

The Challacombe Scale of Clinical Oral Dryness

The Challacombe Scale was developed from research conducted at King's College London Dental Institute under the supervision of Professor Stephen Challacombe*. The purpose of this scale is to be able to visually identify and quantify whether your patient has xerostomia (dry mouth) and if so, how it changes over time and the most appropriate therapy options. This scale is applicable whatever your profession.

The Challacombe Scale works as an additive score of 1 to 10 : 1 being the least and 10 being the most severe. Each feature scores 1 and symptoms will not necessarily progress in the order shown, but summated scores indicate likely patient needs. Score changes over time can be used to monitor symptom progression or regression.

1



- Mirror sticks to buccal mucosa

2



- Mirror sticks to tongue

3



- Saliva frothy

An additive score of 1 - 3 indicates mild dryness. May not need treatment or management. Sugar-free chewing gum for 15 mins, twice daily and attention to hydration is needed. Many drugs will cause mild dryness. Routine checkup monitoring required.

4



- No saliva pooling in floor of mouth

5



- Tongue shows generalised shortened papillae (mild depapillation)

6



- Altered gingival architecture (ie. smooth)

An additive score of 4 - 6 indicates moderate dryness. Sugar-free chewing gum or simple sialogogues may be required. Needs to be investigated further if reasons for dryness are not clear. Saliva substitutes and topical fluoride may be helpful. Monitor at regular intervals especially for early decay and symptom change.

7



- Glassy appearance of oral mucosa, especially palate

8



- Tongue lobulated / fissured

9



- Cervical caries (more than two teeth)

10



- Debris on palate or sticking to teeth

An additive score of 7 - 10 indicates severe dryness. Saliva substitutes and topical fluoride usually needed. Cause of hyposalivation needs to be ascertained and Sjögrens Syndrome excluded. Refer for investigation and diagnosis. Patients then need to be monitored for changing symptoms and signs, with possible further specialist input if worsening.

* S Osailan et al "Investigating the relationship between hyposalivation and mucosal wetness" (2011) Oral Diseases volume 17, Issue 1, Pages: 109-114

