



**Your Mouth and More**  
**Dr. Seema Agarwal B.Sc., D.D.S.**

# MENOPAUSE MOUTH: 10 Questions

## *The Hygienist's Checklist for: Women Over 40*

### 1. "Have you noticed your mouth feeling drier, or are you waking up thirsty?"

**Why Ask:** The decline in estrogen and progesterone reduces salivary flow and alters the oral microbiome, shifting the environment from protective to acidic (dysbiosis).

**What to Look For:** Lack of salivary pooling under the tongue, stringy or "frothy" saliva, plaque sticking to smooth surfaces, and new cervical/root caries.

#### **How to Present It:**

**To Dentist:** "Dr., the patient presents with clinically visible xerostomia and altered salivary viscosity. I'd like to evaluate for a remineralization protocol."

**To Patient:** "Your saliva is your mouth's natural defense system. Since it's changing, we need to proactively protect your enamel with targeted mineral therapies rather than just waiting for cavities to form."

### 2. "Have you experienced changes in your sleep quality, or has anyone mentioned you've started snoring?"

**Why Ask:** The loss of progesterone removes a critical respiratory stimulant and decreases upper airway muscle tone, making peri/menopausal women highly susceptible to newly onset Upper Airway Resistance Syndrome (UARS) or Sleep Apnea.

**What to Look For:** Scalloped edges on the tongue, an enlarged uvula/narrow airway (Mallampati III/IV), or heavy wear facets from sleep bruxism.

#### **How to Present It:**

**To Dentist:** "Dr., the patient is reporting fragmented sleep and presenting with a scalloped tongue and bruxism. I suspect airway resistance and suggest an airway screening."

**To Patient:** "Hormonal shifts can relax the muscles in your throat at night. The grinding wear on your teeth is often your body's sympathetic nervous system fighting to keep



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your airway open while you sleep."

### 3. "Are your gums feeling more tender, or bleeding even though you haven't changed your brushing routine?"

**Why Ask:** Estrogen regulates cellular proliferation in blood vessels. Its drop causes menopausal gingivostomatitis, leading to an exaggerated, hyper inflammatory immune response to normal biofilm.

**What to Look For:** Bleeding on probing (BOP) that is disproportionate to the actual amount of visible plaque; tissue that appears abnormally pale, shiny, or overly red and friable.

#### **How to Present It:**

**To Dentist:** "Dr., noting exaggerated BOP and friable tissue despite excellent home care; suspecting a systemic hormonal inflammatory shift."

**To Patient:** "Your immune system is currently hyper-reactive to normal mouth bacteria due to hormone changes. We need to treat your gums like delicate tissue right now and focus on lowering localized inflammation."

### 4. "Have you had a recent bone density scan, or noticed any teeth shifting?"

**Why Ask:** Systemic osteopenia and osteoporosis directly correlate with alveolar bone loss in the jaw. As systemic bone density drops, the periodontal foundation weakens.

**What to Look For:** Widened periodontal ligament (PDL) spaces on bitewings, recession, new tooth mobility, or suddenly open contacts between teeth.

#### **How to Present It:**

**To Dentist:** "Dr., noting generalized clinical attachment loss and slight mobility. We need to closely review the recent radiographs for crestal bone changes."

**To Patient:** "Just as hormones affect your hip and spine density, they affect your jawbone. We are monitoring the bone supporting your teeth to ensure your foundation stays strong."



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### 5. "Are you sipping on lemon water, kombucha, or coffee throughout the day to combat dry mouth?"

**Why Ask:** With decreased salivary volume comes a severe decrease in salivary buffering capacity. Frequent acidic exposures will rapidly strip enamel without saliva to neutralize it.

**What to Look For:** Cupping on the cusps of molars, thinning/translucent incisal edges, and a general loss of enamel luster.

#### **How to Present It:**

**To Dentist:** "Dr., active chemical erosion patterns noted. The patient's salivary buffering seems compromised due to frequent acid exposures."

**To Patient:** "Because your saliva isn't neutralizing acids effectively right now, sipping these drinks is softening your enamel. Let's switch you to a pH-neutral mineral water for daily hydration."

### 6. "Do you ever experience a burning, tingling, or scalding sensation on your tongue or lips?"

**Why Ask:** Burning Mouth Syndrome (BMS) peaks sharply in menopause. It is a neuropathic condition triggered by the loss of estrogen's neuroprotective effects.

**What to Look For:** Clinically normal, healthy-looking mucosa despite the patient reporting severe, chronic discomfort (usually on the anterior third of the tongue, but can be anywhere)

#### **How to Present It:**

**To Dentist:** Dr., patient reports a burning sensation with no visible lesions or candidiasis. Suspecting hormonal neuropathy/BMS."

**To Patient:** "This is a recognized nerve response directly tied to menopause. Let's look at nutritional support and make sure your oral care products aren't adding chemical irritation."



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### 7. "Are you waking up with tension headaches, neck pain, or a sore jaw?"

**Why Ask:** The transition into menopause often triggers sympathetic nervous system dominance (fight or flight), leading to heavy clenching and temporomandibular joint (TMJ) overload.

**What to Look For:** Enlarged masseter muscles, a white line (linea alba) on the inside of the cheeks, and abfractions (notches) at the gumline.

#### **How to Present It:**

**To Dentist:** "Dr., seeing signs of heavy parafunction, masseter hypertrophy, and cervical abfractions. Recommend evaluating for joint protection or airway involvement."

**To Patient:** "Your jaw muscles are holding a lot of stress, likely from clenching during light sleep. We need to protect your teeth and joints from this chronic mechanical force."

### 8. "Have you noticed any changes in how food tastes, like a metallic or bitter flavor?"

**Why Ask:** Dysgeusia (altered taste) occurs due to hormonal fluctuations affecting the taste buds and is often linked to trace mineral depletion, particularly Zinc.

**What to Look For:** Patients heavily altering their diet (adding excess sugar or salt) to compensate, which subsequently alters the plaque microbiome and increases caries risk.

**To Dentist:** "Dr., patient reports dysgeusia. I am reviewing their dietary recall to ensure they aren't inadvertently increasing their caries risk."

**To Patient:** "Hormone changes can temporarily rewire your taste buds. We want to be careful that you aren't unknowingly reaching for more sugars to compensate for the taste changes."



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### 9. "Have you started any Hormone Replacement Therapy (HRT) or medications for bone density?"

**Why Ask:** Exogenous hormones can trigger reactive gingival changes, while bisphosphonates (osteoporosis meds) alter bone turnover and carry a risk of osteonecrosis during invasive dental work.

**What to Look For:** Medical history updates; clinically, look for generalized gingival hyperplasia or any areas of delayed healing/exposed bone.

#### **How to Present It:**

**To Dentist:** "Dr., the patient has initiated a new bisphosphonate/HRT protocol. Please review their chart before formulating any surgical or invasive treatment plans."

**To Patient:** "Certain medications for menopause and bone health dictate exactly how we safely handle your dental care. Updating this keeps your functional treatment plan incredibly precise and safe."

### 10. "Have you had any recent blood work checking your Vitamin D, B complex, or Iron levels?"

**Why Ask:** Systemic nutrient deficiencies commonly co-occur during this life stage and directly impair the oral mucosa's ability to heal and regenerate.

**What to Look For:** A red, "beefy" or smooth tongue (B-vitamin deficiency), cracking at the corners of the mouth (angular cheilitis), or pale gingival tissues (anemia).

#### **How to Present It:**

**To Dentist:** "Dr., the soft tissue presentation suggests potential systemic nutrient deficiencies impacting mucosal healing."

**To Patient:** "Your oral tissues need specific micronutrients to stay resilient. I'm seeing signs that might make it worth you asking your MD to run a standard blood panel."



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## Connecting the Dots Between Your Hormones and Your Health

Navigating menopause requires more than just standard care—it requires a root-cause approach that connects your airway, nutrition, and oral microbiome.

As a root-cause focused dentist in menopause and a Certified Yoga Teacher (CYT), my mission is to bridge the gap between systemic wellness and clinical dentistry with free evidence based facts.

Follow along on Instagram:

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