

Dental Health in Parkinson's

The most important factor in managing dental health for any person with Parkinson's is a high standard of personal oral hygiene achieved daily in the home.

This must be supplemented by regular dental checkups, in order to nip trouble in the bud, and also by more frequent visits to a dental hygienist (three to four times a year).

The two major problems with care in the home are:

1. an increasing lack of manual dexterity and hand-mouth coordination, and
2. a lack of the tools to do the job.

Both of these contribute to a greater incidence of cavities and accumulation of plaque, gum inflammation and periodontal disease.



The Tools for the Job

The best piece of equipment for cleaning teeth is the electric tooth brush. This does not require muscular force and can be successfully guided around the mouth by the person with Parkinson's or by a carer. Incidentally, carers must remember to maintain absolute infection control by using a hand gel (e.g.Spirigel) and gloves (e.g. latex powder-free examination gloves).

A fluoride mouth wash once a day is a good idea and people with Parkinson's with drug-induced xerostomia (dry mouth) can use an artificial saliva solution as a dry mouth is very susceptible to disease. A coarse cloth dipped in an antiseptic mouthwash and rubbed around the teeth and gums can augment a less accurate tooth brushing

technique. A small tooth brush handle can be bulked out by tape for ease of grip (or by a sponge pen grip).

In addition, if the person is in the more advanced stage of Parkinson's, the designated carer should be talked through the optimum daily dental care routine and the importance of adhering to this should be stressed.

Choose Your Dentist with Care

The dentist chosen for treatment should have a complete understanding of performance limitations imposed by the disease and of the time requirements for all aspects of treatment. Essentially this means that appropriate treatment should be delivered in a timely fashion.

Anxiety makes the underlying condition worse and it is a good idea to keep waiting time and appointment durations short. Bite blocks to help keep the mouth open, tongue guards to help control an "unruly" tongue and a rubber dam to protect the airway all have a role to play in individual cases.

Wheelchair access to the dental practice should deliver the person with Parkinson's to clinical chair side where an easier transfer to the dentist's chair can take place. This allows the dentist to use the usual equipment.

The dental surgery is not really suitable for more advanced Parkinson's as there are issues with maintaining the airway while working. The person with Parkinson's can attend the dental hospital or general hospital where a crash team is available in case of emergency, and routine maintenance can be facilitated by a domiciliary visit from a dentist or hygienist.

Dentures will become a poor fit as time passes. This is quite often exacerbated in people with Parkinson's who have xerostomia. Ulceration, sometimes severe, can occur and action should be taken as soon as possible to minimise pain.

One of the main contributing problems to speech impairment is poor dental health, especially loose or missing teeth, and defective dentures. Badly fitting dentures not only distort the consonants

but also the vowel sounds, and the resultant anxiety about being understood increases the speech difficulty. Loose dentures do not allow effective control of saliva. Dentures can be relined to improve the fit and sometimes it is appropriate to use a flexible, cushioning liner for greater comfort, or a lot of dental fixative. If it would not be suitable to have a filling or extraction or other work done in the dental practice, perhaps because of tremor or dyskinesia, the Dublin Dental Hospital is the only facility available as far as I know that will cater for this. The Department concerned is called Special Needs. Most anaesthetists favour sedation rather than a general anaesthetic - if possible and if it works.

Finally, with advancing Parkinson's, swallowing may become an issue. It is vital that teeth are maintained in a healthy state, as this allows the continuation of proper chewing. This in turn facilitates easier swallowing, and the intake of a healthy variety of

food. A speech and language therapist may be able to recommend strategies to improve swallowing.

Note: According to a recent survey*, only 4% of dentists routinely provide services to older people in their own homes or residential homes, but 36% do so on an emergency basis to older people in residential homes, 19% to older people in their own homes.

The Treatment Benefit Scheme is run by the Department of Social Protection (DSP) which provides dental, optical and aural services to qualified people. For more information visit www.welfare.ie

*Evidence Based Oral Health Policy for Older People, Interim Report 3

Acknowledgements:

Parkinson's Association of Ireland would like to thank Dr. Peter McGonigal, Pembroke Dental Practice, Ballsbridge, Dublin 4, for endorsing this Information Leaflet.

DISCLAIMER – The information on these pages is not intended to be taken as advice. No changes to your treatment should be made without prior consultation with your doctor or allied health professional.

Parkinson's Association of Ireland

National Office: Carmichael House, North Brunswick Street, Dublin 7, Ireland.

Tel: 00 353 1 872 2234 **Fax:** 00 353 1 872 5540

Parkinson's Association of Ireland is a registered charity with limited liability.
Company Reg. No. 123532. Charity Reg. No. CHY 10816. Registered address as shown

G.5 March 2012