Some drugs can cause taste disturbances
...leading to loss of appetite and noncompliance.

Some of the most common culprits are surprising.

*Lunesta* causes a metallic aftertaste in up to one-third of patients...especially at higher doses. If patients complain, lower the dose or switch to another sleeping agent.

ACE inhibitors can cause a metallic, sweet, or salty taste. It's most common with captopril. ACE inhibitors chelate zinc at the taste receptors. Taste buds depend on zinc to work.

Angiotensin receptor blockers can also blunt taste sensitivity. But it seems less common than with ACE inhibitors.

Calcium channel blockers, mostly nifedipine, can alter taste...possibly by inhibiting calcium channel activity at taste receptors.

Many anti-infectives slow cell turnover...possibly affecting rapidly dividing taste buds. Foods often taste bland.

Metronidazole and clarithromycin can also cause a metallic taste.

Antineoplastics (drugs used for cancer or rheumatoid arthritis such as cyclophosphamide, methotrexate, etc) also lead to taste changes by affecting cell turnover.

Antithyroid drugs (methimazole, propylthiouracil, etc) can decrease taste sensation...by binding zinc. Hypothyroidism can also lead to taste dysfunction.

Anticholinergics, antihistamines, tricyclics can cause dry mouth. Decreased saliva impairs taste bud function.

Reassure patients that taste disturbances usually improve once the offending drug is stopped. But it can often take days or weeks for full recovery. Permanent loss of taste is rare.

For patients who can't tolerate a drug because of taste problems, switch to a different drug if possible.

Keep in mind that taste can also be impaired by colds, gingivitis, nerve damage, zinc deficiency, and aging.