



Little River Falls, Alabama

PIC QUESTION OF THE WEEK: 9/20/10

Q: Please identify some of the drugs most commonly associated with taste disturbances.

A: Approximately two million Americans experience some form of taste disturbance in their lifetime. Taste disturbances can be more specifically defined as dysgeusia (altered taste), hypogeusia (decreased taste), or ageusia (lack of taste). Metallic, bitter, and salty tastes are some of the more common examples of dysgeusia. Dysgeusia can directly affect an individual's health by reducing appetite, thus resulting in weight loss and malnutrition. Patients may also attempt to overcome bad taste by excessive intake of salty seasonings and sweeteners. Taste disturbances may be related to a number of factors such as increased age, the *common cold*, alteration of smell, radiation therapy, chronic use of alcohol and tobacco, and a wide variety of medications. Oncology patients appear to be particularly susceptible to changes in taste. This may be related to frequent radiation, oral malignancies, cancer-related vitamin and electrolyte deficiencies, and chemotherapy. It has been estimated that up to 77% of patients receiving chemotherapy complain of metallic or bitter taste, hypogeusia, or ageusia. Some of the chemotherapeutic agents associated with effects on taste include bleomycin, cisplatin, cyclophosphamide, doxorubicin, 5-fluorouracil, and methotrexate. Many non-chemotherapy medications have also been identified as causes of taste disturbances. All anti-cholinergic compounds have the potential to produce dry mouth and altered taste. In addition, a large number of other drugs have been implicated in causing taste disturbances. Terbinafine (PIC Question of the Week: 12/05/05) may be the compound most frequently associated with dysgeusia. Other agents considered to be frequent causes of taste disturbances include acetazolamide, ACE inhibitors such as captopril, ampicillin, clarithromycin, eszopiclone (Lunesta), methimazole, metronidazole, nifedipine, and pentamidine. The occurrence of taste disturbances due to drugs is generally associated with large doses and prolonged duration of therapy. There are cases, however, in which complaints related to taste have occurred even after a single dose. Taste disturbances usually resolve shortly after the medication is discontinued; however, in some patients, it may require weeks-months before normal taste returns. Because the mechanisms responsible for loss of taste with drugs have not been specifically identified, treatment is unknown. Zinc supplementation has been suggested to improve taste, yet zinc lozenges have frequently been associated with taste disturbances. The benefit of this electrolyte in patients with taste disturbances has yet to be substantiated. Improved oral hygiene and avoidance of foods with strong smell may provide improvement in taste. Eating smaller meals, increasing the use of condiments, and sucking on a piece of hard candy may also be beneficial. In most cases, the best strategy is to discontinue the medication and prescribe an appropriate alternative.

References

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