Oral health & Parkinson's

While Parkinson's symptoms can complicate dental care, oral diseases are largely preventable.

People with Parkinson's can maintain good oral hygiene with regular visits to the dentist and appropriate occupational therapy advice.

Dental issues

While some general recommendations exist, evidence-based guidelines for Parkinson's oral and dental health are currently limited.

We know that Parkinson's motor symptoms affect the ability to conduct oral hygiene, i.e. with loss of dexterity, stiffness, and slower movements. Swallowing and saliva-related symptoms also directly impact health.

Maintaining good oral health is crucial for overall wellbeing, so people with Parkinson's should collaborate closely with their care team to address related concerns.

Dental visits

Whether you have dentures or natural teeth, thorough and regular dental cleanings are essential. This helps remove food residue and bacteria, contributing to better oral health.

Dentists and hygienists can also provide instructions regarding your oral hygiene challenges and chewing and lip exercises.

Oral & dental health

People with Parkinson's often face several oral and dental health challenges, including:

Tooth decay & damage: Dental decay may result from plaque, the sticky film of bacteria and sugars constantly coating the teeth. Regular tooth brushing by alternating the brush in either hand or using an electric toothbrush is required.

Gum disease: also known as **gingivitis**, is an inflammation of the gums. Regular visits to the dentist are encouraged.

- If left untreated, it can lead to **periodontitis**, a gum infection that damages soft tissues and destroys the bone supporting teeth.
- Increased risk of infection arises from bacteria accumulating in gum pockets, entering the bloodstream and travelling to other areas of the body.

Loss of control of saliva: also known as **sialorrhea**, or drooling, occurs when there's less control over saliva.

- This can happen if you have poor lip closure, altered mouth sensations, reduced swallowing, and changes in head and trunk posture.
- These issues can impact social confidence and hygiene.
- Saliva that remains in the mouth and throat may enter the airway, increasing the risk of aspiration pneumonia.

Dry mouth: also known as xerostomia, dry mouth results from reduced saliva production and flow. This can be caused by:

- Parkinson's symptoms
- medication side effects
- mouth breathing due to reduced lip closure
- stress and anxiety
- not drinking enough water.

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If medication side effects are determined to be a concern or are causing problems, this should be discussed with your care team, including pharmacist and specialist.

Dry mouth can significantly impact your ability to chew and swallow, diminishing your enjoyment of food. It can also interfere with speech and lead to difficulties in swallowing medication. Additionally, dry mouth may cause bad breath, a burning sensation, tongue ulcers, cracked lips, gum disease, increased dental cavities, and mouth infections.

Saliva plays a crucial role in maintaining oral health by helping to wash away food debris and neutralise harmful acids produced by plaque bacteria.

For those experiencing dry mouth, there are artificial saliva sprays available that can provide relief and help maintain oral hygiene.

Halitosis: bad breath, or halitosis, can be caused by dry mouth, poor flossing or cleaning between teeth, gum disease, insufficient fluid intake, bacterial activity in the mouth and throat, postnasal discharge, and various medical conditions. A dentist can evaluate the underlying cause and recommend appropriate treatments.

Pain & burning of the mouth: burning mouth syndrome (involving tongue, cheeks, and palate) without an overt cause is rare but can occur among people with Parkinson's. There is some empirical evidence that this problem can be medication-related or can result from dry mouth.

Dopamine has been documented to be both potential cause and cure. The role of psychological factors such as stress, anxiety, and depression in burning mouth also remains unclear. Good oral health needs to be maintained.

Nutrition & swallowing

Good nutrition and eating habits play a key role in maintaining good oral health:

- Chewing and swallowing difficulties can result from Parkinson's slow, small, poorly coordinated oral and facial movements, involuntary movements of the mouth and face, reduced sensation in the mouth and throat and damaged or missing teeth.
- The development of 'sweet tooth' tendencies in some people with Parkinson's is documented but has limited evidence base or explanation.
- Side effects from some medications may be linked with compulsive eating. You should report changes to your eating habits to your care team. They will advise if any adjustments to medications are needed.
- Advice from a dietitian and speech pathologist may help with better food choices, as well as chewing, lip and swallowing exercises.

References

10 Ways to Prevent Tooth Loss as You Age | Absolute Dental. https://www.absolutedental.com/blog/prevent-tooth-loss-as-you-age/

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.

You can also reach out to the Australian Society of Special Care in Dentistry https://www.asscid.org.au/

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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