SYMPTOM

Dry mouth

Dry mouth is a parched or sticky feeling, often linked to reduced saliva.

WHAT IT FEELS LIKE
A sticky, parched mouth with thick or little saliva

WHERE IT IS FELT
Mouth, lips, tongue, and throat

MOST COMMON CAUSES
Medicines, dehydration, mouth breathing

WHEN IT IS URGENT
New trouble swallowing liquids or signs of severe dehydration

USUALLY LASTS
Hours to ongoing, depending on medicines, hydration, or illness

SEE A DOCTOR IF
Persistent, recurrent, painful, or causing eating or dental problems

Overview

Dry mouth is the feeling that your mouth does not have enough moisture. The medical term is xerostomia . It may happen because your salivary glands make less saliva, although some people feel dry even when saliva production appears normal.

Saliva keeps your mouth comfortable and helps you chew, swallow, taste, and speak. It also protects your teeth and mouth tissues. Ongoing dryness can raise the risk of tooth decay, gum problems, mouth sores, and fungal infections such as oral thrush.

A brief episode is often related to thirst, stress, or sleeping with your mouth open. Persistent dry mouth has many possible causes and does not point to one diagnosis.

What it may feel or look like

Dry mouth may be mild or make eating and speaking difficult. You may notice:

Some people also develop a red, smooth, or cracked tongue. White patches, soreness, or an unpleasant taste can occur with oral thrush, but these symptoms need an examination because they can have other causes.

- A sticky, rough, or burning feeling
- Thick, stringy, or reduced saliva
- A dry tongue, throat, or cracked lips
- Trouble chewing or swallowing dry food
- Changes in taste, bad breath, or frequent thirst
- Mouth sores or dentures that rub
- More tooth sensitivity, cavities, or gum problems

Common causes

Common causes include not drinking enough fluid, sweating, fever, vomiting, or diarrhoea. Sleeping with your mouth open can also cause morning dryness, especially if your nose is blocked or you snore.

Many medicines can reduce saliva. Examples include some treatments for allergies, depression, anxiety, pain, overactive bladder, high blood pressure, and sleep problems. Taking several medicines may make dryness more noticeable. Do not stop a prescribed medicine without discussing it with the prescriber.

Stress and anxiety can cause temporary dryness. Tobacco, alcohol, cannabis, and frequent caffeine use may also make your mouth feel drier.

Less common causes include diabetes, salivary gland problems, and autoimmune conditions such as Sjögren disease, in which the immune system affects moisture-producing glands. Dry eyes may occur as well. Nerve injury and conditions that affect chewing or swallowing can contribute.

Radiation treatment to the head or neck can damage salivary glands. Some cancer medicines may also cause temporary or lasting dryness.

Urgent causes are uncommon. Sudden dryness with lip, tongue, or throat swelling may be part of a serious allergic reaction. Marked dehydration can also cause a very dry mouth, particularly when illness prevents you from replacing fluids.

When to seek medical care

Call emergency services if dry mouth occurs with swelling of your lips, tongue, or throat, trouble breathing, or an inability to swallow. These symptoms need immediate assessment.

Seek same-day medical care if you cannot swallow liquids, keep vomiting, pass very little urine, feel faint or confused, or have other signs of severe dehydration.

Book a routine appointment with a doctor or dentist if the dryness:

A dentist can assess the effects on your teeth and gums even if another healthcare professional is investigating the underlying cause.

- Lasts for several weeks or keeps returning
- Makes it hard to eat, speak, sleep, or wear dentures
- Comes with mouth pain, sores, white patches, or tooth problems
- Began after starting or changing a medicine
- Occurs with very frequent urination, unusual thirst, or persistent dry eyes

How the cause is found

A healthcare professional will ask when the dryness started, whether it is constant, and what makes it better or worse. They may ask about fluid intake, nasal blockage, snoring, smoking, alcohol, recent illness, and other symptoms.

Bring a list of prescription medicines, over-the-counter products, and supplements. The timing of a new medicine or dose change can be useful, although it does not prove that the medicine is responsible.

Your mouth, teeth, gums, tongue, and salivary gland openings may be examined. In some cases, saliva flow is measured. Blood tests may be considered if your symptoms suggest diabetes, an autoimmune condition, or another medical cause. Imaging or a salivary gland test is needed only in selected cases.

Treatment and self-care

Treatment depends on the cause and on whether your saliva production is reduced. If a medicine may be contributing, its prescriber can review the dose, timing, or possible alternatives. Do not change it on your own.

For day-to-day relief:

Brush twice daily with fluoride toothpaste and clean between your teeth. Regular dental checks are important because reduced saliva weakens the mouth's natural protection against decay.

Saliva-substitute sprays, gels, rinses, or lozenges may provide short-term moisture. A clinician may sometimes prescribe medicine that stimulates saliva, but it is not suitable for everyone and can cause side effects.

- Sip water regularly and keep water nearby at night
- Chew sugar-free gum or use sugar-free lozenges if you can swallow safely
- Choose moist foods and add sauces or gravies to dry meals
- Use a humidifier if indoor air is dry
- Avoid tobacco and alcohol-based mouthwashes
- Limit foods and drinks that are very sugary, salty, spicy, or acidic

What to expect

Dryness caused by mild dehydration, stress, or mouth breathing may improve within hours once the trigger is addressed. Medicine-related dryness may continue while the medicine is used. Recovery after cancer treatment or salivary gland injury is less predictable.

Persistent dry mouth can often be managed even when the cause cannot be removed. A combination of frequent moisture, careful dental care, and treatment of the underlying problem can reduce discomfort and protect your teeth.

Arrange follow-up if self-care is not enough, symptoms worsen, or new mouth sores, swallowing problems, or dental damage develop.

Common questions

Is dry mouth always caused by dehydration?

No. Dehydration is common, but medicines, mouth breathing, stress, medical conditions, and salivary gland damage can also cause it.

Can dry mouth damage my teeth?

Yes, when it continues. Saliva washes away food, controls acids, and helps protect tooth enamel. Reduced saliva can increase cavities and gum problems.

Why is my mouth dry only at night?

You may breathe through your mouth while asleep because of nasal blockage, snoring, or sleep-related breathing problems. Medicines taken in the evening and dry indoor air can also contribute.

Should I drink more water?

Regular sips can ease symptoms and help if you are mildly dehydrated. Drinking more water may not fully relieve dryness caused by a medicine or reduced salivary gland function.

Does dry mouth mean I have diabetes?

Not by itself. Diabetes is one possible cause, particularly when dryness occurs with unusual thirst and frequent urination. These symptoms should be discussed with a healthcare professional.

Sources

- National Institute of Dental and Craniofacial Research: Dry Mouth
- NHS: Dry Mouth
- American Dental Association: Xerostomia
- National Cancer Institute: Oral Complications of Cancer Therapies
- Villa A, Connell CL, Abati S. "Diagnosis and Management of Xerostomia and Hyposalivation." Therapeutics and Clinical Risk Management . 2015;11:45-51. doi:10.2147/TCRM.S76282