

Dental care and dementia

Good oral health is important for a person's sense of well-being and quality of life. Poor oral health can lead to pain and tooth loss, affecting self-esteem and the ability to eat, laugh and smile. This information sheet outlines some advice on dental care for people

Dental disease

There are two main types of dental disease – gum disease and tooth decay. Both cause discomfort, pain and can lead to the development of abscesses.

Gum disease

Gum disease can cause inflamed and bleeding gums, gum recession, loose teeth and bad breath. It is caused by plaque, a combination of food debris and bacteria from the mouth that builds up on the surface of the teeth if it is not removed by efficient cleaning.

Good oral hygiene and the use of chlorhexidine tooth gel or mouth rinse can help control gum disease.

Tooth decay

Tooth decay is caused by plaque and sugar in the diet. The bacteria in the plaque feed on the sugar, producing acid which, in turn, attacks the tooth, causing decay.

Dentists recommend that we restrict the intake of sugar to two to three times a day, preferably at mealtimes. It is the number of times we eat sugar in a day, rather than the total amount of sugar consumed, which is important in guarding against tooth decay.

A healthy diet, good oral hygiene and the use of fluoride toothpaste or mouth rinse will also help prevent tooth decay. High energy food supplements contain high levels of sucrose, a form of sugar. If they are used on a regular basis it is important that the teeth are kept very clean to avoid decay.

Please contact the DEMENTIA SA Office

Support | Awareness | Education | Counseling | Training | Resource centre | Advocacy
info@dementiasa.org or support@dementiasa.org www.dementiasa.org

National Helpline 0860 MEMORY / 0860 636 679

Daily care of teeth



Ref. images.theage.com

Early stages of dementia

In the early stages the person with dementia will still be able to clean their own teeth. They may need to be reminded to carry out the task or they may need to be supervised. If they need help, try giving them the brush and toothpaste and showing them what to do.

As manual dexterity decreases, an electric toothbrush may help maintain independence. The person with dementia could also try using a toothbrush with an adapted handle to improve their grip.

Later stages of dementia

As the dementia progresses, the individual may lose the ability to clean their teeth, or interest in doing so, and carers may need to take over this task. A dentist or dental hygienist can provide guidance and support on how to clear another person's teeth. The technique will vary depending on the individual concerned.

Generally, the easiest way is for the individual to sit on a dining-style chair with the carer standing behind them. The carer can support the person against their body, cradling their head in one of their arms.

They can then brush the person's teeth using a damp toothbrush and a little toothpaste.

- ***The person with dementia could also try using a toothbrush with an adapted handle to improve their grip.***

Drugs and dental disease

People with dementia are sometimes prescribed antidepressants, antipsychotics and sedatives. One of the side-effects of these drugs is a dry mouth. This can cause problems with dentures, including discomfort and looseness. Denture fixatives and artificial saliva can help some people with denture problems. Your dentist can provide advice.

Please contact the DEMENTIA SA Office

Support | Awareness | Education | Counseling | Training | Resource centre | Advocacy
info@dementiasa.org or support@dementiasa.org www.dementiasa.org

National Helpline 0860 MEMORY / 0860 636 679

Saliva not only acts as a lubricant, but also has a cleansing effect on the mouth and teeth. Its absence leads to plaque accumulation, gum disease and dental decay, particularly at the neck of the tooth. This can cause teeth to break off.

If medication is syrup-based there is an increased danger of tooth decay. Doctors may be able to prescribe sugar-free medication. The person's dentist may also be able to apply chlorhexidene and fluoride varnishes to help prevent decay at the necks of the teeth.

Reduction of sugar in the diet, particularly sugary snacks, also helps to control decay. Some antipsychotic drugs can cause increased tongue and jaw movements, making it difficult to wear dentures, particularly in the lower jaw. Unfortunately these jaw tremors may remain after the drug is stopped.

Mouth checks

It is important to have regular mouth checks, whether the person being treated has teeth/dentures or not. Regular mouth checks can highlight problems, so that they can be treated as soon as possible.

Cancer of the mouth is more common in older people than in any other age group. It may start as a small painless ulcer. If diagnosed early treatment is relatively simple and has a high success rate.

Dentures can become loose and begin to damage the mouth if they have been worn for a number of years. These changes happen slowly and the individual can adapt to them without realizing that the mouth is being harmed.

Dental treatment and dementia

As their dementia progresses, the person affected may become increasingly less able to:

- Clean their teeth effectively
- Understand that their teeth need to be kept clean
- Express the need for dental treatment
- Explain dental symptoms, including pain
- Take part in the decision-making process about treatment
- Give their informed consent

Please contact the DEMENTIA SA Office

Support | Awareness | Education | Counseling | Training | Resource centre | Advocacy
info@dementiasa.org or support@dementiasa.org *www.dementiasa.org*

National Helpline 0860 MEMORY / 0860 636 679

How to tell if someone has dental problems

There may come a time when the person with dementia is unable to say that they are experiencing pain or discomfort. They will need to rely on other people to interpret their behaviour and take them to the dentist.

There are several behavioural changes that may indicate that the person with dementia is experiencing dental problems. These may include:

- Refusal to eat (particularly hard or cold foods)
- Constant pulling at the face or mouth
- Leaving previously worn dentures out of the mouth
- Increased restlessness, moaning or shouting
- Disturbed sleep
- Refusal to take part in normal daily activities
- Aggressive behaviour.

Planning treatment

The dentist, together with the person with dementia and their family or carers, will decide on the best treatment plan. They are likely to take into consideration:

- The person with dementia's level of independence, co-operation, cognitive state and physical impairment.
- What, if any, symptoms the person is experiencing. Whether the individual is able to give informed consent.

Once these questions have been answered the dentist will be able to decide on the form of treatment. They may decide to see the person regularly, or they may only need to be seen once a year.

Consent to treatment

It is important that the person with dementia is given the opportunity to make, or take part in, decision about dental treatment. The dentist should explain, in simple terms if necessary, what is being done and why. Choices can be offered (and information gathered) by phrasing questions so that they only need a 'yes' or 'no' answer.

When dental treatment is irreversible, for example, when teeth are going to be taken out, and where the individual cannot give informed consent, the family and/or carers will usually be involved in the decision-making process. The dentist may also seek a second opinion, from another dentist or a doctor, to make sure that the proposed dental treatment is in the individual's best interests.

Coping with dental treatment

The progression of dementia varies enormously, as does the ability to cope with dental treatment. Some people with dementia are comfortable with a visit to the dentist, while others find the whole experience very distressing.

People who have had regular dental treatment throughout their lives often remember what they are expected to do in a dental surgery. They may have little difficulty co-operating with simple procedures until their dementia is advanced.

For other people with dementia the journey to the surgery, the strange environment and unfamiliar faces can exacerbate their confusion, making treatment difficult or impossible. In these circumstances the dentist may be prepared to make a home visit.

It can be helpful for the person with dementia to be accompanied by someone they know. The carer could perhaps remain in the person's sight while they are having treatment. The carer may also be able to offer reassurance by holding the person's hand.

People with dementia may have good days and bad days. Dental care is better postponed to a good day, if possible, or schedules to a person's best time of day.

Types of dental treatment

Early stages of dementia

In the early stages of dementia most types of dental care are still possible. The dentist will plan the treatment, bearing in mind that the person with dementia will eventually be unable to look after their own teeth. Key teeth may be identified and restored.

Advanced restorative treatment, such as crowns and bridges, may only be considered if someone is prepared to carry out cleaning once the person with dementia is unable to carry out this task.

Middle stages of dementia

During this stage the person with dementia is often relatively physically healthy but has lost cognitive skills. The focus of dental treatment is likely to change from restoration to the prevention of further dental disease.

Some people may require sedation or general anesthesia for their dental treatment. The decision will be based on the individual's ability to co-operate, dental treatment needs, general health and social support.

Later stages of dementia

In the later stages of dementia, the person is severely cognitively impaired and often physically frail or disabled. Treatment at this stage focuses on the prevention of oral disease, maintaining oral comfort and providing emergency treatment.

Dentures

Dentures act like magnets to plaque. If dentures are worn, it is important that oral hygiene is maintained or the increased plaque accumulation will encourage gum disease and tooth decay. New dentures are needed when the person loses all their natural teeth or when existing dentures go missing. In both circumstances the person with dementia may have difficulty coping with their new set of dentures. They will need to be encouraged to persevere.

Please contact the DEMENTIA SA Office

Support | Awareness | Education | Counseling | Training | Resource centre | Advocacy
info@dementiasa.org or support@dementiasa.org www.dementiasa.org

National Helpline 0860 MEMORY / 0860 636 679

Dentures need to be replaced when they become loose. When dentures have been worn successfully in the past, the replacement dentures are best constructed using the key features of the old ones, such as the overall shape and tongue space. For this reason it is important not to throw away old dentures, but to take them along to the dentist when the new ones are being constructed.

Denture marking

Naming dentures does not prevent denture loss, but it does mean that when dentures are found they can be reunited with their owner. New dentures should be permanently marked during their manufacture. Existing dentures can be temporarily marked using a simple technique that will last for six to 12 months. This can be done using a small new piece of kitchen scourer, a pencil (or alcohol-based pen) and clear nail varnish.

The process takes about ten minutes and can be carried out by a dentist, a dental hygienist or a carer. First, clean and dry the denture. Then, select an area near the back of the mouth on the outer surface of the denture. Use a scourer to remove the surface polish from a portion just large enough to take the person's name. Neatly print the person's name on the denture, paint with a thin coat of varnish and allow it to dry before applying a second thin coat of varnish. Once this has dried, the denture can be returned to its owner. Dentures should be checked periodically to ensure the name is still legible and renewed as necessary.

Denture wearing

Denture loss is common when people with dementia are in unfamiliar environments, for example, when they are spending time in a residential home as respite care. Replacing lost dentures can present problems. If the person is without their dentures for any length of time they may forget how to wear them or they may lose their ability to adapt to a new set. The individual may also be unable to co-operate with the dentist while the new dentures are being fitted. Sometimes intervention by the carer (for example, hand-holding or talking) may be all that is needed. If co-operation is limited, a realistic approach may be to provide an upper denture only, for the sake of appearance. Eventually, many people with dementia reach a stage where they will no longer tolerate dentures in their mouth even though they have worn them without problems in the past.

Finding a dentist

If the person with dementia already has a regular dentist, they should continue to see the same dentist for routine treatment and preventive advice.

Dr Janice Fiske

King's College London

Notes:

Notes:

Contact us:

Tel: (021) 421 0077/78
Email: info@dementiasa.org
Or support@dementiasa.org

3rd Floor,
State House,
3 Rose Street,
Cape Town

P.O. Box 16421
Vlaeberg
8018



www.dementiasa.org

Please contact the DEMENTIA SA Office

Support | Awareness | Education | Counseling | Training | Resource centre | Advocacy
info@dementiasa.org or support@dementiasa.org www.dementiasa.org

National Helpline 0860 MEMORY / 0860 636 679