mouth-infection>
- [22] <http://www.thewellproject.org/tags/oral-problems>
- [23] <http://www.thewellproject.org/tags/gums>
- [24] <http://www.thewellproject.org/tags/periodontal>
- [25] <http://womenshealth.gov/publications/our-publications/fact-sheet/oral-health.html>
- [26] <https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hiv-aids/potential-related-health-problems/oral-health-issues/>
- [27] <http://www.catie.ca/en/practical-guides/hiv-drug-side-effects/9-mouth-throat-problems>
- [28] <http://www.thebody.com/treat/oral.html>
- [29] <http://www.tht.org.uk/myhiv/HIV-and-you/Your-healthcare/Dental-care>
- [30] <http://www.nidcr.nih.gov/OralHealth/Topics/HIV/MouthProblemsHIV/>
- [31] <http://echo.hdwg.org/info>
- [32] <http://www.nidcr.nih.gov/oralhealth/popularpublications/findinglowcostdentalcare/>
- [33] <http://www.aidsmap.com/Dental-care/page/2522145/>
- [34] <http://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>
- [35] <https://hrsa.connectsolutions.com/p8ozyrqzs2y/?launcher=false&fcsContent=true&pbMode=normal>