

Dental care and oral health

Factsheet 448LP
July 2019



Good oral health helps people to eat, drink and speak more easily without pain or discomfort. It involves regularly cleaning the whole mouth including the gums, lips, tongue and palate. Keeping teeth in good condition – known as dental care – and oral health are both important parts of general health and wellbeing.

A person with dementia will need support to maintain their oral health as their condition progresses. This factsheet has advice on how to support a person with their mouth care, including practical tips for helping someone brush their teeth. You may find it particularly helpful if you care for someone with dementia.

This factsheet also describes some oral health problems that can affect people living with dementia, and has practical advice on how to prevent or manage them. The information and advice in this factsheet is relevant for people with their own natural teeth as well as those with dentures.

Contents

- Brushing teeth
- Common oral health problems
- How to tell if a person has oral health problems
- Dentures
- Dental treatment
- Dental care in care homes
- Finding an NHS dentist
- Other useful organisations

Dental care and oral health

Brushing teeth

The best way to maintain good oral health and dental care is to prevent problems occurring in the first place. The most important way to do this is to brush the teeth twice a day, including just before going to sleep. This daily routine is also a good chance to check the rest of the mouth for any problems.

Brushing removes a sticky residue called plaque, which can build up on teeth over time. This helps to protect against tooth decay and gum disease (for more information see 'Common oral health problems' on page 4).

If a person with dementia finds it difficult to remember to brush their teeth, an alarm clock or alerts on a phone can be useful reminders. For more information on memory aids see booklet 1540, **The memory handbook**.

Where possible, you should always try to encourage a person with dementia to brush their teeth themselves. They may find this difficult, because the symptoms of dementia can include difficulty following processes or planning a series of actions in advance. You could help them, without completely taking over, for example by gently prompting them or helping them when they get stuck.

For more advice and information on helping someone with dementia with a task, see factsheet 524, **Understanding and supporting a person with dementia**.

A person in the later stages of dementia, when their symptoms are more severe, may become unable to brush their own teeth. For example, they may have problems with their movement that makes it difficult for them to control the toothbrush. If this is the case, you can help by brushing their teeth for them. This can be frustrating and difficult for both of you, and you may find your own way of doing this, but the tips below can be a helpful guide.

Tips for helping someone with brushing their teeth

- Make sure your hands are clean. It can help to wear disposable gloves, too, to avoid risk of infection.
- Apply a pea-sized amount of fluoride toothpaste to a toothbrush. Using a toothbrush with a small head will make it easier to reach all the different areas of the mouth, and will be more comfortable.
- Stand to the side of the person and help them to move their hand as they hold the toothbrush.
- Using two toothbrushes can sometimes help. Use the handle of the other toothbrush to gently lift the person's cheeks away from their teeth and gums. This should make it easier for you to see inside the whole of their mouth as you brush.
- Check the person's teeth and gums for any mouth care problems such as bleeding, ulcers, broken teeth, teeth with holes in or dark staining, or any lumps or swelling.
- Brush the teeth and gums in a circular, 'round-and-round' motion (not backwards and forwards). Make sure you brush the teeth from these different angles:
 - behind the teeth (the 'inside'), with the toothbrush facing diagonally towards the gum
 - on the top (biting surface) of the teeth, with the toothbrush facing horizontally up or down
 - in front of the teeth (the 'outside'), with the toothbrush facing diagonally towards the gum.
- Brush the top set of teeth for one minute (spend 30 seconds on each side of the mouth). Repeat this on the bottom set of teeth.
- Use dental floss, floss picks or a special interdental brush to clean in between teeth. Your dentist should be able to advise you on the best way to do this.
- Encourage the person to spit out the toothpaste after brushing. They should not rinse with water or use mouthwash straightaway. This helps to keep fluoride on the surface of the teeth to protect them from decay.

A person with dementia may have physical problems that affect their hand strength, movement or co-ordination. They may find it easier to hold the brush if they have a special toothbrush grip or use an electric toothbrush.

If the person with dementia has difficulty swallowing, or problems with choking, it may be easier and safer to use toothpaste that doesn't foam. Your dentist should be able to tell you where you can get this.

Dentists can prescribe high-strength toothpaste fluoride toothpaste, or a fluoride mouthwash. This can be helpful if a person has ongoing mouth problems, or is struggling to brush their teeth, which can make them at a higher risk of tooth decay.

A dentist can also apply a high-fluoride polish or varnish every three to four months to protect the teeth from decay if necessary. They may do this if they feel that the person with dementia is at risk of developing dental problems (for example, if they have a lot of sugar in their diet).

Common oral health problems

Tooth decay

Tooth decay is a common problem for people with dementia. It is usually caused by poor dental care, or because someone has lots of sugar in their diet. It can cause sensitive teeth, painful toothaches, and mouth infections – which can lead to tooth loss as well as confusion and agitation.

Decay is caused by plaque, which is a sticky layer of harmful bacteria that builds up on the surface of teeth. The bacteria in plaque turns the sugars in food and drink into acid. This acid dissolves the hard minerals that protect the surface of the teeth, and eventually the tooth softens and small holes appear. These holes can become larger over time and form cavities, which can be very painful.

A dentist will need to fill these cavities, or they may need to extract the tooth completely. The advice in 'Brushing teeth' on page 2 can help you to prevent decay.

Gum disease

Gum disease is another common condition caused by plaque. When somebody has gum disease, their gums become inflamed because of the bacteria in plaque. This can progress until it affects the bone underneath the gums. There are two main stages of gum disease – gingivitis and periodontitis. These are explained below.

Gingivitis

Gingivitis is the name for gum disease in its early stages. Symptoms include red, swollen gums that can bleed easily during brushing. Gingivitis can also cause bad breath ('halitosis').

If gums do bleed it is important to keep brushing them to remove the plaque. If bleeding continues despite regular brushing (after about a week), or if it gets worse, consult a dentist for advice. People who wear dentures can also be affected by gum disease. This is why it is important to remove and clean dentures every day, as well as cleaning the gums underneath with a soft toothbrush (see the tips on page 11).

Periodontitis

Periodontitis is a more severe infection that occurs when gum disease is left untreated. The bone that surrounds the teeth under the gums starts to shrink. This can cause teeth to become loose and develop further painful infections. If teeth become very loose, this can also cause problems with eating and speech, and there is a risk that they may be swallowed or inhaled.

Tooth wear and damage

The outer surface of teeth is covered in 'enamel'. This is a hard layer which protects the teeth from damage and decay. Enamel wears away naturally over time – however for some people this occurs more rapidly and causes damage to the teeth. There are a number of reasons this can happen, such as:

- brushing too hard, especially near the gums. As people get older their gums shrink and the roots of their teeth become exposed. The enamel at the roots of the teeth is less strong, and so it wears away more quickly
- frequently consuming food or drinks with high acidity levels, or often experiencing regurgitated stomach acids (for example, in the case of acid reflux)
- clenching or grinding teeth (which can sometimes be a sign of stress or anxiety, or a side effect of medication).

Dry mouth

Having a dry mouth can be very uncomfortable. It also speeds up tooth decay and gum disease and makes it more difficult to speak, chew or swallow. In severe cases, a dry mouth can make the surface of the tongue become sore, cracked, and at risk of fungal infections. For people who wear dentures, a dry mouth can make these feel less secure and comfortable.

A person can develop a dry mouth if they are not producing enough saliva, which is very important for keeping the mouth moist and well-lubricated. Saliva also contains substances that prevent infections in the mouth, and calcium which helps to strengthen teeth.

Someone might not produce enough saliva for a number of reasons, including dehydration, the side effects of medications, and cancer therapies. People who breathe more through their mouth (such as those who use oxygen therapy) are more at risk of dry mouth.

If a person develops a dry mouth, ask their GP to review any medications they are taking to see if one of them is causing the problem. Drugs for high blood pressure, overactive bladder, strong painkillers, antihistamines, antidepressants or antipsychotics can all cause dry mouth. The GP can recommend switching to an alternative medication, if there is one available.

It can sometimes be difficult to tell if a person with dementia has a dry mouth, especially if they have communication difficulties. During routine mouth care, you should check for common signs of dry mouth, such as:

- dry and cracked lips
- a sticky feeling on the cheeks or tongue
- food debris in the mouth
- dried saliva on the tongue or palette.

If the person wears dentures, check how well these are staying in place, because having a dry mouth can cause them to become loose and sore. You should also check for redness or swelling around the dentures, as this can be a sign of problems with a dry mouth.

Managing dry mouth

There are several ways that a person with dementia can manage their dry mouth and make it more comfortable, including:

- sipping water frequently throughout the day to keep their mouth moist
- chewing sugar-free sweets or gum, as long as this is safe and comfortable
- using dry mouth products (a gel or liquid spray) to help lubricate their mouth and make it feel more comfortable. These products can either be prescribed by a dentist or purchased from a high street pharmacy.

If the person has memory problems they may need reminders to do these things throughout the day. See booklet 1540, **The memory handbook** for practical tips on managing memory problems.

Mouth cancer

Mouth cancer can occur in older people (including people with dementia). People who smoke and drink alcohol are more at risk of mouth cancer. It is important to check the mouth regularly for any signs or symptoms, including:

- white or red patches
- ulcers that do not heal within a few days
- lumps
- unexplained changes in speech or swallowing.

If mouth cancer is diagnosed in its early stages it is more likely that it will be able to be treated effectively. If you notice any of the symptoms listed above, make an appointment to see a dentist as soon as possible.

How to tell if a person has oral health problems

Checking the mouth for problems should be part of a normal daily routine. This section describes some of the signs that you can check for to tell if a person is suffering with an oral health problem.

Mouth pain

A person with dementia may not be able to say that they are in pain or that they have a problem with their mouth or teeth. This can be upsetting and frustrating for them, and they may:

- struggle to eat food or refuse it (particularly hard or very hot or cold foods)
- frequently pull at their face or mouth
- leave their dentures out of their mouth
- become increasingly restless, moan or shout
- have disturbed sleep
- struggle to take part in daily activities
- resist your attempts to help them with their mouth care
- behave aggressively (particularly towards you or someone else supporting them).

These changes in behaviour can be distressing for you and the person with dementia. Remember that they may be the person's way of telling you they are in pain or distress.

If the person you are supporting is having any of these problems, you should check their mouth for any problems and arrange a visit to the dentist if necessary. It is useful to keep a note of when the person's behaviour starts, how long it lasts, and whether or not painkillers help. This can be helpful for the dentist to identify the problem.

For more information on how dementia can affect someone's way of communicating and their behaviour, see factsheet 525, **Changes in behaviour**.

Mouth infections

Check that the tongue, cheeks, palate and gums all look a normal, healthy colour. The person with dementia should see the dentist or a health professional if they have:

- red, swollen or bleeding gums that last for more than a few days
- cracked, red, sore or crusty corners of the mouth
- swelling around the mouth
- red or creamy white patches anywhere in the mouth, particularly on the tongue. If the person wears dentures, you should check for these patches where their dentures normally fit.

Dentures

Many people wear partial or full dentures (removable replacement teeth). These can help people to eat the foods they want, speak clearly and feel good about the way they look.

However, if they are not well-maintained, dentures can trap food in the mouth, which can cause the gums to become inflamed or sore. They should be removed and cleaned every day to avoid infections developing underneath them. Fungal infections can also develop under dentures if they are not removed and cleaned every day. For more information see 'Cleaning dentures'.

If dentures do not fit well (for example, if they are too loose) or if they break, they can cause the gums to become painful and swollen. A dentist should replace these as soon as possible if this happens. Bringing the old dentures to the appointment will help the dentist to replace them more quickly.

Over time, a person with dementia may find it more difficult to wear their dentures. One reason for this is because, as their condition progresses, the muscles in their mouth that keep the dentures in place can become weaker. It is important that the person with dementia continues to wear their dentures for as long as they are able to do so, as it can help them to continue to eat a wide range of foods and stay well-nourished.

Some people use a special adhesive (denture fixative) to keep their dentures in place. This can be helpful, but for other people it can be more difficult as it needs replacing every day and can taste unpleasant. Your dentist should be able to give you more information about these adhesives.

Cleaning dentures

Dentures should be removed and cleaned every night, and then put back in the mouth the following morning. This gives the person's mouth a rest and helps to keep it healthy and free of ulcers and infections. It also helps to prevent bad breath. Using memory prompts (such as alarms or notes on a whiteboard) can help people remember to remove their dentures each night.

Many people with dementia can remove their own dentures but, in some cases, they may need help, particularly in the later stages of the condition.

Tips for cleaning dentures

- Remove the dentures from the mouth.
- Apply a special denture cleaning paste or soap to a toothbrush.
- Brush away any plaque or food debris from all surfaces of the dentures (especially around the clasps).
- Rinse the dentures with cold water.
- Place them in a labelled denture pot or container.
- Clean any remaining teeth and the rest of the mouth.

Marking, losing and replacing dentures

If somebody loses or misplaces their dentures, they will need to visit their dentist to have new ones made. It can take several weeks for dentures to be replaced. During this time, the person may struggle to eat and speak comfortably, and may feel self-conscious about their appearance, which can be distressing. When the new dentures are ready, the person may find it difficult to re-adjust to having them in their mouth at first.

Marking the person's name on their dentures can help them to be returned safely if they are misplaced. This can be especially helpful if the person lives in residential care. Some new dentures are permanently marked with their owner's name already, but if not you can do this yourself by following the tips below.

To mark dentures

1. Thoroughly clean and dry the dentures.
2. Use an unused kitchen scourer to remove the surface polish from a small area on the outer surface of the denture. You should choose an area at the back where it will not be seen while the dentures are being worn.
3. Write the person's name on the denture using a pencil, or a pen that uses safe alcohol-based ink.
4. Paint over the name with a thin coat of clear nail varnish and leave it to dry.
5. Apply a second thin coat of varnish and leave it to dry overnight.

Do this for both the top and bottom dentures. This will mark the dentures for about six to 12 months. When the writing fades, you will need to replace it by following the steps above.

Dental treatment

Planning treatment and preventing future problems

After a person has been diagnosed with dementia they should see a dentist regularly. The dentist can advise them on how to look after their oral health as their dementia progresses.

The dentist will work with the person to carry out any dental treatment that is needed there and then. They will also agree a plan with them for looking after their oral health in the future. For example, they may suggest removing teeth that are likely to cause problems and making sure that any planned treatment is easy to look after. If you are supporting a person with dementia, it is important that you are involved in these plans.

Always follow any advice the dentist gives to prevent dental problems, for example on diet and brushing. This will make oral care much easier as the person's dementia progresses.

Dental treatment in the later stages of dementia

In the later stages of dementia, a person is likely to experience severe memory loss, as well as problems with communication and daily activities. They may also experience significant changes in behaviour and physical problems. This can make visiting the dentist very challenging, and possibly distressing. The person may also no longer be capable of consenting to dental care, or co-operating with treatment. For more information on consent see page 14.

Dental treatment for a person at this stage of dementia is much more likely to focus on establishing a regular routine for brushing and checking their mouth for any problems. This should help to keep the person's mouth healthy and prevent pain in and around the mouth.

A person in the later stages of dementia may be referred to a special care dentistry service, which has teams with specialist training and more experience. If they need urgent dental treatment, they may need sedation or general anaesthetic. This can be risky, and so the treatment needs to be discussed with the person with dementia as well as their family and carers.

Consent to treatment

It is important that a person with dementia has the opportunity to make and take part in decisions about their dental treatment. The dentist should explain in simple terms what is being done and why. Short sentences, and questions that the person can answer with either 'yes' or 'no', can help.

Giving 'informed' consent to treatment means you fully understand all of the benefits, risks, and other information about the treatment and agree to it being done. A person must give informed consent before any dental treatment. In its later stages, dementia can affect a person's ability to give informed consent. If this happens, they are said to 'lack the mental capacity' to make the specific decision involved.

The law states that every person is able to make their own decisions, unless it is proven (there is evidence to show) that they are not able to do so. It may not always be clear whether the person is able to make decisions about their treatment. If this is the case, the dentist should carry out an assessment to determine if the person has the capacity needed to give informed consent for that treatment.

If the person does not have this capacity, other people should be involved in the decision-making process on their behalf. This is usually a family member, partner, carer or health or social care professional.

If a person with dementia does not have a trusted person to make these decisions, they may have an independent mental capacity advocate. This is a professional appointed to represent the person in any decisions over serious healthcare treatment – for example, decisions around treatment that could involve sedation or general anaesthetic.

In England or Wales anyone who has capacity to do so can grant someone else 'Lasting power of attorney' (LPA) for health and welfare. This means that if they lose capacity to make a particular decision about treatment in the future, the appointed person will be able to make the decision on their behalf. This is not currently possible in Northern Ireland. For more information, see factsheet 472, **Lasting power of attorney**.

Any decisions that are made on behalf of the person with dementia must be made in their best interests, and take the least restrictive option. This means they must involve the person with dementia as much as possible, taking into account any wishes they express or have expressed previously. It also means they must choose the least intrusive treatment option where possible. For more information see factsheet 460, **Mental Capacity Act 2005**.

Coping with dental treatment

Everyone has different experiences of going to the dentist. While some people are comfortable with the idea, others may find it distressing.

People who have had regular dental treatment throughout their lives often cope better with dental care. They may find it easier to co-operate with simple procedures (although this may become less possible as their dementia progresses). For other people, an unfamiliar experience can cause fear and confusion, making dental treatment very difficult.

Many people find it comforting to have a friend or family member accompany them on a visit to the dentist. If the person with dementia is finding dental treatment difficult or upsetting, offer them reassurance and try explaining what is about to happen. This might include things that seem obvious – for example, you could say things like: ‘When you sit down, the dentist is going to make your chair tip back so you are leaning backwards and it’s easier for her to see inside your mouth’.

The dentist may also recommend sedation or general anaesthesia before dental care if they think this will be safer and less complicated for the person with dementia. The dentist may also be able to make a home visit if the person with dementia cannot go to the dental surgery. This is sometimes called ‘domiciliary dental care’.

Dental care in care homes

Care homes have a duty to ensure that their residents' healthcare needs are met, including all aspects of dental care. The care home manager should be able to give you information about their arrangements for dental care. For example, they may have a local dentist who visits the home to provide regular check-ups, or they may have visits from a local community dental care service.

If a person you care for, or are close to, is moving into residential care, there are things you can do to ensure their dental care needs are met. For example, if the person has agreed a mouth care plan with their dentist, you could share this with the care home staff. You could let them know if the person finds dental treatment particularly distressing, or tell them how they like to carry out their daily mouth care routine. You may be able to continue helping with their mouth care when you visit, for example being there before they go to bed to help them brush their teeth. If possible, the person should keep seeing their regular dentist (if they have one) after they move into residential care.

Finding an NHS dentist

Someone with dementia may already have a regular dentist. They should continue to see the same dentist for routine treatment and advice if possible.

If a person with dementia does not already have a regular NHS dentist, they will need to find one who is currently accepting new patients. If someone asks for an appointment, the dental practice will try to offer them one as soon as possible within the hours they have set aside for NHS patients.

Although some dental practices will contact their patients to arrange check-ups, many dental practices do not send out reminders, which can be difficult for a person with memory problems. You, or someone else close to the person, can help them to keep track of their dental visits by reminding them when they are due to make an appointment. It is recommended that a person with dementia who still has most of their natural teeth sees a dentist every six months for a check-up. People who do not have any of their natural teeth should see a dentist every 12 months.

A person's dementia may progress to a point where their regular dentist can no longer manage their treatment needs. If this happens, the person might be referred to a specialist community dental service. The dentists at these services are usually experienced in providing dental care for people with disabilities and complex medical conditions.

You can find details of your local community dental service in England by contacting NHS England on 0300 311 2233. If you live in Northern Ireland you can contact your local health and social care trust. If you live in Wales you will need a referral from a healthcare professional. If you have a problem finding the relevant organisation where you live, please contact your local Alzheimer's Society for advice. For more information on NHS dental services, see 'Other useful organisations' on the next page.

Other useful organisations

Health and Social Care Online (Northern Ireland)

online.hscni.net

This website has information about health and social care services in Northern Ireland, including links to finding a local dentist.

NHS website

www.nhs.uk

The NHS website is a comprehensive information service that helps to put people in control of their healthcare.

The website offers advice and information on NHS services in England, including a directory of dentists so you can look for a dentist in your local area.

NHS '111' (for non-emergency medical concerns)

111 (24 hours a day, 7 days a week)

Typetalk or textphone: 18001 111

111.nhs.uk

NHS 111 can help if you have an urgent medical problem and you're not sure what to do. You answer questions about your symptoms on the website, or by speaking to a fully trained adviser on the phone. You will be given advice depending on your situation.

NHS Direct Wales

0845 4647

www.nhsdirect.wales.nhs.uk/LocalServices

NHS Direct Wales is a health advice and information service available 24 hours a day, every day. The website includes a section on how to find information on dental practices in Wales.

Factsheet 448LP

Last reviewed: July 2019

Next review due: July 2022

Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

Reviewed by: Mrs Mili Doshi, Consultant in Special Care Dentistry, Surrey and Sussex Healthcare NHS Trust, Clinical Lead for Mouth Care Matters, Health Education England; and Dr Vicki Jones, Consultant in Special Care Dentistry, Aneurin Bevan University Health Board Community Dental Service, Newport

To give feedback on this factsheet, or for a list of sources, email publications@alzheimers.org.uk

Alzheimer's Society Dementia Helpline England, Wales and Northern Ireland:

0300 222 1 122

This publication contains information and general advice. It should not be used as a substitute for personalised advice from a qualified professional. Alzheimer's Society does not accept any liability arising from its use. We strive to ensure that the content is accurate and up to date, but information can change over time. Please refer to our website for the latest version and for full terms and conditions.

© Alzheimer's Society, 2019. All rights reserved.

Except for personal use, no part of this work may be distributed, reproduced, downloaded, transmitted or stored in any form without the written permission of Alzheimer's Society.

[alzheimers.org.uk](https://www.alzheimers.org.uk)

Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.



**Information
you can trust**

Alzheimer's Society operates in England, Wales and Northern Ireland. Registered charity number 296645.

