

**Geriatrics • Educational evidence summary**

Anticholinergic burden and dry mouth

This geriatric evidence summary examines anticholinergic burden and dry mouth.

UnifiedACB • Published October 3, 2026 • Updated October 4, 2026

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Begin with what dryness is interfering with

Persistent dry mouth can make meals, speech or swallowing difficult and can affect oral health. The [NIDCR guidance](#) explains saliva's protective role and emphasizes that persistent dryness is not simply a normal part of aging. Those practical consequences deserve attention even when a medication list has not yet been scored.

A useful opening question is what the person notices: dryness throughout the day, difficulty with meals, waking because the mouth feels dry, or another pattern. The answer identifies the problem to assess and the outcome that would matter if care changes.

1. Describe the symptom without assigning a cause

Record when the dryness began, whether it fluctuates and what makes it better or worse. A report of dryness is important in its own right. It does not, however, identify the underlying mechanism or establish how much saliva is being produced.

The [NIDCR assessment guidance](#) includes reviewing medical and medication history and, when appropriate, measuring saliva production. This illustrates why a burden category cannot replace an oral assessment. The symptom, examination and any measurement answer different parts of the question.

2. Reconstruct the actual product list

Include prescription medicines, nighttime products, allergy treatments and other nonprescription ingredients. Record the route, formulation and actual frequency. A product used only occasionally on the chart may be used more often in practice, and a combination product may contain an ingredient the person does not recognize by its generic name.

Check recent changes and timing. If dryness began before a new medication, the explanation differs from a symptom that followed a documented exposure change. If several products changed together, the review should retain that uncertainty rather than choose the one with the highest category automatically.



3. Use medication-specific evidence

The [UnifiedACB source observations](#) show which publications classified a medication and how their values differ. They do not measure salivary flow. A source-specific zero also does not rule out dry mouth from another mechanism or from a non-medication cause.

For an individual product, consult its prescribing information when the clinical question requires adverse-effect details. Class-level anticholinergic context can explain plausibility, but it should not be repeated as if every medication has identical evidence or an identical likelihood of causing dryness.

4. Keep other explanations in the assessment

The [NIDCR source](#) describes several causes beyond medication exposure. A medication review is therefore part of the evaluation, not a substitute for considering the broader history. Persistent symptoms should not be dismissed because the burden total is low or because the person has taken the same medicines for a long time.

The oral consequences also matter independently of the cause. A review focused only on the medication list can miss the need to assess oral discomfort, eating difficulties or dental concerns. A dentist, clinician and pharmacist may contribute different information to the same problem.

5. Connect the review to a practical goal

Choose a goal that reflects the person's experience, such as more comfortable meals or less interference with speaking. If the treating team considers an adjustment, the plan should account for the medicine's original benefit and any relevant restrictions on supportive measures. The website should not offer a universal fluid target or medication substitution based on the score.

Follow-up should assess the symptom and function directly. A lower anticholinergic classification does not prove that dryness improved, and improvement may follow changes unrelated to the classification. Record what changed and what was observed.

When discussing dryness, distinguish a proposed medication contributor from a confirmed explanation. If a dentist or clinician identifies an additional cause, retain that finding rather than forcing the entire symptom into the anticholinergic framework. Several relevant observations can coexist. The purpose of the review is to understand the problem well enough to improve comfort and oral health, not to make every symptom agree with a score.

A useful summary to bring to review

- When the dryness started and how it affects eating, speaking, swallowing or sleep.
- The actual ingredients and frequency of prescription and nonprescription products.
- Any recent medication or health changes.
- The specific source findings and any uncertainty about the product match.
- The oral-health and comfort outcomes that matter most.



Dry mouth becomes a more manageable review question when the symptom, exposure and desired outcome are clearly described. The medication evidence can focus the discussion while the clinical and oral assessment determine the cause and appropriate response.

References

1. American Geriatrics Society 2023 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2023;71:2052-2081. [Source](#)
2. Vennard O, Stewart C, Tolia M, Soiza RL, Myint PK. Anticholinergic Medication Burden Scales: A Systematic Review. *J Am Geriatr Soc.* 2026;74(6):1771-1784. [Source](#)
3. American Geriatrics Society Beers Criteria Alternatives Panel. Alternative Treatments to Selected Medications in the 2023 AGS Beers Criteria. *J Am Geriatr Soc.* 2025;73:2657-2677. [Source](#)
4. Fox C, et al. Effect of medications with anti-cholinergic properties on cognitive function, delirium, physical function and mortality: a systematic review. *Age Ageing.* 2014;43:604-615. [Source](#)
5. Ruxton K, Woodman RJ, Mangoni AA. Drugs with anticholinergic effects and cognitive impairment, falls and all-cause mortality in older adults: a systematic review and meta-analysis. *Br J Clin Pharmacol.* 2015;80(2):209-220. doi:10.1111/bcp.12617. [Source](#)
6. Egberts A, et al. Anticholinergic Drug Burden and Delirium: A Systematic Review. *J Am Med Dir Assoc.* 2021;22:65-73.e4. [Source](#)
7. National Institute of Dental and Craniofacial Research. Dry Mouth. Official health information; reviewed October 2024. [Source](#)
8. UnifiedACB. Preserved public source-observation dataset, v3.0 RC12 final; inspected for this editorial revision. [Source](#)

Explore the evidence

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Disclosure

Funding: None. Conflict of interest: None declared for the UnifiedACB educational project.

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