# Dental tips for Parkinson's

Preparing for a visit to the dentist when you have Parkinson's is essential. Parkinson's symptoms affect your physical ability and motivation to brush your teeth, and swallowing and saliva-related symptoms directly impact oral health. The good news is that the dental conditions associated with Parkinson's are primarily preventable if you get early advice and care.

With Parkinson's, maintaining healthy teeth and gums can be more challenging. It's crucial that your dentist is fully informed about any Parkinson's symptoms, medications, and treatments that could affect your visit. This understanding is not just important, it's critical to ensure you receive the best possible care from your dentist, who is there to support you in your oral health journey.

## What my dentist needs to know

Your dentist may not be aware of the challenges associated with Parkinson's. It is a good idea to share information about:

- date of diagnosis
- current supports you have in place to assist with daily living
- specific challenges experienced when conducting your oral care
- any issues with dizziness or sit-to-stand blood pressure drops
- any movement issues (e.g. dyskinesia, dystonia, tremor)
- any thinking issues (e.g. following instructions may take longer)
- any swallowing or drooling problems
- potential of stress to exacerbate any of these issues.
- Need for fast setting materials to be used during treatment.
- Deep brain stimulation may make x-rays challenging.
- Some medications, for example, anti-cholinergic drugs for conditions such as depression, anxiety, bladder control and tremor, can cause dry mouth.

## Top tips for your oral care

Brush twice a day with fluoridated toothpaste. Low-foaming toothpastes can be found if foaming is a concern with difficulty swallowing.

If medication side-effects are determined to be a concern or are causing oral health problems this should then be discussed with your medical specialist.

### Dry mouth

- Chew naturally sweetened gum if chewing and swallowing abilities permit, this encourages lip closure, secretion of saliva and more frequent swallowing.
- Try products for dry mouth, available in the form of gel or spray.
- Be mindful of drinking enough water.
- Try a humidifier, nebulised saline or steam vapour inhaler.
- Practice consciously maintaining lip closure whilst breathing.

### Saliva control

Saliva control difficulties are predominantly due to swallowing changes.

- For thick saliva, nebulised saline, chewing naturally sweetened gum, and ensuring that you are well hydrated can help.

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- For persistent excess saliva a medical specialist may recommend a trial of Botulinum Toxin (BOTOX) injection into the salivary glands or cautious use of atropine drops under the tongue or diluted in water.

## Oral care routine

Patients with Parkinson's have a higher frequency of untreated cavities.

- Regular dental appointments are recommended.
- Request written recommendations for a personalised oral care routine from the dentist.
- Ensure proper removal of food particles trapped in mouth, particularly in between the teeth with regular flossing.
- Stick to recommended regular brushing and flossing schedules and allow extra time to be thorough.
- If a care partner is available, consider allowing them to help you.
- Try to limit sugary food and drinks to mealtimes.

## Dental technology

There are many electric toothbrushes with associated apps that can help you with proper timing and mapping your brush coverage around your mouth for each session to ensure you are getting a proper clean.

Electric water flossers may make getting to the in-between spaces easier too.

## Mouthwash, toothpaste and more

- Consider using fluoridated toothpaste.
- Do not rinse your mouth after brushing your teeth as fluoride continues to work to protect your teeth.
- Try to avoid eating or drinking for 30 minutes after brushing your teeth.
- Ask the dentist about using interdental brushes.
- Drink tap water rather than bottled water as the fluoride will help protect against tooth decay.
- Consult with your dentist or speech pathologist if you have concerns with brushing.
- Mouthwash should ideally be Chlorhexidine-based, without alcohol.

## Dentures

Controlling dentures can be difficult because the muscles in the face can be affected by Parkinson's. Dry mouth or pools of saliva building up in the mouth can make it harder to keep a denture in place. Poor denture control may lead to ulcers or blisters in the mouth, which can be very painful. Difficulties in eating and speaking may also occur.

It is important that dentures fit well; your dentist can help you with this. A speech pathologist can also advise on how to improve denture control. Leaving dentures out overnight is recommended.

If you have dentures, you need to clean them thoroughly as plaque can still build up, which can cause irritation or infection in your mouth. Weekly soaks and cleaning dentures over a sink with soap and water (normal toothpaste is too abrasive).

## References

Auffret M, Meuric V, Boyer E, Bonnaure-Mallet M, Vérin M. Oral Health Disorders in Parkinson's Disease: More than Meets the Eye. J Parkinsons Dis. 2021;11(4):1507-1535. doi: 10.3233/JPD-212605. PMID: 34250950; PMCID: PMC8609694.

Infosheet kindly reviewed by Australia New Zealand Academy of Special Needs Dentistry (ANZASND). To find a special needs dentist go to: www.anzasnd.org

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