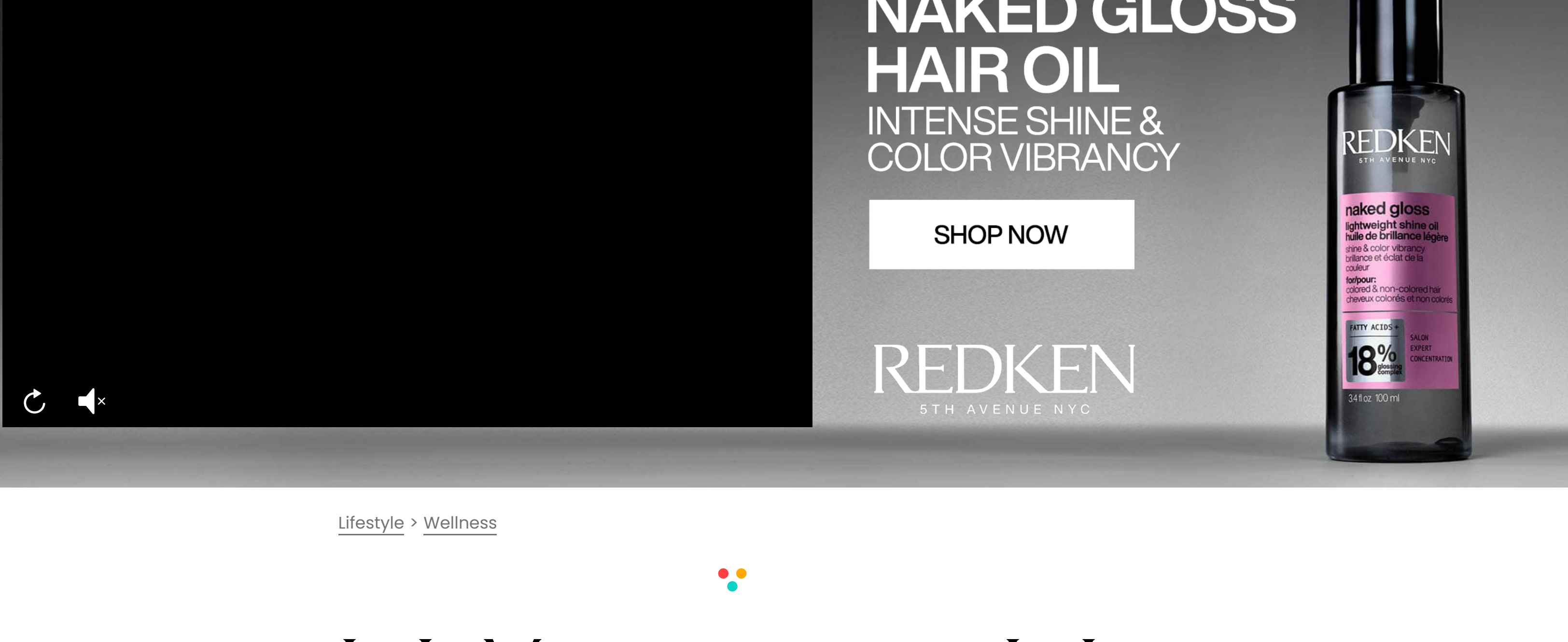




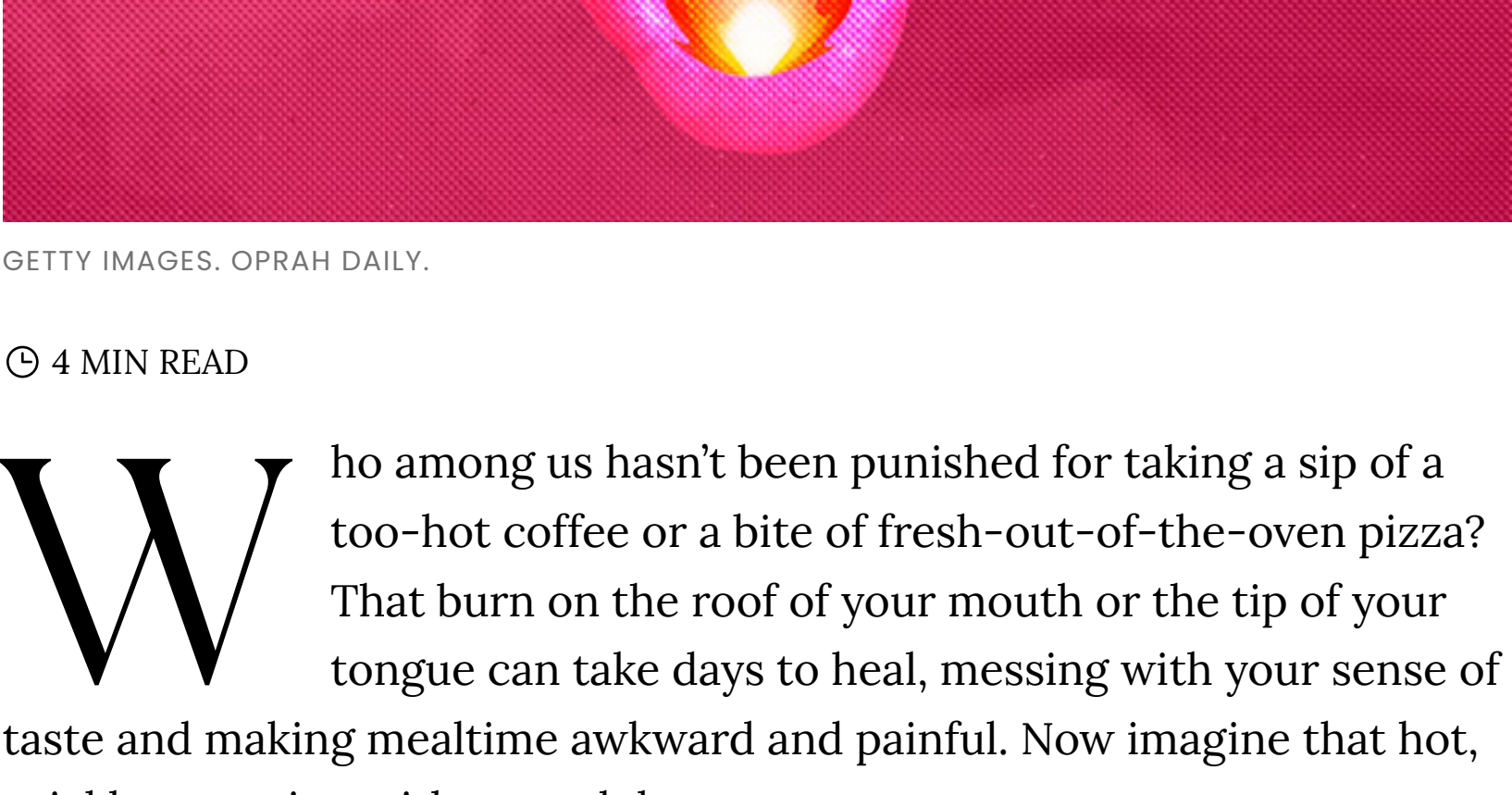
Lifestyle > Wellness

Is It Menopause or Is It Me: Burning, Tingly Mouth

If you're over 50 and your mouth feels like you've just bitten into a lava-hot slice of pizza all the time, read on!

By [Lisa Arbetter](#) Published: Jul 15, 2026 10:58 AM EDT

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Who among us hasn't been punished for taking a sip of a too-hot coffee or a bite of fresh-out-of-the-oven pizza? That burn on the roof of your mouth or the tip of your tongue can take days to heal, messing with your sense of taste and making mealtime awkward and painful. Now imagine that hot, prickly sensation with no end date.

That's burning mouth syndrome (BMS): a persistent burning, scalding, or tingling sensation affecting the tongue, lips, palate, or other areas of the mouth without an obvious cause. "It is a neuropathic pain, meaning there's abnormal nerve signaling that causes pain for no apparent stimulation or reason," says [Piamkamon Vacharotayangul, DDS, PhD](#), an oral medicine specialist at Brigham and Women's Hospital and an instructor at Harvard School of Dental Medicine. For many people, the burning intensifies as the day goes on, sometimes accompanied by a stubborn bitter or metallic taste.

While BMS affects an estimated [17 percent of the general worldwide population](#), women over 50 are at the highest risk. And yep, the [menopause transition](#) may be partly to blame.



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Feel the Burn



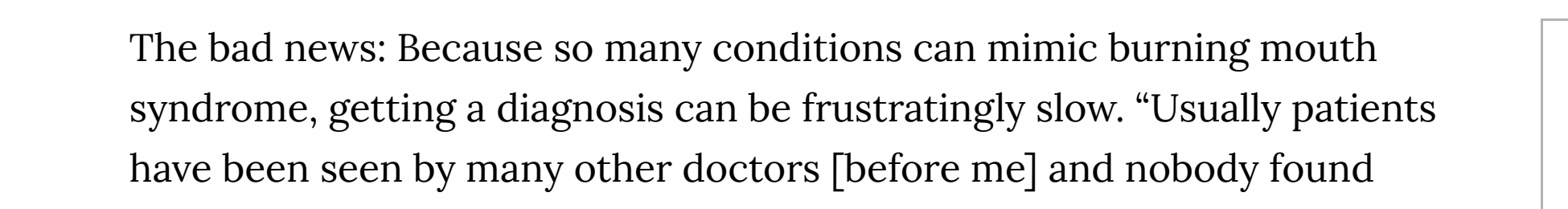
Estrogen is likely part of the story as to why women in midlife are more likely to get BMS. Your mouth (including your salivary glands and tongue) is full of estrogen receptors, and estrogen helps regulate pain pathways, maintain oral tissue, and support saliva production. When levels of the hormone decline with [perimenopause](#), the mouth becomes more sensitive, oral tissue gets thinner, and saliva flow drops. Together, those shifts may make oral nerves more likely to misfire, causing sensations that once felt normal to register as pain.

Hormone loss isn't the whole story, however.

[Researchers](#) believe age-related changes in the nervous system, including the degeneration of some nerve fibers, may also play a role in BMS.

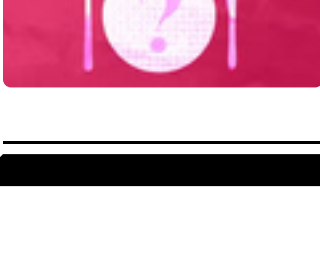
How to Diagnose Burning Mouth Syndrome

There is no single test for burning mouth syndrome. Instead, doctors diagnose it by ruling out other conditions that can cause similar symptoms, many of which are fairly common. Oral yeast infections, [chronic dry mouth](#), acid reflux, nutritional deficiencies, and [certain medications](#) (such as blood pressure drugs or thyroid medications like Synthroid) can all cause burning or tingling in the mouth. The good news is that many of these issues can be treated directly with medication, often making the symptoms disappear.

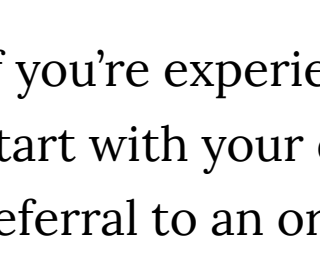


The bad news: Because so many conditions can mimic burning mouth syndrome, getting a diagnosis can be frustratingly slow. "Usually patients have been seen by many other doctors [before me] and nobody found anything wrong," Dr. Vacharotayangul says.

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If you're experiencing persistent burning, tingling, or pain in your mouth, start with your dentist. If no injury or other cause is found, ask for a referral to an oral medicine specialist or orofacial pain specialist.

Turning Down the Heat

Once other causes have been ruled out, treatment focuses on managing symptoms. Dr. Vacharotayangul uses the word *managing* deliberately: Burning mouth syndrome is often chronic, and while there's no cure, several approaches can help dial down the discomfort.

Some of those strategies are DIY:

- **Reduce irritants:** Avoid alcohol (including in mouthwash), tobacco, acidic foods, and very hot beverages. Staying hydrated and using saliva substitutes (usually a spray or rinse you can buy over the counter) can also help if dryness is an issue.
- **Distract your nerves:** Give your misfiring nerves something else to do. Chewing sugar-free gum, sipping cold water, and staying physically and mentally active can all help redirect the nervous system's attention.
- **Chill out:** "We see pain conditions get worse when life is stressful," Dr. Vacharotayangul says. [Meditation](#), [breathing exercises](#), and cognitive-behavioral therapy may help with chronic pain and the anxiety that often comes with it.

If lifestyle changes aren't enough, these medications and supplements can help:

- **Alpha-lipoic acid:** Taking 600 to 800 milligrams of this antioxidant supplement may help protect the nerve pathways involved in pain signaling, though it can cause G.I. upset (including nausea, diarrhea, and heartburn) in some people.
- **Topical clonazepam:** This anti-anxiety medication, used as a mouth rinse rather than swallowed, can calm overactive nerve receptors directly at the source.
- **Capsaicin:** The same compound that gives chile peppers their heat can reduce the sensitivity of pain receptors over time. There are prescription options available, or try adding a [few drops of Tabasco](#) into a teaspoon of water and rinsing your mouth with it. "It sounds paradoxical, but it works," says Dr. Vacharotayangul.
- **Prescription medications:** In more persistent cases, medications that affect nerve signaling—including gabapentin and certain antidepressants—may be appropriate.

One treatment that's notably absent from the list is [hormone therapy](#) (HT). It's not currently prescribed specifically for BMS, and research on the connection remains limited. If you're already taking HT and notice changes in your oral symptoms, mention them to both your prescribing physician and an oral medicine specialist or orofacial pain specialist—specialized providers who focus on complex mouth and facial issues like burning mouth and jaw disorders. (Your dentist can refer you to one.)

Burning mouth syndrome can be frustratingly persistent, but it doesn't have to take over your life. A realistic goal, says Dr. Vacharotayangul, is 70 percent improvement. That's often enough to make eating, drinking, and speaking comfortable again. With time, you'll hopefully be free to burn your mouth the old-fashioned way: with piping-hot food.

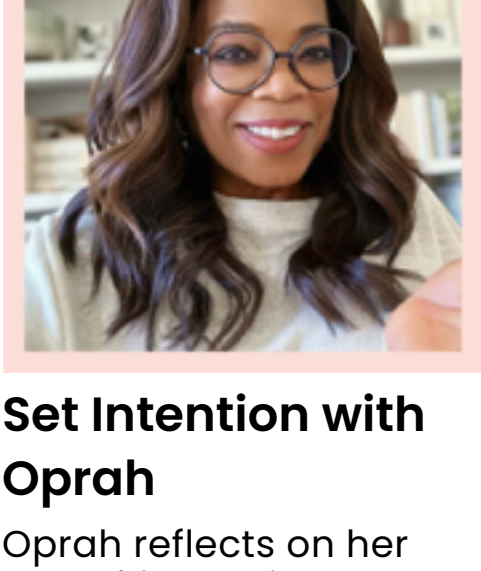
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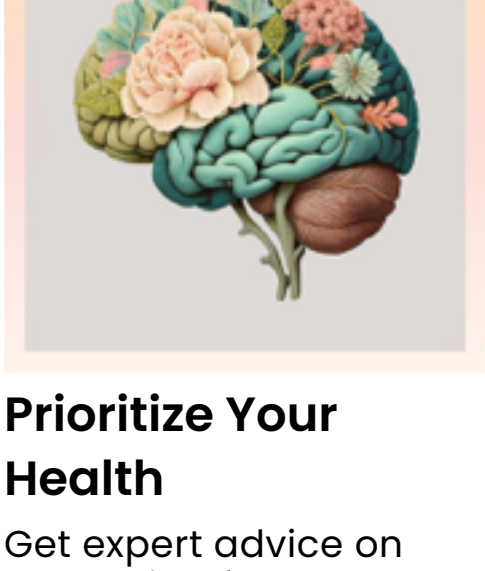
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Lisa Arbetter is a writer, editor, and content consultant with bylines in Real Simple, AARP, and Health. She lives in Manhattan with her family and their dog Boaz, who is indeed a very good boy. Middle insomnia has given her time to finally try writing a novel.

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By: A.J. Hanley

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