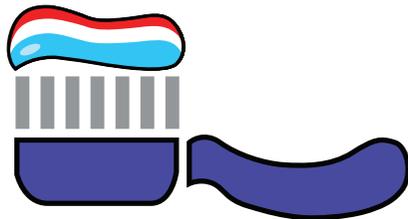




**Oral Health Care
for
People with Profound and
Multiple Learning Disabilities**



www.pamis.org.uk

Introduction

Good oral health care is very important to the health, dignity, self-esteem, social integration and quality of life of people with profound and multiple learning disabilities (PMLD). People with PMLD experience more problems with their oral health than the general population for a number of reasons. These may include: oral and facial developmental abnormalities; various medical conditions; the effects of medication; and the consequences of challenging behaviour. Poor oral hygiene further exacerbates these inherent problems.

The key to a healthy mouth is the day-to-day care provided in the home environment by carers. People with PMLD rely on their carers for their toothbrushing, so it is important that carers have the knowledge and skill to manage the persons' oral health care. The carers will also need to ensure that the person is given a healthy diet, and to make sure there is regular contact with the dental services.

This leaflet gives a brief description of some of the oral health problems that people with PMLD are more likely to experience and provides guidelines to help maintain a good standard of oral hygiene. It also provides useful hints to overcome some of the difficulties that might be encountered.

Excessive Salivation or Drooling

People with PMLD often have difficulty in swallowing i.e. dysphagia. This, together with poor lip closure and poor control of the head causes saliva to accumulate in the mouth and leads to drooling, especially if the head position is down. It is rarely due to the person producing excess saliva.

Supporting the person's head so that it is in an upright position is often the most successful and least invasive method to reduce drooling. It is possible to reduce the amount of saliva being produced by using Hyoscine patches. **N.B.** these patches can cause problems with vision. The saliva glands can also be re-routing. Saliva plays an important role in the mouth by protecting the teeth and gums as well as helping the swallowing of food, therefore it is important to keep the balance right and be aware of the possible consequences.

It is also important that people who have swallowing difficulties follow a toothbrushing routine so that plaque bacteria don't accumulate as they can cause chest infections as well as bad breath.

Dry Mouth

Although there are a number of factors that can cause a dry mouth, the most common reason for this to occur in people with PMLD is likely to be the side effects of medications. It is important to check with the doctor the possible side effects of prescribed drugs, especially medications to control epilepsy. For example, 'gum enlargement' and 'dry mouth' are listed as possible side effects of Phenytoin (Epanutin), a drug widely prescribed for epilepsy. As saliva is important for its role in protecting the teeth and gums against decay, it is important to see a dentist if someone is suffering from a dry mouth.

Bruxism

This is the grinding, clenching or gnashing of teeth. Chronic bruxism can lead to abnormal wear on teeth, oral-facial pain, headaches, tooth sensitivity and tooth loss.

Current research suggests a two-step approach to this problem: first a dental check to make sure there are no underlying problems with tooth decay etc., then a behavioural assessment to establish appropriate behavioural interventions.

Tooth Erosion

Frequent exposure of the teeth to any acidic food or liquid causes erosion of the protective enamel. Foods that are acidic include fruit juices, carbonated drinks, vinegar, pickles and yogurts, so these should be carefully controlled.

People with PMLD are also prone to gastro-oesophageal reflux (GOR) where stomach contents (which are very acidic) come back up the oesophagus and even into the mouth and cause damage to the teeth. There are a number of ways to control this reflux, see *PAMIS* leaflet on *Understanding and Managing Nutrition*.

All of these conditions can cause oro-facial pain and it is therefore important to be able to recognise when someone is in pain, signs include:

- increased salivation
- avoiding eating on one side or avoiding hard foods
- putting fingers up to face and into his or her mouth
- obvious bleeding from the mouth or ulcers
- refusal to have teeth brushed or to let carer near mouth.

Prevention

There are a number of ways in which we can try to limit or stop the two main dental diseases, i.e. tooth decay and gum (periodontal) disease and to avoid the necessity of treatment. This is particularly important for children and adults with PMLD, who may not be able to communicate verbally that they are in pain.

A good diet is necessary to make sure the teeth develop to their maximum strength, but it is also important to limit the frequency of refined carbohydrate (sugars) in the diet so the growth of plaque bacteria is reduced.

Plaque bacteria digest refined carbohydrates (e.g. glucose, fructose, sucrose, maltose), and produce acid as a by-product. This is the acid which causes tooth decay. It is difficult to cut out every source of sugar from our diet. However, acid is most damaging to teeth in the first twenty minutes after taking a food or drink with sugar content. After that, the acid gradually becomes neutralised by saliva. This means that a diet that limits sugars to mealtimes is the best one for teeth. If you or your family take snacks between meals, try to stick to foods that are 'safe' i.e. they do not contain non-refined carbohydrates.

N.B. finishing a meal with a small cube of cheese can help to limit the acid damage which causes tooth decay.

The use of fluoride

The addition of fluoride either in the form of fluoridated toothpaste or supplements strengthens the tooth enamel against acids produced by the action of plaque. This is particularly important when the teeth are developing in childhood: your dentist will advise on the recommended amounts for a particular area.

Oral hygiene

Toothbrushing is essential to remove plaque and food debris, and maintain healthy gums. There is evidence to suggest that the longer plaque is left undisturbed, the more damage it can do, because it 'organises' to become more potent. This is why it is so important to brush the teeth twice-daily, i.e. to disturb the organising plaque and remove it from the tooth surfaces.

You should try to:

- brush with fluoride toothpaste
- brush all surfaces of teeth.

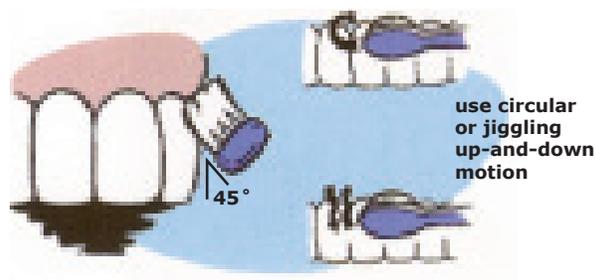
N.B. don't be put off by bleeding of gums.

The recommended times for brushing are after breakfast in the morning and last thing at night. In an ideal situation, teeth should be cleaned three times a day, but this is not always practicable. Normally after eating, most people perform 'self-cleaning' the tongue moves around the mouth cleaning away food debris, unfortunately people with PMLD tend to have poor muscle control, which prevents them from doing this. In addition, they may have a dry mouth, which makes self cleaning very difficult.

All parents and carers working with people with PMLD should receive training on the best method of brushing and cleaning the teeth to suit the individual's needs. This should be done by a dentist or dental hygienist.

The Modified Bass Method of Toothbrushing

- the head of the brush should be at an angle of 45° pointing towards the roots of the teeth. Place the tufts of the brush where the teeth and gum meets
- don't try to brush more than three teeth at a time. Vibrate the brush in a circular motion, gently, but firmly around the necks of the teeth and as far in between the teeth as the tufts will reach
- brush inside the front top and bottom teeth as shown
- brush the biting or chewing surfaces of the teeth with a backwards and forwards movement
- use dental floss to clean between teeth if the person will allow this.



Choice of Toothbrush

Manual

- straight handle is better if you are brushing another person's teeth
- no more than 3 rows of tufts, you can't reach into the back of the mouth if the head is too big
- head same width throughout its length
- rows of tufts of even length
- medium strength is ideal, although some people with PMLD may find a softer brush suits them better
- you can get a 'superbrush' where the bristles are angled and on both sides. This configuration cleans all three surfaces of the teeth at the same time.

Electric - Carers may find an electric brush easier to use, or more acceptable to the person with PMLD.

Toothpaste

Use a toothpaste containing fluoride. Only use a small amount (no more than the size of a pea). Too much toothpaste tends to clog the brush and create a lot of foam, which stops you seeing what you are doing and people with PMLD can swallow the toothpaste. Non-foaming toothpastes are available for people who are tube fed or those intolerant of foaming agents.

Recommended amount of toothpaste



Overcoming specific problems in oral care

- biting on the toothbrush – allow the person to continue biting on the toothbrush whilst the teeth are cleaned with another toothbrush
- strong tongue thrust – a flannel or gauze-square wrapped around the carer's forefinger to gently retract or hold back the tongue can be used – but it will take patience and perseverance
- gagging or retching on brushing – it helps to start brushing from the back teeth and move forward
- lack of co-operation – there are a number of ways of distracting the person, such as music, videos etc. *PAMIS* has developed a multi-sensory story that has successfully been used to overcome a person's fear of going to the dentist

It is not easy – sometimes impossible – with people with PMLD to manage perfect toothbrushing. Any success you can achieve in getting plaque off the teeth is worthwhile.

Oral health issues are often overlooked; doctors and dietitians, for example, do not always think about the oral health implications of the medication and diets they prescribe and advise, nor do they always know the control measures that could be taken to minimise harm when such medication or diets are essential. Oral health needs to become integrated into every individual care plan to make sure that oral health issues are not omitted or dealt with separately and seen as 'the dentist's problem'.

All people with PMLD should regularly attend a dentist. In Scotland there are two main branches of the dental services, the General Dental Service, which is made up of NHS General dentists, and the Community Dental Service. Some NHS General dentists are willing to offer a full dental service to people with PMLD but many may feel they don't have the time, facilities or expertise. Most people with PMLD are referred by a doctor, nurse, general family dentist or social worker to the Community Dental Service which is a free service. Community dentists have considerable experience working with people with disabilities and have accessible surgeries.

References

All the references listed below are available at the *PAMIS* library – contact j.t.taylor@dundee.ac.uk or tel: 01382 385 154

British Society for Disability and Oral Health (2001) *Clinical Guidelines & Integrated Care Pathways for the Oral Health Care of People with Learning Disabilities*. London: Faculty of Dental Surgery. New updated version – in print 2011.

Department of Health (2007) *Valuing people's oral health: A good practice guide for improving the oral health of disabled children and adults*, London: Department of Health.

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Medical Consent

In Scotland if you are over the age of 16 you are legally an adult. The law assumes you can then make decisions about your medical treatment. People with profound a multiple learning disabilities may not be capable of giving informed consent. Under the **Adults with Incapacity Act (Scotland) Act 2000**, parents (and others) are able to apply to become **welfare guardians**. This involves an assessment of the ability of the adult concerned to make informed decisions and an application to the Sheriff's Court for a **guardianship order** to authorise a particular person to make decisions on her/his behalf.

Recommended Websites

www.bsdh.org.uk

The British Society for Disability and Oral Health brings together all those interested in the oral health care of people with disabilities.

www.publicguardian-scotland.gov.uk

This site provides a single access point for information relating to the welfare and financial provisions contained in the Adults with Incapacity (Scotland) Act 2000.

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