



THE UNIVERSITY of TEXAS

HEALTH SCIENCE CENTER AT HOUSTON

Office of Technology Management

APPARATUS FOR INHIBITING NOCTURNAL DRYING OF THE ORAL CAVITY

Market: Millions of people throughout the world suffer from dry mouth, or xerostomia, to one degree or another. This is highly evidenced in patient populations receiving drug therapy, which, as a side effect, inhibits or reduces salivary function. These drugs can include tricyclic antidepressants, beta-blockers and opioid pain medications. In addition, xerostomia can result from auto-immune diseases or radiation therapy in the head and neck regions. Devices and treatments for this condition are estimated to be a \$2 billion market worldwide.

Competitors and Current Problems: Current xerostomia treatments include mouthwashes, gels, and drugs to help stimulate salivation. However, current drug regimens often result in debilitating side effects. Other approaches include surgical options, including implants that act to stimulate secretion. Ultimately, xerostomia causes tremendous discomfort, with severest symptoms occurring at night, resulting in loss of sleep.

The Technology: Researchers at the University of Texas Health Science Center at Houston (UTHSC-H) have developed a nocturnal device that alleviates the symptoms of xerostomia in many patient populations. The device inhibits nocturnal drying due to breathing by employing an air permeable membrane secured over the patient's mouth. UTHSC-H has secured patent protection and is interested in implementation of this technology into a clinical setting.

NON-CONFIDENTIAL TECHNOLOGY DESCRIPTION

The preceding is intended to be a non-confidential summary of a novel technology created at the University of Texas Health Science center at Houston (UTHSCH), for which the University has obtained patent protection.

UTHSC-H Ref. No.: 1999-0021

Inventors: H. K. Herrin

Patent Status: Issued U.S. Patent 6,148,820

License Available: world-wide; exclusive or non-exclusive

To obtain further information about this technology, please contact:
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