A

HEALTHY

MOUTH

Oral healthcare for people with PMLD

KAREN BELLIS

A HEALTHY MOUTH
ORAL HEALTHCARE FOR PEOPLE WITH PMLD
2008

Contents

Introduction

Oral healthcare is a vital part of overall general health, wellbeing and quality of life.

Good oral health is essential for speech, communication, enjoyment of food; good nutrition, social integration and can improve self-esteem and dignity. It can lead to the reduction or elimination of dental disease, which may cause pain, discomfort or distress from the teeth and mouth, most of which is usually preventable.

All people with learning disabilities have the same equal rights to a high standard of oral healthcare as the general population. However, statistics show that people with learning disabilities frequently suffer from inferior healthcare [1]. Unfortunately poor oral healthcare can result in a higher incidence of dental decay and gum disease amongst people with learning disabilities than that of the general population [2].

Access to dental services

'People with PMLD often have very complex health needs and are particularly vulnerable when accessing mainstream healthcare'. (Beverley Dawkins, Chair of the PMLD Network).

Everyone is entitled to have access to dental care and should have an annual check-up, even if they have no teeth! However, people with PMLD may experience difficulties in accessing a General Dental Practice (GDP). Whilst many GDP's are happy to treat adults and children with PMLD in the surgery, physical difficulties such as getting into the surgery and then, into the chair may cause problems for certain people [3]. The law states that services should make changes if a disabled person needs it [4], however many dental practices are still only accessible via a flight of stairs and provide no alternative option. With the addition of the person perhaps becoming anxious and requiring reassurance, extra time and good management skills from the dental team the majority of people with PMLD are primarily seen within the Community Dental Service (CDS).

Local CDS have a fully trained dental team who have the advantage of having the time, patience and communication skills to treat people with PMLD. Access usually comprises disabled parking on site and good entry into ground floor surgeries with dental chairs adapted for easy access. CDS may also offer sedation and general anaesthetic, in addition to a domiciliary service.

People with a learning difficulty can be referred to CDS by a letter of referral from anyone in contact with them; this may also include a self-referral. Treatment is usually free for adults and children with PMLD. CDS may be referred to as 'access centres' or possibly 'health centres'.
For more information on where to find your local CDS contact: www.nhs.uk

PRACTICAL ORAL HYGIENE ADVISE

Toothpaste

Brushing twice daily with fluoride toothpaste can reduce both gum disease and dental decay [5].
Toothpaste should be treated as a medicine and be kept out of reach of children to avoid any eating or licking from the tube.

- Children under 3 years should use toothpaste containing 1,000ppm (parts per million fluoride) or more.
  A smear of toothpaste should be pushed into the bristles of the brush to avoid excess swallowing of the toothpaste.

- For all children over 3 years family toothpaste containing 1,350-1,500ppm fluoride is recommended. For children aged 3-6 years no more than a pea-sized amount of toothpaste should be used.

- For all adults toothpaste containing at least 1,350ppm fluoride is recommended. For anyone who is suffering from very active dental decay a dentist may prescribe toothpaste containing 2,800ppm or 5,000ppm.

Tooth brushing

Brushing should be done every morning and evening, with an emphasis on the evening brush before going to bed.
Avoid rinsing the mouth after brushing, any excess toothpaste should be spat out.

- As soon as the first (baby) teeth come through they should be brushed, using a small/baby-sized toothbrush. During teething the child may find it comforting to use the toothbrush to bite on to assist in the teething process. If a toothbrush will not be tolerated, try using your finger at first to massage the gums with toothpaste.

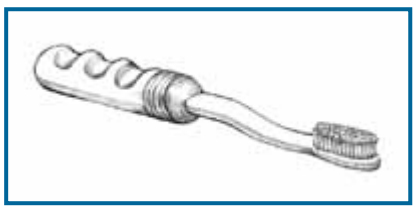
- All children should be assisted and supervised whilst brushing unless their manual dexterity has developed enough to enable them to clean the teeth thoroughly themselves. Therefore all children should be supervised until they are 7 years old.

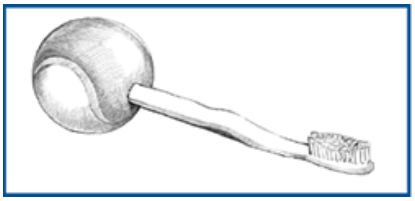
- A small- medium textured toothbrush should be used, suitable for the age of the child, many toothbrushes now indicate for which age they are recommended.

- For all adults a small-headed medium textured toothbrush should be used, with an emphasis on the small head, many toothbrushes now are extremely large and difficult to use when access is limited.

- An oscillating/rotating rechargeable electric toothbrush may be suitable for some people due to the small head size assisting when trying to brush in small areas. However no other powered toothbrushes have been found to be more or less effective than a manual toothbrush. It is the technique of tooth brushing which is more effective then the actual toothbrush itself.

- Toothbrushes can be adapted in several ways to assist those people who have limited manual dexterity, e.g. bicycle handle, rubber ball.





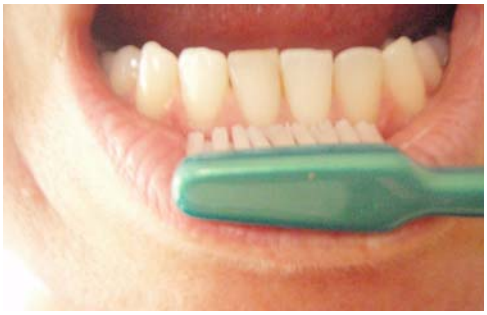
Tooth brushing technique

There is no right or wrong way to brush teeth. The most important objective of brushing is to remove the soft, sticky, bacteria filled substance that collects on teeth called ‘plaque’.
Plaque is responsible for both gum disease and dental decay, which is why it needs removing adequately from every surface of the teeth. The best way to remove this very sticky plaque is to physically brush it off. Other techniques of removing plaque e.g. mouthwashes should only ever be an addition to brushing.

- The teeth should ideally be brushed for at least 2 minutes, twice daily; the most important time is before going to bed. Timers such as those built into some toothbrushes or manual timers such as using an egg timer can be a very useful visual tool to indicate 2 minutes, alternatively putting on a song which lasts approximately can be used.

- When brushing the teeth, the brush should be aimed at the area where the teeth and the gums meet and both the gums and teeth brushed with a circular brushing motion.

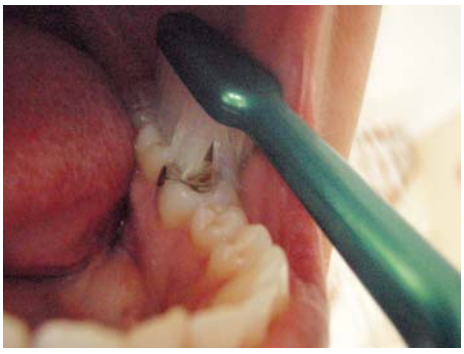
- All the surfaces of the teeth should be cleaned. The outside of the teeth, the inside and the biting surfaces, to ensure all the plaque has been removed.



The outside

The inside

The biting surface



Assisting with tooth brushing

When was the last time someone brushed your teeth for you?

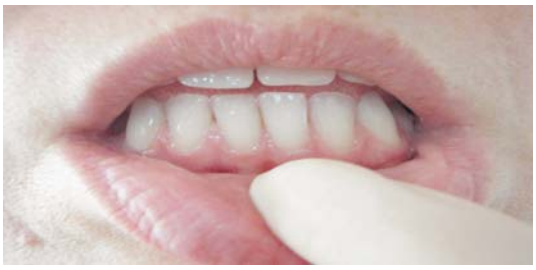
Having someone assist you in brushing your teeth is an invasive process and can be both upsetting and tender for someone. Always explain exactly what you are going to do beforehand and if you do have problems with brushing ask the dentist/therapist/hygienist for advice. The following information is very much an ideal and should be adapted into each individual's routine.

- Whilst the most important time to brush the teeth is before bedtime. You may find it easier to assist brushing the teeth at a time when the person is more relaxed during the day e.g. watching television or listening to music. However, if tooth brushing morning and night is an essential part of a routine for someone, this will obviously not be as effective.

- Good head support is required for adequate, comfortable brushing for both the person and the carer/parent. This might entail the person being sat up in a chair, wheelchair, on the bed or in the case of children sat on the lap.

- When brushing someone else's teeth you should ideally be positioned behind the person, slightly to one side. This will give you better access and vision into the mouth and allow you to gently assist in supporting the head. Brushing when standing in front of someone will limit both vision and access as most people will tend to 'bow' their heads down during brushing, resulting in the carer/parent bending and twisting over the person in order to brush.

- In order to access the mouth it may be necessary to gently draw back the lips and cheeks with thumb, forefinger or toothbrush to gain access to the teeth and gums.



- Everyone involved in the person's oral health should be consulted e.g. the individual, parents, carers and the dental team. A written plan of action should be recorded in an 'individual oral health care plan'. Issues around consent are discussed in full on page 9.

- The same order of brushing each time will ensure that each area of the mouth is brushed and none missed. However, if co-operation were very limited, in extreme circumstances it would be more suitable to brush a different area of the mouth each day. For example, brush the upper right hand teeth ensuring ALL surfaces in this area are brushed thoroughly in the morning and then brush the lower right hand teeth before going to bed. The next day's focus should be on the left hand side of the mouth. In these extreme circumstances a tooth-brushing chart should be used by carers/parents to ensure no teeth are missed. A thorough brush of all surfaces of the teeth (inside, outside and biting surfaces) once every two days is better than an inadequate brush everyday where due to very limited co-operation many of the surfaces of the teeth are consistently missed.

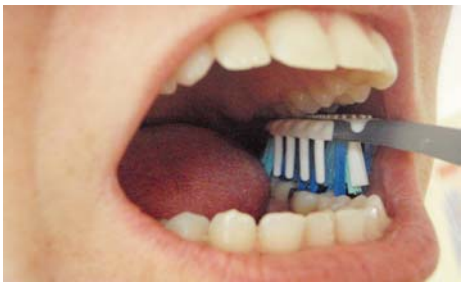
- Encourage the person you are assisting to do as much brushing as they are capable of themselves. This may encompass adapting their toothbrush to aid manual dexterity, see toothbrush.

- If teeth are loose you may need to take more care around these to ensure thorough cleaning.

- All cares should wear latex free gloves when assisting people with tooth brushing and change them for each individual.

Problem solving – handy hints

- Biting or grinding on a toothbrush can make brushing someone's teeth difficult. Allowing the person to 'bite' on a large toothbrush in the opposite side to which you want to brush will 'prop' the mouth open, enabling access. This may require two people to assist.



- Some people will find it easier to brush their teeth and allow their teeth to be brushed when watching in the mirror.

- An active tongue and/or a tight lip may push the toothbrush away from the teeth and gums. As above gentle retraction of the lip, cheeks and tongue may be required. This can be done using a toothbrush or fingers wrapped in a flannel. This process will require persistence from

both carer and individual and precautions made to ensure the person assisting is not accidentally bitten.

- Starting brushing at the back of the mouth first and moving forward can reduce gagging or retching.
- If the person has excess saliva and tends to suffer from drooling, there is no need to wet the toothbrush before brushing, use fluoride toothpaste on a dry toothbrush and push the paste into the bristles.
- When plaque is left on the teeth and gums and not removed sufficiently, gums bleed. If gums are bleeding it is therefore an indication that more brushing in this area is required. Never stop brushing and don't panic, mixed with saliva in the mouth the bleeding always seems worse than it actually is. Overtime bleeding will reduce if the brushing is maintained. If gums continue to bleed see a dentist.
- Some medication and systemic diseases can cause a dry mouth, leaving the person more prone to gum disease and dental decay. Medications should NEVER be stopped. Ask your dentist for advise on preventive measures such as saliva substitutes.

Chlorhexidine

Chlorhexidine gel or mouthwash may be recommended by the dentist/therapist/hygienist. Chlorhexidine reduces plaque bacteria over a short period of time. It should not be used consistently and not be seen as an alternative to tooth brushing. It can however, improve gum health if used as recommended by a dental professional. Chlorhexidine can be bought over the counter under the registered name of 'Corsodyl'®.

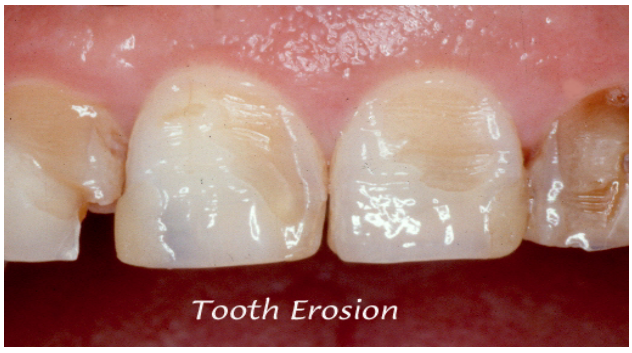
Diet

- Sugary food and drinks should be consumed at mealtimes only.
- Many sugars are hidden sugars and are usually present in savoury food such as sauces and tinned vegetables. These sugars are normally labelled with an ‘ose’ at the end e.g. sucrose, glucose, maltose, dextrose. Honey, fruit juice and dried fruit all contain sugars.
- Between meals choose snacks that do not contain sugar e.g. bread, cheese, fresh fruit and vegtables and drink no sugar drinks such as milk, water or tea and coffee (without sugar).
- Ask your doctor about sugar-free medicines, NEVER stop taking current medication as prescribed by your doctor.
- If possible avoid ‘sweets as treats’.

Erosion

Regular contact of the teeth with any acidic food or liquid may cause loss of tooth enamel by chemical erosion.

- Erosion may be caused by intrinsic acids such as vomiting or gastric reflux or extrinsic acids in the diet such as carbonated ‘fizzy’ drinks, fruit juices or excessive consumption of citric foods.
- To stop erosion a reduction in the consumption of dietary extrinsic acids is necessary.
  The use of a toothpaste containing 1,4500 ppm fluoride twice daily will prevent erosion progressing. Do not brush the teeth immediately after eating or drinking acidic food or drinks or after vomiting.



General Anaesthetic

There is still a need for dental treatment under General Anaesthetic (GA) for some people with PMLD to treat pain and dental disease. Unfortunately this usually results in the person loosing teeth (becoming edentulous) with no suitable alternative, as many individuals may find it difficult to cope with dentures.

Loosing teeth can affect diet and enjoyment of food, speech, and appearance, resulting in a low self-esteem. Good oral hygiene, individual oral health care plans, regular dental attendance and good management strategies may help delay or even prevent someone from having a GA, resulting in the individual maintaining their teeth and improving their general health and quality of life.

RESIDENTIAL/CARE SETTING

Consent

One of the difficulties in providing good oral healthcare to someone with PMLD in a residential/care setting is the issue of consent. Some people may require a minimal degree of physical intervention e.g. gently retracting the lips to gain access to the teeth, to perform essential oral hygiene in conjunction with other management strategies [6].

The person with PMLD should ideally obtain consent themselves before any intervention takes place to indicate their choice of what happens to their own body. However if someone with PMLD has not understood what this intervention would involve and cannot retain the information of the outcomes of treatment they may be deemed not to have the ability to consent. The person should still; if possible have an input into the assessment of their oral healthcare and how it is carried out.

For people who cannot consent to oral healthcare a ‘best interest’ decision should be agreed. This will take into consideration the views of all concerned with oral healthcare including, the individual, family, carers and the dental team. Risks to oral and general health linked with poor oral hygiene must be recognised and ways of overcoming inadequate oral healthcare provision identified and written into an individual care plan.

Individual oral health care plans

Oral healthcare should be part of a holistic approach to health and must be included in every individual care plan [7]. Due to the complex needs of each individual, people with PMLD should have a written oral healthcare plan to support their oral hygiene needs and aid communication between all those involved in delivering good oral healthcare [8].

An oral healthcare plan should include:

- The oral side effects of any medication currently being taken, medical aspects that may influence dental management e.g. steroids, diabetic routine and medical risk factors for sedation and general anaesthetic.
- The persons current dental status, for example; access to the mouth, dental condition, existing problems, habits e.g. grinding teeth, co-operation in performing oral hygiene, diet e.g. food supplements.
- Previous dental treatment and the management strategies used e.g. sedation, general anaesthetic.
- The level of support/assistance required. The person's own manual dexterity.
- A carer assessment including current oral hygiene techniques applied, equipment used e.g. toothbrush, the number of carers required, a best interest policy and how it is carried implemented.

For further information on oral healthcare plans visit: www.bsdh.org.uk 'Principles on Intervention for people unable to comply with routine dental care'.

All those involved with the oral healthcare of people with PMLD should also include the main risks of individuals not having any intervention, resulting in no oral hygiene or care being given.

Carers should be aware of the Department of Health publication 'No Secrets'. This document acknowledges that 'neglect and acts of omission' are types of abuse, this involves ignoring medical and physical care needs, failing to supply access to appropriate health services and with-holding the essentials of life e.g. oral hygiene and access to oral healthcare [9].

Karen Bellis – Dental Care Professional, Bristol Dental Hospital

References

1 British Society for Disability and Oral Health, Faculty of Dental Surgery and Diana Memorial Fund. Clinical guidelines and integrated pathways for the oral health care of people with learning disabilities. London: Faculty of Dental Surgery, Royal College of Surgeons, England, 2000.

2 Fiske J, Griffiths J, Jamieson R et al. Guidelines for oral healthcare for long-stay patients and residents. Gerodontology 1999; 16: 204-209.

3 British Society for Disability and Oral Health, A commissioning Tool for Special Care Dentistry. 2006

4 The Disability Discrimination Act 1995.

5 Department of Health, Delivering Better Oral Health: An evidence-based toolkit for prevention. 2007.

6 British Society for Disability and Oral Health. Principles of intervention for people unable to comply with routine dental care. London, 2004.

7 Department of Health, Valuing People's Oral Health: A good practice guide for improving the oral health of disabled children and adults. 2007.

8 British Society of Disability and Oral Health. Guidelines for oral healthcare for long-stay patients and residents: London, 2000.

9 Department of Health, No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. 2000.

Images supplied by Google images.

Acknowledgments

Rachel Pinder, BDS (Hons), DPDS (Bristol) – Senior Dental Officer (Clinical lead Oral Health Promotion), Somerset Primary Care Dental Service.

Sue Wilson – Oral Health Promotion Co-ordinator, Somerset Primary Care Dental Service.