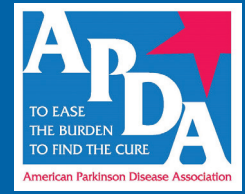


Oral Health and Parkinson's Disease



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Oral health is essential for overall wellbeing and good quality of life. Individuals with Parkinson's disease (PD) commonly experience problems with the mouth and oral cavity and may have difficulty with dental hygiene. Recommendations on how to best recognize and manage oral health problems are provided here.

Common Oral and Dental Problems with PD

- Oral Motor Impairment
- Salivary Dysfunction
- Burning Mouth and Altered Taste
- Difficulty with Dentures
- Increased Tooth Decay

Oral Motor Impairment

Parkinson's disease may directly or indirectly contribute to the development of motor problems such as abnormal chewing patterns, pain or compromised movement of the jaw, impaired vocalization, and difficulty swallowing (dysphagia). Individuals may experience excessive grinding of the teeth, biting of the tongue and cheek, and tooth fracture. It is essential that you discuss proper treatment options with your dentist to alleviate these problems.

Salivary Dysfunction

Saliva serves several important functions such as lubricating and protecting the delicate oral tissues, breaking down foods for delivery to the taste buds, assisting in chewing and swallowing, providing antibodies to fight infection, and providing buffering capacity to help prevent tooth decay. In PD, conditions of both an excess of saliva (sialorrhea) and inadequate saliva (dry mouth/xerostomia) may occur. Carbidopa/Levodopa, Ropinirole and Levodopa/carbidopa/entacapone contribute to sialorrhea.

Excessive Salivation

In PD, conditions of both excess of saliva (sialorrhea) and inadequate saliva (dry mouth/xerostomia) may occur. Some people may report a slight excess of saliva, often noted when they wake up to a wet pillow. Others experience marked drooling thought to be related to a reduced movement of muscles which results in less swallowing. Recommendations to address this problem include:

- Discussion with your physician regarding proposed efforts to improve swallowing and reduce saliva
- Consultation with a speech and language pathologist to address problems with swallowing
- Regular dental cleanings as excessive saliva may cause an increase of plaque and tartar

Dry Mouth

In contrast, many people experience varying degrees of dry mouth, which in turn also complicates swallowing and contributes to increased oral infections. Dry mouth is often related to the drugs used to medically manage PD as well as other medical conditions you may have. In some cases, your physician may be able to change or adjust your medication to reduce dry mouth. Recommendations to address this problem include:

- Using over the counter toothpaste, mouthwash or lozenges branded for dry mouth to help increase saliva
- Using sugar free candies containing xylitol (a sweetener that prevents tooth decay)
- Sipping water frequently to hydrate the mouth
- Discussion with your dentist about a prescription-strength fluoride regimen as dry mouth can lead to tooth decay
- Avoiding mouthwashes that contain alcohol which increase dry mouth

- Almost all PD medications contribute to dry mouth.

Burning Mouth and Altered Taste

Some people with PD complain of a burning mouth sensation. This complaint may occur by itself, but other factors such as medications, nutritional deficiencies, dry mouth, infections, and functional habits may all contribute to and influence the process. In addition, problems with taste appear to affect the PD population to a greater extent than the non-PD population. As in burning mouth, other factors such as medications and dry mouth likely contribute to the problem. Carbidopa/Levodopa contribute to altered taste.

Difficulty with Dentures

People with dentures may experience difficulty wearing removable dentures. Placing and removing dentures can be a challenge and should be discussed with your physician or dentist. In addition, regular dental exams can ensure comfort and the best fit of your dentures.

- Remember to regularly clean your dentures by placing them in a cup of water with the cleaning solution.
- Removing dentures while you sleep will allow the tissues to breathe.

Increased Tooth Decay and Gum Disease

The loss of fine muscle control affecting both the oral cavity and the upper extremities may impair the person's ability to perform oral hygiene. Brushing and flossing regularly will help prevent cavities and gingivitis, which can lead to gum disease.

Moreover, food and drinks that are high in sugar or carbohydrates can increase a person's risk for tooth decay. Because of this, frequent snacking of sugary and high-carbohydrate foods should be avoided.

Preventing Tooth Decay and Oral Hygiene Tips

Brushing

- Brush for two minutes twice a day with fluoridated toothpaste.
- Electric Toothbrushes with large handles are easier to grip.

Flossing Devices

- A flossing device with a large handle is recommended for a more comfortable grip and hold.

- An electric flosser with a large handle can use water or air to remove debris in between the teeth.
- Interdental brushes with handles may be helpful for patients with spacing in between teeth.

Mouthwash

- Rinsing with a fluoride mouthwash will help prevent cavities.
- Using an over the counter rinse specially noted for dry mouth will help increase saliva.

Other Tips

- Change your toothbrush or head on electric toothbrush every 3 months.
- Drink water throughout the day to prevent dry mouth and wash away food and drinks.
- Limit snacking and sipping on food and drinks that are high in sugar and carbohydrates.
- Have regular check-ups and cleanings every 6 months. Your dentist may recommend you have more frequent check-ups and cleanings to keep your gums and teeth healthy.
- A family member or care-partner may improve your oral hygiene by helping with brushing and flossing. This may include guiding the toothbrush or checking afterwards that proper brushing was completed.
- Be sure to ask your dentist for advice and tips on prevention and care of your teeth.
- Your dentist and hygienist are important members of your healthcare team and may consult with your neurologist from time to time to best manage your oral health.

**Sialorrhea: Increased saliva*

The information contained in this supplement is solely for the information of the reader. It should not be used for treatment purposes, but rather for discussion with the patient's own physician.

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