

## Oral health and dementia

### Care of mouth and teeth

Good oral health is important for everyone. Having good oral health helps us to eat well, be confident in social settings and feel comfortable being close to family and friends.

Poor oral health leads not only to dental decay and gum disease, but is increasingly being linked with a number of general health conditions such as diabetes, heart disease and, most often, pneumonia. Severe toothache, other mouth pain or an infection can also put you at higher risk of delirium (a state of mental confusion if you become unwell)<sup>1</sup>. It may be difficult for you to communicate clearly about being in pain and this may be expressed through changes in mood or distressed behaviour.

In Scotland, it was found that 81% of 65–74 year olds and 64% of those aged 75 and over had some natural teeth<sup>2</sup>. This means people being diagnosed with dementia are likely to have retained some or all of their own teeth.

Whether you still have your own teeth, wear dentures, or even have no teeth or dentures, it is important that your oral care needs are recognised and addressed.

### What should be done?

On receipt of a diagnosis an early appointment with a dentist can be helpful to have a checkup and to get advice on how to maintain good oral health at home. This is even more important if you have had restorative or cosmetic work such as dental

implants, which require high levels of oral hygiene. A dentist can advise on products such as high fluoride toothpaste or fluoride varnish which can be helpful for those at higher risk of dental decay.

### Day-to-day oral care:

In early dementia, it is likely that you will be able to maintain your own oral health as before, but may need a gentle prompt from your family/carer. As dementia progresses, however, you may not brush your teeth or dentures as often as before. If this becomes a pattern, it can cause serious deterioration in your oral health and lead to dental decay or gum disease.

Tips for promoting good oral health:

- Let your family/carer know what you like and dislike using – if you prefer a certain toothpaste or an electric toothbrush.
- If you have dentures, take them out overnight.

### Practical recommendations:

#### Oral care for people with natural teeth:

Tooth brushing is the only way to remove plaque from teeth. It is plaque that causes gum disease and is a factor in tooth decay.

Natural teeth and gums should be brushed twice a day with a small headed soft brush and a pea-sized amount of fluoride toothpaste.

If you have difficulty spitting out the toothpaste after brushing, a non-foaming

<sup>1</sup>[http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4052742/20141007%20Delirium%20leaflet%20\(web\).pdf](http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4052742/20141007%20Delirium%20leaflet%20(web).pdf)

<sup>2</sup>Scottish Government, The Scottish Health Survey, 2017 Edition, Volume 1, A National Statistics Publication for Scotland, September 2018.

toothpaste can be used (ask your dentist or pharmacist for details).

### **If the person has dentures:**

Dentures can be full or partial (commonly known as a plate). It is important that dentures are kept clean to keep the mouth free from infection. They should be removed and brushed well with a denture brush or a regular toothbrush and non-perfumed soap or denture cleaner, rather than toothpaste.

Denture-related infections are relatively common and can be caused by:

- not removing dentures overnight
- poor oral hygiene
- some health conditions

If these problems are not resolved, they can reduce quality of life.

To help prevent infections, dentists recommend soaking plastic dentures in, for example, Milton, diluted as per manufacturers' recommendations. Dentures should be soaked in this solution for 20 minutes, then rinsed and replaced if daytime, or left in clean water overnight. For dentures with any metal parts, soaking in Corsodyl, for example, is recommended.<sup>3</sup>

More information on denture cleaning is available on the Oral Health Foundation website, <https://www.dentalhealth.org/denture-cleaning>.

### **Denture marking:**

Misplacing dentures can be a common, upsetting and costly problem, and having replacements made can be a distressing experience. When you go into hospital or a care home, it can help to mark dentures with your name or other way of identifying your dentures. Some newer dentures may already be permanently marked with the identification, but if not, ask your dentist for advice.

If you or the person you care for lives in a care home, ask the manager for contact details of the Caring for Smiles team if you need further advice.

### **When dentures don't fit any more:**

If your dentures no longer fit properly, ask your dentist for advice. Poorly fitting dentures can make eating difficult, which increases the risk of under-nutrition.

In some cases, a dentist can reline poorly fitting dentures and will do this if they feel it is appropriate, but this may only provide a temporary solution.

Some people will be able to tolerate the process of having new dentures made, but it can be very distressing for others. Often, a dentist can make a copy of your dentures using the current set and this may result in adapting better to the new dentures. In this case, care should be taken to ensure the current set of dentures are kept.

There may come a time when it is in your best interests to stop wearing dentures. This may be because you can no longer tolerate them or they no longer fit even after relining. The decision to stop wearing dentures will be jointly taken by you or your family/carer and your dentist/GP. Your dentist/GP will help you access appropriate dietary advice if you decide to stop wearing dentures and give advice on how to care for your mouth.

It can be upsetting for family members to see their relative without their dentures. However, the best interests of the person must take priority. A dentist or doctor should be consulted if there are any concerns.

### **If the person has no teeth:**

Even when you have no teeth and have stopped wearing dentures, it is still important that your mouth is cared for and kept clean. Dampened gauze around a gloved finger is recommended.

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<sup>3</sup>Caring for Smiles. Oral care for older people who need support: a guide for families and friends, <http://www.scottishdental.org/wp-content/uploads/2015/09/Caring-for-smiles-Guide-for-families.pdf>

## Dental treatment:

In early dementia, it will likely be easier for you to go to your regular dentist. However, sometimes the process of going to a dental surgery and having treatment can be distressing. If you are unable to visit your own dentist, it is worth asking if your dentist could do a home visit. Sometimes it may be better to be referred to the NHS Public Dental Services, who often have more experience in providing specialist services for people with additional needs.

Often people with dementia may have issues around capacity to consent to treatment. Some dentists have had additional training to work with people who may lack capacity and are authorised to issue a certificate for a course of dental treatment.

For more information about consenting to treatment call the Dementia Helpline on 0808 808 3000.

## Assisting someone with dementia – tips for family/carers

When it becomes clear that you or the person you care for will require support to maintain their daily routine, it is important to understand how best to develop a routine. Having someone else brush your teeth and gums can be difficult to get used to and some people may become distressed.

It is not always easy to brush someone else's natural teeth. Every person will react differently to offers of assistance. Often how someone responds to care can vary from day to day. Below are some suggestions which may help if you need to care for someone's oral health:

- Do all you can to encourage independence.
- Develop a regular routine, taking cues on what time and place is best.

- Be caring, calm and reassuring, and don't rush. Remain positive and avoid showing any frustration.
- Try different positions to see what works best e.g. you could try to brush facing the person, at eye level.
- Explain what you are doing throughout the process.

Things to try:

- Bridging – this helps to engage the person with the task through their senses and helps them to understand the task. Describe and show the toothbrush, mimic brushing your own teeth, give a second toothbrush to the person, and the person may mirror your behaviour and brush their own teeth.
- Chaining – this involves gently bringing the person's hand to the mouth while describing the activity. Let the person continue if able to do so.
- Hand under hand – if chaining is not successful, place your hand under the person's hand and gently brush the teeth together.
- Distraction – if none of these strategies work, try distracting the person by placing a familiar item in the person's hand while you brush their teeth.
- Take some time out – if the person is getting distressed, take some time out and try again a little later.
- Rescuing – if someone else is available, if often helps to leave and allow the other person to come in and take over. Often just a 'change of face' can help.
- If the person suddenly becomes distressed, there may be pain related to an oral problem. If this continues check with a dentist.

## Some common oral problems:

### Dry mouth:

Dry mouth is a very common, uncomfortable condition for older people. It is often a side effect of medication or treatment which affects the flow of saliva. If someone complains of having a dry mouth, or you can see signs (like dry, cracked tongue, thick stringy saliva, difficulty eating or speaking), encourage frequent sips of water. If the problem persists speak to your GP or dentist.

### Swallowing problems:

Some people with dementia will have eating, drinking or swallowing problems. For people with natural teeth, a small headed toothbrush and a smear of non-foaming toothpaste should be used to brush the teeth of anyone with swallowing problems. For people with dentures, extra care should be taken with denture adhesives. Support with swallowing problems can be sought from a Speech & Language Therapist. Contact your GP for advice.

### Exposed root surfaces:

If someone with natural teeth has exposed root surfaces, this can lead to the person being sensitive to hot and cold food and drinks. There may be benefits from the application of fluoride varnishes, using 'sensitive' toothpaste or an alternative brushing technique. For more information, seek advice from a dental health professional.

## Some useful products:

It is often best to use the same types of products that you or the person you care for is familiar with. However, there are some products that can be useful in certain circumstances.

- Artificial saliva for people with dry mouths – available with or without prescription. Ask a dental professional, pharmacist or GP for advice.
- Non-foaming toothpaste – this is helpful for people who find it difficult to spit out toothpaste (e.g. Sensodyne Pronamel, or any that is sodium laurel sulphate free).
- Corsodyl – this is available with or without a prescription. It is helpful for people with gum problems if used as directed. Some people find it has an unpleasant taste so people with more advanced dementia may dislike. Ask a dental professional, pharmacist or GP for advice. It is also recommended for soaking dentures with any metal parts. Gel is also available from a pharmacist.
- Many dentists recommend Milton for denture cleaning, especially when a person has, or is at risk of a denture-related infection. See section on dentures for more information.
- When a person cannot tolerate a normal toothbrush for any reason, a very soft baby toothbrush can be helpful.
- A double headed toothbrush – this will reduce the amount of time it takes to brush the teeth.

## Oral care at end of life:

Extra attention to oral care is crucial at the end of a person's life, especially when the person is not able to communicate their needs. Oral care should be carried out regularly to ensure the person is kept as comfortable as possible. If there are no obvious problems with the person's mouth, brush the teeth using a small, soft toothbrush and keep any dentures clean. If a toothbrush cannot be tolerated, the person is unconscious or has no teeth, the mouth can be moistened with damp gauze wrapped around a gloved finger.

If the person has a painful mouth, or if painful mouth ulcers are present, contact a dentist urgently.

## Useful information:

The website Scottish Dental ([www.scottishdental.org](http://www.scottishdental.org)) has information on Caring for Smiles. The following links may be useful:

- <http://bit.ly/dentsguide> - a guide to dental services, treatment charges and exemptions for care home residents.
- <http://bit.ly/dentssmiles> - a guide for families and friends: oral care for older people who need support.

Emergency Dental Services - for dental emergencies outside office hours, call NHS 24 by dialing 111:

- <http://bit.ly/dentshelp> - NHS boards emergency dental services 'dental helpline' where you can get advice on services during office hours or for emergencies for people not registered with a dentist.

Scottish Palliative Care Guidelines on mouthcare can be found at:

<http://bit.ly/pallmouth>

The 'Getting to Know Me' document aims to give hospital staff a better understanding of patients with dementia who are admitted either for planned treatment, such as an operation, or in an emergency. By completing this with preferences on a person with dementia's dental hygiene patterns, it means they will be better supported during any hospital stay:

[www.alzscot.org/gettingtoknowme](http://www.alzscot.org/gettingtoknowme)

The logo for 'Caring for Smiles' is a blue, rounded rectangular shape with a white border. The text 'Caring for Smiles' is written in white, sans-serif font inside the shape.

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