Dental Health in Parkinson’s

Regular visits to the dentist are important for all of us. For a person with Parkinson’s disease (PD), dental care is particularly critical as PD can impact the health of the mouth, teeth and jaw and make dental care challenging. Poor dental hygiene can affect nutrition and increase risk for stroke, cognitive impairment and weight loss. People of all ages with PD face similar challenges, but for those who are older, the problems can be especially serious. Read below and follow the tips to enjoy eating foods you prefer for as long as possible, rather than limiting yourself to what your teeth will tolerate.

Barriers to Dental Health in PD

Physical Barriers
Because of the physical effects of Parkinson’s, such as rigidity and tremor, nearly half of all people with PD have difficulty with their daily oral hygiene regimen. These symptoms also make going to the dentist more difficult and uncomfortable. Weakened swallowing ability can increase the risk of aspiration (choking) during treatment. Additionally, people with PD who have been on medications like levodopa for several years may begin to develop dyskinesias (involuntary movements), which can affect the jaw (oro-buccal dyskinesias) and cause cracked teeth and teeth grinding. This may create problems during dental exams and at home. Difficulty swallowing saliva can lead to a fungal infection at the corners of the mouth, which is easily treated. On the other hand, people with PD may experience dry mouth, which can increase the risk of cavities and add to chewing difficulties or denture discomfort. In fact, people with Parkinson’s are less likely than others in their age group to clean their dentures daily.

Behavioral Barriers
Non-motor symptoms of Parkinson’s, such as apathy, depression, and forgetfulness, may lead a person with PD to pay less attention to his or her daily dental health. Other behavior changes can affect nutrition. People with PD require greater caloric intake than those without PD, but some people experience decreased appetite. Combined with poor dental hygiene, this often leads to a tendency to avoid nutrient-rich foods, like vegetables, that require the ability to chew well. Some people may also develop a “sweet tooth,” which may put them at greater risk for cavities. People who experience cognitive changes also may be more likely to miss dental appointments and less likely to report dental pain to their care partners or dentist, leaving issues unaddressed for too long.

Strategies for Improving Dental Care
It is easier to prevent a problem than to fix one.

Maintaining Dental Care at Home
Try using a toothbrush with a large-handled grip and soft bristles. A small brush head reaches the corners better. To make the toothbrush easier to grasp, place the handle inside a bike handlebar grip or tennis ball. Another option is to use an electric toothbrush. It will provide the fine, repetitive motions that protect teeth most effectively.

Aim to brush after every meal for two minutes, and also brush the tongue. It’s best to brush one-handed, using the stronger side of the body. To be thorough, be organized and consistent with your brushing pattern. Start on one surface, going from right to left, or vice versa, before moving to the next. And don’t rush! If it’s not possible to brush after a meal, simply rinsing the mouth with
water will help. Flossing is important, but may mean getting help from a care partner.

Mouthwashes are discouraged for people with PD because of the risk of choking, but in cases where they are still an option, look for one that is non-alcohol based and that uses either chlorhexidine (an antiseptic) or baking soda. If swishing and spitting are difficult, the dentist may recommend a brush or sponge applicator. A fluoridated toothpaste or rinse can also be used. Fluoride helps increase the resistance of teeth to the harmful effects of bacteria. Prescription-strength, topical stannous fluoride gel treatments can also be a good preventive strategy, as directed by your dentist.

If you have dentures, remove them after each meal, then brush and rinse them. At night, brush or clean them in a solution. If it becomes hard to hold the dentures to brush them, a useful trick is to attach a nailbrush to a household surface with a suction cup and move the denture back and forth across the brush.

**Improving Dental Visits**

There are several ways to improve visits to the dentist, beginning with strategic timing. Schedule early morning visits, when waiting times tend to be shorter. Take levodopa 60 to 90 minutes before the office visit to have your best “on” time. This should make the dental examination easier and more comfortable for both you and the hygienist or dentist.

It is helpful to tell the office about Parkinson’s and your symptoms when you schedule the appointment(s). It is difficult and dangerous for dentists using drills and other sharp instruments to complete procedures on a moving target that can be caused by uncontrolled tremors. It is also a challenge for the dentist when individuals have difficulty sitting in a dental chair or keeping their mouths open for long periods, or when impaired swallowing risks choking or aspiration. Your dentist will value your direction about the timing, length and other aspects of your appointments. No one knows you better than you do.

The office should have someone on staff that can record vital signs upon arrival. Make sure to tell the dentist if you are taking an MAO-B inhibitor (rasagiline or selegiline), as these may interact with anesthetics.

As PD progresses, the amount of time during which a person responds optimally to PD medications will become less and less. For this reason, it may be helpful to plan a series of brief office visits rather than one longer visit. Also consider scheduling the replacement of old fillings, crowns and bridges, and ill-fitting dentures during the early stages of PD. In particular, if invasive procedures such as tooth restoration are needed, they should be done as early as possible in the progression of PD, to minimize risk. If general anesthesia is required, know that the recovery period for a person with Parkinson’s may be prolonged. And if you are not sure if the risks outweigh the benefits for a certain intervention, your neurologist may be able to help.

**TIPS**

**Maintaining and Improving Dental Health**

- Use an electric toothbrush.
- Try one-handed strategies that allow you to use the stronger side of your body.
- Try non-alcohol based mouthwashes using chlorhexidine or baking soda.
- Schedule dental appointments in the morning, about 60-90 minutes after a levodopa dose.
- Ask to keep the dental chair more upright, to make swallowing easier.
- Plan several, shorter dentist visits, rather than fewer, longer ones.
- Get check-ups/cleanings every 3–6 months.
- If you wear dentures, the dentist should screen for oral cancer and evaluate the fit of the dentures as part of the routine visit.

Adapted from information provided by James M. Noble, MD, MS, CPH, Michelle R. Ciucci, PhD, SLP, and the Dental Lifeline Network.