

MOUTH AND DENTAL ISSUES IN PARKINSON'S

Symptoms

Find out more
about mouth
and dental
health problems
when you have
Parkinson's,
and ways to
treat them



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SOME PEOPLE WITH PARKINSON'S MAY HAVE PROBLEMS WITH THEIR MOUTH AND DENTAL HEALTH.

This information looks at issues you may experience and simple things you can do to look after your mouth and teeth.

A healthy mouth will help you to chew, taste, swallow and speak properly. Strong, healthy teeth allow you to enjoy the food you like to eat.

What mouth and dental issues are common for people with Parkinson's?

Parkinson's symptoms and Parkinson's medication might cause some problems with your dental and mouth health (sometimes called oral health).

These can include:

- a dry mouth
- a burning mouth sensation in your mouth
- difficulty swallowing
- drooling
- difficulty in controlling dentures

- difficulty cleaning your teeth
- an increase in tooth decay and holes in your teeth (cavities)
- gum disease

Dry mouth (xerostomia)

Saliva is really important for good mouth health:

- It helps you taste your food.
- It helps you swallow and digest food.
- It's antibacterial and helps keep your mouth clean.
- It helps make the food we eat less acidic, protecting your teeth from decay.

Without enough saliva, you may experience a dry mouth. A dry mouth can lead to higher rates of tooth decay and gum disease.

A dry mouth can increase your risk of getting an infection in your mouth called oral thrush. Oral thrush can cause white

patches to appear in your mouth. Oral thrush usually isn't a serious condition and you can treat it with tablets or a gel from your pharmacy. Speak to your GP if you've been treating your oral thrush for a week without improvement. Untreated, the infection could move to elsewhere in your body.

If you have a dry mouth and wear dentures, they may become harder to control.

A dry mouth might also cause you to have bad breath or dry or chapped lips.

Your mouth may feel dry as a side effect of some Parkinson's drugs. Tell your dentist if you experience this as they can discuss options which might help. They may ask you what drugs you take, so take a list of your medication to your appointments.

Saliva substitutes are available. These can help maintain moisture in your mouth. You can ask your

dentist or local pharmacist about them and find one which works for you.

The following tips may help reduce dry mouth.

Do:

- try to take frequent sips of cold water
- use mouthwashes that contain fluoride
- have some sugar-free sweets or sugar-free chewing gum
- use lip salve to protect your lips if needed
- remove dentures at night to give your mouth a chance to recover
- cut down on caffeine - it can make your mouth dry
- if you think any medication you're taking might be causing your dry mouth symptoms, speak to your specialist or Parkinson's nurse. Always talk to your doctor before stopping any prescribed medication

Don't:

- smoke. You can find out more about free NHS services to help you stop smoking by searching 'NHS stop smoking services to help you quit' at www.nhs.uk
- use mouthwashes that contain alcohol
- frequently sip sugary drinks – this will also increase decay
- use acidic artificial saliva substitutes if you have natural teeth. Ask your dentist or pharmacist which saliva substitute products are best suited for you
- eat acidic foods (such as lemons) or salty or spicy foods

Burning mouth

Some people with Parkinson's complain of a burning mouth feeling. This feeling may feel stronger at some times and weaker at

others. Some Parkinson's medication can cause a burning mouth feeling, but there are many other causes too.

If you experience a burning mouth feeling, speak to your dentist, specialist or Parkinson's nurse. You may be referred to a specialist dentist for further tests or treatment.

Swallowing difficulties (dysphagia)

If you have Parkinson's, you might experience problems swallowing because your jaw and face muscles have weakened or have become stiff. This can also be a side effect of some Parkinson's drugs.

You may find it more difficult to chew. You may also feel like something is stuck or caught in your throat. This feeling is known as globus or 'globus sensation'.

Your specialist or Parkinson's nurse can refer you to a speech and language therapist to help with swallowing difficulties, or you can refer yourself. However, not all speech and language therapists are specialists in Parkinson's, so make sure you ask to see someone who has experience of working with people living with the condition.

Medical referrals are often required for swallowing assessment and treatment.

Find out more: see our information about speech and language therapy and eating, swallowing and saliva control.

Drooling (sialorrhea)

Drooling is common for people with Parkinson's. You may experience drooling because you can't swallow as well as you used to. You may also experience it as a side effect of some

Parkinson's medication. Drooling happens if you swallow less and saliva pools in your mouth. Saliva may then overflow from the corners of your mouth.

Drooling can lead to:

- skin infections around your mouth. This is known as angular cheilitis
- your clothes becoming damp or wet
- some of your things, such as books or computers, ending up damp or wet

If drooling affects you, you might sometimes feel embarrassed or stressed. You may feel that you don't want to go out or socialise with friends and family.

Your posture might make drooling worse. If you have a stooped, head-down position, you might find it harder to seal your lips. This can make it harder to control saliva flowing from your mouth. So it's important to speak to your specialist or Parkinson's nurse for the right help and support.

You can also try these simple exercises at home in front of a mirror to try to help prevent drooling. They'll help you become more aware of what your lips are doing and how tight you need to hold them closed to keep saliva in.

- Close your lips as tightly as possible and hold for a count of four, relax, then repeat five times.
- Smack your lips together.
- Stretch your lips in a wide smile, hold for a count of four and relax.

Find out more: see our information on eating, swallowing and saliva control.

You can also try aids to help you to remember to swallow. For example, a device with a timer that prompts you to swallow. Your Parkinson's nurse can help you find a device that is right for you.

If drooling is causing the corners of your mouth to

become sore or red, using a lip balm, or a cream that has petroleum jelly in it (like Vaseline), is important.

This can help protect the skin around your mouth from infection. Talk to your GP or Parkinson's nurse if you're worried about skin infections at the corners of your mouth.

A speech and language therapist may also be able to help. You will normally be referred to a speech and language therapist before your specialist prescribes any medication for drooling.

Some medications for drooling may cause a dry mouth, so it's important to discuss your options with your specialist.

Find out more: see our information on speech and language therapy.

Visiting the dentist

It's important to visit the dentist regularly. If you have been recently diagnosed with

Parkinson's and have not seen a dentist for over two years, it may be helpful to book a check-up. This can help identify and treat issues quickly and prevent them from getting worse.

Your dentist will advise you how often you need a check-up. Get any specific problems looked at between your regular check-ups.

There are cleaning techniques and equipment that can make good dental and oral health easier if you have Parkinson's. For example, a toothbrush with a bigger handle may give you a better grip. Ask your dentist, dental therapist or dental hygienist for advice on what is right for you.

If you're unable to get to your dentist, ask if home visits may be possible. Many dentists do them or they can refer you to a colleague who does.

If you experience dyskinesia - muscle movements that you can't control - you may be able to receive dental treatment under sedation. You should

talk to your dentist if this might be an option for you.

Some people with Parkinson's have told us that they sometimes feel embarrassed when going to the dentist. You may worry that you're not able to take care of your teeth or dentures as you would want to.

If you are worried or feeling embarrassed, try speaking with your dentist before your appointment to discuss any concerns you might have. They are there to help. They may be able to make adjustments to the way they provide treatment to make it easier for you and they are not there to judge you.

We have some tips on our online magazine about visiting the dentist from a dentist who works with people with Parkinson's. Read more at:
parkinsons.org.uk/dentist

Will my Parkinson's mean I need to see a specialist dentist?

It's important to tell your dentist that you have Parkinson's and how it affects you.

Most dentists will be able to treat people at all stages of the condition.

Tell your dentist about issues you experience because of Parkinson's. For example, you may find you move a lot during an appointment if you have a tremor or dyskinesia. You might find it difficult to stay in or get into the dental chair for your appointment. You may also worry about drooling making dental treatment more difficult.

If your dentist feels you need specialist care, they will refer you to a colleague on the General Dental Council's 'Special Care Dentistry' register or to the Community Dental Services.

Special Care Dentistry specialists

Special Care Dentistry specialists work in hospitals or Community Dental Services. If you're referred to Community Dental Services, you may be treated by a dentist who has experience in treating people living with medical conditions such as Parkinson's. Patients being seen by Special Care Dentistry specialists might find it difficult to receive treatment at a high street dental practice.

Dental treatment

If you have dental treatment, like getting a large filling or having a root canal, talk to your dentist about Parkinson's symptoms you experience and how these may affect your treatment.

You should also tell your dentist about your drug regime so that you continue to get the right dose when you have your procedure.

If you've had deep brain stimulation (DBS), you should tell your dentist. If you need dental treatment, like having a tooth taken out, you might be prescribed antibiotics before your procedure. Antibiotics can help to reduce your risk of getting an infection or another issue that could affect your deep brain stimulation device.

If you've had DBS, your dentist will write to your specialist before your dental treatment, to confirm whether you should be given antibiotics first or if anything else needs to be considered.

Tips for people with natural teeth

It's important to clean all parts of your teeth, including in between them. Remember to brush all tooth surfaces and the gum line with a fluoride-containing toothpaste at least twice a day. You should aim to brush last thing at night or

before bed and at one other time of day.

If you find cleaning your teeth difficult or tiring, you could clean one part of your mouth in the morning and another part in the afternoon.

You should use whichever cleaning technique you find easiest. Your dentist or hygienist can show you some aids to help you clean between your teeth.

Ask your dentist for help on choosing the best toothbrush for you. They will also be able to help you find the best way to clean your teeth and the gaps between them.

Your dentist may advise you on toothbrush handle adaptations which can help improve your grip. You may find it easier to use a three-sided toothbrush or one with an angled head. A small head on your toothbrush may also help you reach all your teeth

You could consider an electric or battery-operated

brush, as the extra weight may help to reduce hand and arm tremors.

If you have a carer who cleans your teeth, they may find it easier to stand behind you like dentists do. Or, they could clean one side of your teeth from behind you, and the other side while standing in front of you. This could help your carer use their strongest, writing hand to reach all parts of your teeth.

You should aim to get a new toothbrush every one to three months.

Tips for people with dentures

If you have dentures, removing them before brushing your natural teeth will help you clean all surfaces more easily.

Plaque can build up on dentures, as it does on natural teeth. This can cause irritation in your mouth and

problems like gum disease. You can also develop bad breath if your dentures aren't clean.

You may find it helpful to do the following:

- Dentures should ideally be rinsed under water after each meal and cleaned twice a day.
- Always clean your dentures over a sink full of water. That way, if you drop them, you can avoid breaking them. Cleaning over a soft surface, like a folded towel, might also work well.
- Soak your dentures in a fizzy denture-cleaning solution. Use a fragrance-free liquid soap and water to brush your dentures before putting them in the solution, as this will get rid of any bits of food.

- Follow the instructions for the particular denture-soaking solution you're using. Only leave your dentures in a soaking solution overnight if the instructions say it's alright to do so.
- If you find stains on your dentures that you can't get rid of, ask your dentist to clean them for you.
- Don't forget to brush your gums, tongue and any of your own teeth twice a day using a fluoride toothpaste, as normal.

It's important that you get advice from a dentist about any specific problems you have. This will mean your dentures are working as well as possible for you.

Dentures and oral thrush

People who wear dentures are at a higher risk of developing oral thrush. Oral thrush can cause a red area on your gums to appear beneath your dentures.

Going for regular check-ups with your dentist and looking after your dentures (including by following the tips above) can help prevent oral thrush. See page 3 for more on oral thrush.

Controlling dentures

If you wear dentures, Parkinson's may mean you have difficulty controlling them. This could be because of:

- problems controlling your facial muscles
- loss of muscle tone
- a dry mouth
- saliva pooling in your mouth

It's important to see your dentist if your dentures become loose or don't feel comfortable. If your dentures are old, worn-out or don't fit your mouth properly, you will probably need a new set.

If your dentures are loose or worn, they might rub against parts of your mouth. This can cause infections and painful sores. You may also find it more difficult to eat and speak as you normally would.

Ask your dentist to check your dentures and suggest any improvements. This will help if you find your dentures difficult to control.

General tips for good mouth health and avoiding tooth decay

Parkinson's can make it more difficult to look after your teeth and mouth health and might lead to certain issues including drooling, swallowing and a dry mouth (see pages 3-7).

To keep up the very best mouth health and avoid tooth decay you should:

- brush your teeth twice a day with a fluoride toothpaste, with at least 1350 to 1500 ppm fluoride. Ask your dentist if you're not sure about the level of fluoride in your toothpaste – they may be able to prescribe you a toothpaste with a higher concentration of fluoride. Brush for around two minutes each time
- use a daily, fluoride mouthwash at a different time to brushing and avoid eating and drinking for half an hour afterwards. After you've had lunch could be a good time to rinse your mouth with mouthwash. Don't forget to always pick an alcohol-free mouthwash. There are many brands of mouthwash available at your local supermarket or pharmacy. Own-brand versions are just as good for your mouth health as branded versions

- brush just before going to sleep and one other time during the day
- when you've finished brushing, spit out any excess toothpaste that's left, but don't rinse your mouth. This will help keep the fluoride from your toothpaste in your mouth to protect your teeth

Your dentist may also advise a fluoride mouth rinse or gel to use at a separate time from when you brush your teeth. Rinsing straight after brushing removes the fluoride from your toothpaste from your teeth.

They may also put a fluoride varnish onto your teeth, which makes your enamel stronger against tooth decay.

Interdental brushing and flossing

Interdental brushes are brushes with bristled heads, which are smaller than your regular toothbrush. You can use them to clean the

spaces between your teeth, which can otherwise be difficult to reach. This can help reduce the risk of gum disease. They're available to buy in supermarkets and pharmacies.

Dental floss is another way to help keep your mouth healthy, especially if the spaces between your teeth are too small to use an interdental brush.

A water flosser, a hand-held device which cleans between your teeth using a pressurised stream of water, may also be helpful. They can help remove any bits of food stuck between your teeth.

Speak to your dentist if you have any concerns about interdental brushing or flossing.

Sugar

Bacteria on your teeth make a sticky covering called plaque. This can cause tooth decay

if it builds up on your teeth. Cutting down on sugar in your diet can reduce tooth decay.

The following can help you balance the amount of sugar in your diet:

- You should try not to have more than 30 grams daily. That's equal to seven sugar cubes per day.
- Try not to eat or drink sugary things more than a few times a day. It's important to keep how often sugar is in contact with your teeth to a minimum each day.
- When out shopping, you can check nutrition labels to look for products with less added sugar.
- You should try to restrict sugary drinks to meal times. Try drinking water or sugar-free tea or coffee between meals.

- Be aware of the sugar in fruit juice, smoothies, honey and syrups (like maple and golden syrup) as these foods and drinks can also lead to tooth decay. Try to enjoy these when you're having your main meals of the day, instead of as a snack, and only drink one small glass of juice or smoothie per day.
- Try switching to lower-sugar alternatives for foods like breakfast cereals, chocolate or cakes. You could try a plain currant bun or fruit scone instead of cake, for example. Instead of sugary biscuits, try oat biscuits or oatcakes.
- Have dried fruit during meals, but not in-between.
- Don't have sugary food or drinks just before going to bed. At this time, you usually have less saliva flowing in your mouth and your risk of getting tooth decay is higher.

For tips on how to reduce the amount of sugar you're eating, search 'How to cut down on sugar in your diet' at www.nhs.uk

More information and support

Finding a dentist

For details of your local NHS dentists in England, search 'How to find an NHS dentist' at www.nhs.uk

For NHS dentists in Scotland, search 'Register with an NHS dentist' at www.mygov.scot

For NHS dentists in Wales, search 'Dentists - Frequently Asked Questions' at www.111.wales.nhs.uk

For Health Service dentists in Northern Ireland, search 'Find a dentist' at www.bso.hscni.net

If you're worried about how to access dental treatment, our helpline may be able to refer you to other organisations which might be able to help.

You can reach them free on **0808 800 0303** or email hello@parkinsons.org.uk.

The British Society of Gerodontology

www.gerodontology.com
www.gerodontology.com/contact-us/

Gerodontology is a field in dentistry which specialises in the oral health of older people.

British Dental Association

www.bda.org
enquiries@bda.org
020 7935 0875

The British Society of Special Care Dentistry

www.bsdc.org
info@bsdc.org
01302 578 838

Parkinson's nurses

Parkinson's nurses have specialist experience and knowledge of Parkinson's. They can:

- support people coming to terms with their Parkinson's diagnosis
- help people to manage their medication, so they get the best results and fewer side effects
- make referrals to other professionals such as speech and language therapists and physiotherapists

Some nurses are based in the community, such as your GP surgery. Others are based in hospital settings and clinics.

Talk to your GP or specialist for more details on speaking to a Parkinson's nurse.

Parkinson's UK information and support

You can read our most up-to-date information at parkinsons.org.uk. You can order printed information by calling **0330 124 3250** or visiting parkinsons.org.uk/orderingresources

If you'd like to speak to someone, our specialist adviser team can provide information about any aspect of living with Parkinson's.

They can talk to you about managing symptoms and medication, social care, employment rights, benefits, how you're feeling, and much more.

Call our team on:

0808 800 0303 or email **hello@parkinsons.org.uk**

We'll provide expert information over phone or email or put you in touch with an adviser locally.

If you'd like to meet other people living with Parkinson's in your local area, you can find friendship and support through our network of volunteers and local groups.

Go to **parkinsons.org.uk/localgroups** or call our helpline to find out more.

Our forum is also a very active space to share and chat with

others who really understand, at a time that suits you. Visit **parkinsons.org.uk/forum**

Thank you

Thank you very much to everyone who contributed to or reviewed this information:

Miss Jessie Tebbutt, Academic Clinical Fellow in Special Care Dentistry, The University of Sheffield

Dr Shafaq Ali, General Dental Practitioner

Thanks also to our information review group and other people affected by Parkinson's who provided feedback.

Feedback

If you have any comments or feedback about our

information, please call **0800 138 6593**, email

feedback@parkinsons.org.uk, or write to us at

Parkinson's UK, 215 Vauxhall Bridge Road, London SW1V 1EJ.

If you'd like to find out more about how we put our information together, please contact us at **healthcontent@parkinsons.org.uk** or visit our website.

Can you help?

At Parkinson's UK, we are totally dependent on donations from individuals and organisations to fund the work that we do.

There are many ways that you can help us to support people with Parkinson's. If you would like to get involved, please contact our Supporter Care team on **0800 138 6593** or visit our website at **parkinsons.org.uk/donate**

Thank you.

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Funded by you.
Improving life for everyone
affected by Parkinson's.
Together we'll find a cure.

PARKINSON'S^{UK}

Free confidential helpline **0808 800 0303**
Monday to Friday 9am–6pm, Saturday 10am–2pm
(interpreting available)
NGT relay **18001 0808 800 0303**
(for textphone users only)
hello@parkinsons.org.uk
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