



West of England
Academic Health
Science Network



Health Education England

Oral health

For People with a Learning Disability



Contents

Introduction and the importance of oral health	3
Terminology and What does a healthy mouth look like?	4
How does decay happen?	4
Easy read – Keep your mouth healthy	5
Caring for natural teeth	6
Guide to products	7
Easy read – Brushing your teeth	8
Mouth care and caring for a mouth that has dentures	9
Toothbrushing chart	10
Tips for caring for someone else’s teeth	11
Overcoming specific problems with oral care	11-12
When the mouth area is overly sensitive	12-13
Possible problems in the mouth, including dry mouth	13-15
Causes of pain and dealing with trauma	15
Looking after the mouth supports nutrition and hydration	16-17
Easy read – Tooth friendly diet	18
Caring for someone on food supplements and/or sip feeds	19
Dysphagia (Swallowing problems)	19
Oral care during palliative care	20
How to access dental care	21-22
Easy read – Visiting the dentist	23
Further information and resources	24-25

This guidance has been produced by Katy Kerr on behalf of Health Education England, in collaboration with the West of England Academic Health Science Network (AHSN) and NHS England and NHS Improvement South West, to provide information on oral health to support the care of people with a learning disability. With special thanks to Una Monaghan and Dr Alison Tavaré (July 2021).

People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. This will include help with their oral care.

Good oral health care is very important to the health, dignity, self-esteem, social integration and quality of life of people with a learning disability. Those with a learning disability will experience more problems with their oral health than the general population for a number of reasons.

These may include:

- Oral and facial developmental abnormalities
- Various medical conditions
- The effects of medication
- The result of falls or trauma
- The consequences of behaviour or preferences

Poor oral hygiene will further increase the impact of these issues. Poor oral hygiene can result in the development of plaque on the teeth and gums. This can lead to gum disease and tooth decay both of which can cause pain. In addition, the bacteria that live in plaque can cause infections elsewhere in the body and poor oral is linked to diabetes, strokes, heart disease, obesity, pneumonia and dementia.

The key to a healthy mouth is the day-to-day care provided in the home environment. People with a learning disability often rely on their carers for their toothbrushing. This is particularly true for individuals with profound and multiple learning disabilities (PMLD) so it is important that carers have the knowledge and skill to manage the person's oral care. The carers will also need to ensure that the person has a healthy diet, and to make sure there is regular contact with dental services.

The following information on prevention of dental disease (and therefore also the ill-health that evidence based research has associated with poor oral health) is in line with recommendations from the Department of Health publication 'Delivering Better Oral Health.' This guide includes information for individuals who are able to perform their own mouth care and for carers or staff that support others.

Care staff have a vital role in the promotion of good oral health and hygiene, thus preventing discomfort, dehydration and inadequate nutrition, by detecting oral disease in the early stages and putting plans in place to improve the outcomes for their clients. The information provided is fully compliant with the NICE guidance Oral health for adults in care homes (NICE guideline [NG48] Published date: July 2016) and will help residential settings provide evidence to the Care Quality Commission (CQC) that they are meeting these.

Additional information to support care homes to implement the NICE guideline (NG48) and links for care home staff, residents, their families, and friends to support oral health is available in, The PHE toolkit: Oral health for adults in care homes.

<https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolkit>

[Information Pack](#)

A link to the larger information pack from the toolkit is embedded here for reference and other useful resources are listed on pages 22 and 23

Terminology

Some staff, volunteers or family carers may refer to the person they are looking after as a patient, client or even their loved one; for the purpose of this guide, the term 'resident' will be used to reflect the individual being looked after.

The term 'oral' is used instead of 'dental', as 'dental' usually refers only to the teeth. Using the term 'oral' indicates all areas of the mouth.

The word carer is used here to describe a professional care worker but the information in the toolkit may equally be relevant to a family member or other carer.

What does a healthy mouth look like?



Gums

Gums are naturally pigmented, firm and do not bleed when brushed.



Teeth

The tooth surfaces are sound with no build-up of plaque. Any fillings are intact and there are no obvious decayed or broken teeth.



Skin

The skin (mucosa) in the mouth has no sign of ulceration, swelling, red or white patches.



Tongue

The tongue is moist and smooth.



Saliva

The tongue, gums and floor of the mouth is moist with saliva.

If you notice any changes or the person is in pain always seek advice from a dentist

How does decay happen?



Plaque bacteria + Sugar = Acid + Tooth = Tooth decay

The bacteria in plaque convert the sugar in the sugary drinks and foods we eat into acid, and this acid reacts with the tooth, weakening the hard enamel surface. This is called an acid attack. Each acid attack lasts approximately 30-60 minutes, until the saliva neutralises the acid and eventually starts to repair the damage (remineralisation).

The whole process of remineralisation and repair takes time. Repeated and prolonged acid attacks will eventually cause a hole or cavity to form which may lead to pain and infection. Keeping foods and drinks containing sugar to mealtimes allows time for the teeth to recover and remineralise.

Consuming sugar in both food and drink too often is the main cause of tooth decay



Keep your teeth and mouth healthy....



Have sugary food and drink at mealtimes only



Use fluoride toothpaste



Brush your teeth and gums for 2 minutes. Twice a day.



Brush your teeth and spit out. Do not rinse.



See your dentist regularly, as often as they recommend.

Caring for natural teeth

The use of fluoride toothpaste and types of toothbrush

The addition of fluoride in toothpaste strengthens and aids repair of the tooth enamel. Supermarket 'own brand' toothpaste is fine but not all toothpastes contain the right amount of fluoride (see table on page 7 for toothpaste examples and where to find the information on the packet).

Use the resident's choice of toothbrush, either manual or electric/battery powered. For manual toothbrushes, use a small headed toothbrush as it's more difficult to reach into the back of the mouth if the head is too big. Have medium-textured bristles but some people with PMLD may find a softer brush better.

Some residents may find it hard to hold a toothbrush handle. Just like cutlery, a toothbrush can be adapted with foam or piping to make it easier to hold. If the person has one and can tolerate it, an electric toothbrush can be easier to hold. If these methods do not work then consider using a specialist toothbrush which cleans all 3 tooth surfaces at once.



Remember that toothbrushes should be replaced every one -three months, or sooner if required, for example when the bristles become splayed or look worn.

Higher concentration of fluoride in toothpaste leads to better control of tooth decay. The dentist may prescribe high fluoride toothpaste for residents at higher risk of tooth decay and these are used in the same way as other toothpastes. These are not available to buy over the counter.

Only use a small amount (no more than the size of a pea). Too much toothpaste tends to clog the brush and create a lot of foam, which makes it difficult to see and people with PMLD can swallow the toothpaste. Non-foaming toothpastes are available for people who are PEG-fed or has swallowing difficulties. Unflavoured, low foaming toothpaste can also be useful if the mouth is dry or sore, one example is OraNurse®, but other brands are available see table on p7 for more information.



A member of the dental team can advise on how to carry out effective mouth care and suggest suitable products

Cleaning using foam swabs



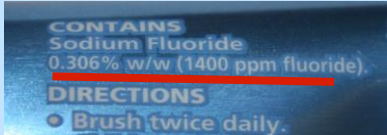




Foam swabs do not remove plaque from the tooth surface and should only be used to moisten a mouth or clean soft tissues surfaces. An alternative to sponge swabs is to use a small-headed toothbrush to clean teeth, gums, and the tongue, and for dry mouths they can be soaked in water or use to apply dry mouth moisturising gels.



Warning

Check the sponge head is secure before using as when soaked it may come loose and could be aspirated*.

*Medical Device Alert: Oral swabs with a foam head, all manufacturers (MDA/2012/020)

Toothbrushes	Issue	Care
	Natural teeth	Use a small headed brush with a pea sized amount of fluoride toothpaste. For a sensitive mouth use a soft brush
	Limited manual dexterity	If tolerated use an electric toothbrush as it is easier to hold and effective at cleaning teeth. Consider using a specialist toothbrush which cleans all three surfaces at once.
Toothpaste	Issue	Care
	Natural teeth	Brush twice a day with a standard fluoride toothpaste, with 1350 – 1500 ppm (parts per million) Fluoride
	Dry mouth, sensitive mouth, swallowing problems	<p>Use an unflavoured non-foaming paste (ideally one without sodium lauryl sulphate (SLS free))</p> <p>Brands of non-foaming or low foaming (SLS free) toothpaste containing 1450 ppm fluoride include:</p> <ul style="list-style-type: none"> ➤ Sensodyne daily care® ➤ Sensodyne daily care gel® ➤ Sensodyne Pronamel® ➤ OraNurse unflavoured toothpaste® ➤ Oralieve Ultra Mild toothpaste® ➤ Bioextra toothpaste® ➤ Biotene toothpaste®.
	Sensitive teeth, especially to hot and cold	Use a toothpaste for sensitive teeth If no improvement seek professional advice
	Extensive decay	See a dentist and they may prescribe a high fluoride toothpaste. Remember to treat this as a medicine due to the high level of fluoride it contains.
Other products	Issue	Care
	Gums bleed on brushing	Consider using a product containing chlorhexidine gluconate but check for allergy first.

Please note, these products are included for information purposes only and product types and availability may change. We do not endorse individual products and other products are available. Please see the toolkit for other examples.

mouthcarematters.hee.nhs.uk/product-order-guide



Brushing your teeth



Use fluoride toothpaste.

Put a pea sized amount of toothpaste on the toothbrush



Brush the inside of each tooth



Brush the outside of each tooth



Brush the top of each tooth



Brush your teeth and gums for 2 minutes. Twice a day.

Mouth care

Oral hygiene is essential to remove plaque and food debris, and to maintain healthy gums. There is evidence to suggest that the longer plaque is left undisturbed, the more damage it can do. This is why it is important to brush the teeth twice a day to remove plaque from the tooth surfaces.

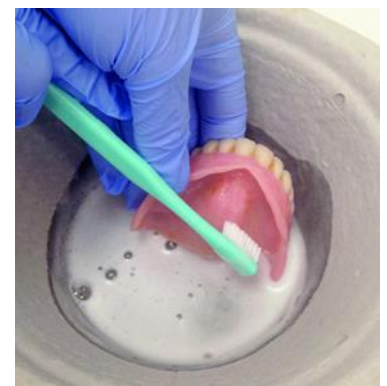
- Brush teeth and gums twice a day for **two minutes**
- Use a pea-sized amount of fluoride toothpaste containing **1350-1500ppm** (parts per million)
- **The brush at bedtime is the most important** so that the fluoride continues to protect the teeth while you sleep, and then brush on at least on one other occasion
- Clean all surfaces of the teeth carefully to remove plaque and food and include the gum line
- Spit **but do not rinse with water** at the end of two minutes brushing, this allows the fluoride in the toothpaste to repair and strengthen teeth
- Ideally clean in between the teeth using floss or an interdental brush
- **Mouthwash if required, should be used at a separate time** to brushing
- Keep sugary food and drinks to mealtimes to reduce the risk of tooth decay
- Visit the dentist regularly



Caring for a mouth that has dentures

Dentures improve the ability to chew food, help with facial appearance and aid speech. Unless there is some reason for not doing so, then encourage the resident to wear their dentures and help them put them in if they cannot do it by themselves. Dentures should be worn daily, particularly for people with some natural teeth. If dentures are left out, natural teeth may move slightly into the gaps and the partial denture will no longer fit.









- Dentures should be cleaned daily
- Remove any dentures before cleaning
- Look out for red or sore areas caused by the dentures, and seek professional advice if there is no improvement
- **Remember the mouth and any remaining teeth, will still need cleaning** even if wearing a denture
- Brush all surfaces using a denture crème or un-perfumed soap to remove food debris and plaque, paying particular attention to the fitting surfaces of the dentures
- After thorough brushing, use a denture soaking solution for 20-30 minutes (please follow the manufacturer's instructions)
- Rinse the denture and store in plain, fresh cold water in a named denture pot. If dentures have to be out of the mouth for a longer period, store in a dry denture pot.
- **Dentures should be left out overnight** to let the mouth rest and reduce the risk of a mouth infection



Dentures are expensive and can be fragile, to avoid breaking them if they are dropped clean them over a sink filled with water or over a towel

Toothbrushing Chart

Please mark when you brush your teeth each day ✓

<p>Mark the sheet twice a day when you brush your teeth in the morning and at night</p>	<p>Week 1</p>  	<p>Week 2</p>  	<p>Week 3</p>  	<p>Week 4</p>  
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Tips for Caring for someone else's teeth

Using the right tools and techniques will ensure mouth care is delivered in a way that maximizes the benefit to the individual's oral health. Where possible allow the person to manage their own mouth care unless they are unable to do so. If the person has one and can tolerate it, an electric toothbrush cleans teeth very effectively. Tooth-brushing does not necessarily have to take place in a bathroom and it may be more comfortable sitting in bed or in a chair.

- Be prepared—**get everything you need ready** before you start
- Explain that you are going to clean their teeth and stand in a position that is comfortable for both you and them. It will be easier if you stand behind or beside them.
- Ensure that the person's head is adequately supported.
- **Agree a stop signal** in case they feel they need to take a break
- Check the mouth before you start for ulcers or areas that may be sensitive
- **Brush all tooth surfaces in a methodical way**, one tooth at a time, ensuring you clean the inside, outside and biting surfaces of the teeth
- Include cleaning the gum line and the tongue
- Be aware of any loose teeth and brush with care
- If gums bleed do not stop brushing, continue to brush gently but thoroughly
- Continually check the person is comfortable
- Encourage them to spit out excess toothpaste but not to rinse the mouth at the end of brushing

Overcoming specific problems with oral care

When brushing is a struggle

- Communication is important: Be friendly, explain clearly, reassure, be positive
- Come down to eye level. Be aware of personal space.
- Break down the task – consider cleaning the mouth in smaller sections and repeat through the day (keep a record of what has been cleaned)
- Describe and show the toothbrush to the resident, give the toothbrush to the resident, mimic brushing your own teeth and the resident may mirror your behaviour and brush their own teeth.
- Distraction – find out what works – e.g. music, talking, having another object to hold.
- It may be helpful to have more than one carer helping or one well-known member of staff. One to distract, hold hands or encourage whilst the other brushes the teeth.
- Be willing to slow down or try later.
- Try using a mouth prop or finger shield as most people find it easier to bite down on something rather than keeping their mouth open by themselves (never put your fingers between the teeth).
- A specialized brush such as a Dr Barman's Superbrush may help as it is designed to clean several tooth surfaces at once. Both products are available from www.dentocare.co.uk.
- Distractions such as listening to music or having the TV on may help. An App called "Brush DJ" can make brushing more fun (<https://www.nhs.uk/apps-library/brush-dj/>).



Gagging or retching on brushing – it is very sensitive if the toothbrush touches the back of the mouth so try to avoid this. It helps to **start brushing from the back teeth** and move forward.

Biting on the toothbrush – allow the person to continue biting on the toothbrush whilst the teeth are cleaned with another toothbrush. Or try a mouth prop (see above). If it is difficult to open their mouth, try gently pushing up under their chin and letting go, this can sometimes release the jaw.

Behaviour strategies

Use task breakdown – simplify and break down into steps, offer praise for completion of each step, if appropriate.

If the resident shows reluctance:

- **Chaining** – this involves gently bringing the resident's hand to the mouth while describing the activity. Let the resident continue if they are able.
- **Hand over hand** – if chaining is not successful, then place your hand over the resident's hand and gently brush the teeth together.
- **Distraction** – if none of these strategies work, then try distracting the resident e.g. by placing a familiar item in the resident's hand while you brush their teeth.
- **Rescuing** – if attempts are not going well, the carer can leave, and the 'rescuer' comes in to take over. Bringing in someone else with a fresh approach may encourage the resident to cooperate.

It is not easy – sometimes impossible – with people with PMLD to manage perfect toothbrushing. **Any success you can achieve in getting plaque off the teeth is worthwhile.**

When the mouth area is overly sensitive

The mouth is the most sensitive area of the body and helps us to explore different textures. This is an important developmental stage as we gain oral motor control. Control of muscles in the mouth begin with sucking and are followed by blowing, biting, crunching and then chewing. The person's ability to move the tongue and lips to be able to feed and speak well depends on having enough sensitivity in and around their mouth.

When a person is sensitive to touch it is not uncommon for the area within and around the mouth to cause the most problems. This can result in frustration at mealtimes and when brushing teeth.

- Massage around the mouth and cheeks to help to desensitize the area.
- Introduce a small toothbrush gradually.
- Try the use of mouth toys such as blowing instruments or using a straw can develop muscle tone and mouth function (www.talktools.com).

The Speech and language therapist can suggest strategies that will help to decrease their tactile sensitivity, increase awareness of the mouth structure, improve tongue movements and increase the ability and willingness to brush teeth at a comfortable pace.



Oral desensitisation

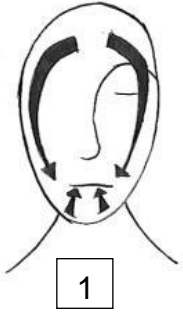


Figure 1: Move hands symmetrically towards the mouth.

Next encourage the person to apply pressure to the roof of their mouth and gums by using their finger or a soft, round object. Gentle hand over hand assistance may be required.



Figure 2: Introduce the person's finger to their mouth by placing the pad of their finger onto their lip.



Figure 3: Introduce their finger into the mouth by rolling the finger to the inside



Figure 4: Massage the gums concentrating on one part of the mouth at a time.

Possible problems in the mouth

Missing permanent teeth, delayed eruption, and enamel hypoplasia are more common in people with a learning disability. Damaging oral habits are a problem for some. Common habits include bruxism (tooth-grinding); mouth breathing; tongue thrusting; self-injurious behaviour such as picking at the gingiva or biting the lips; and pica—eating objects and substances such as gravel, cigarette butts, or pens. It is vital to get dental advice to help reduce sensitivity and minimise the risk of damage and decay.

Gum disease

The condition of **the mouth can change quickly** and it is very important that proper oral hygiene is undertaken to prevent problems. Plaque builds up on the teeth and around the gum margins on a daily basis, if left uncleaned it will cause gum disease. Effective daily brushing of teeth and gums reduces the risk of disease and helps keep the gums healthy.



- **Bleeding when brushing indicates unhealthy gums** and should not be ignored; continue to brush the area gently but thoroughly using a soft bristled toothbrush focusing on the gum margin.
- A dentist will diagnose this so it is important to have regular dental check-ups.

Chlorhexidine gluconate products are an effective treatment, check for allergy first and follow the manufacturer's instructions. They are for short term use. Traditional foaming agents in toothpaste inactivate chlorhexidine gluconate so use chlorhexidine mouthwash at a different time of day to brushing. This product also comes as a spray or a gel so you could try the gel in place of toothpaste.

If the person has diabetes and has poor sugar control this increases the risk of gum disease, and makes treatment less effective. Some medications can affect gum health and can cause dry mouth or enlarged gums. Always tell the dentist about any medication being taken.

Excessive salivation or drooling (See Dysphagia)

Saliva plays an important role in the mouth by protecting the teeth and gums as well as helping with swallowing of food. People with PMLD often have difficulty in swallowing i.e. dysphagia. This, together with poor lip closure and poor control of the head causes saliva to accumulate in the mouth and leads to drooling, especially if the head position is down. It is rarely due to the person producing excess saliva. Supporting the person's head so that it is in an upright position is often the most successful and least invasive method to reduce drooling.

Dry Mouth

Having a dry mouth is uncomfortable and it causes difficulty in eating, speaking, and swallowing. It may be a reason a person cannot sleep or wakes in the night. The lack of saliva increases the risk of tooth decay and may make it difficult to wear dentures. A resident will also have a dry mouth if they are not eating or drinking enough and have become dehydrated. If possible, **encourage them not to consume more sugary foods or drinks** as this will rapidly cause decay and can promote fungal growth which can cause an oral thrush infection.

The most common cause of a dry mouth in people with PMLD is likely to be the side effects of medications. Check the leaflet or search online for the medicine to see if dry mouth is a side effect. It is important to check with the doctor and to ask advice if you think it is causing a dry mouth. A dry mouth can also be caused by breathing through the mouth at night or anxiety. Sometimes a dry mouth that does not go away may be caused by a condition like diabetes or Sjögren's syndrome.

Tips for mouth care when the mouth is dry

- Encourage the resident to take regular sips of water
- Use saliva substitutes/ oral gels. There are a number of products designed to provide moisture and comfort, usually in the form of gels or sprays and a dentist or pharmacist can give advice on these. Good quality olive oil can also be used to lubricate the mouth and lips.
- Increase frequency of mouth care to keep the mouth comfortable. When dry, the mouth becomes very sensitive so always **choose products that are mild and not strong tasting**.
- Pay attention to keeping the tongue clean. In a dry mouth the tongue can become fissured and sore.
- Keep lips moist with lip balm or petroleum jelly.
- Maintain good oral hygiene and review the mouth regularly.

In addition:

- If the mouth is sore, then spray with a clean atomizer freshly filled with water.
- Cut down on things that dry the mouth, such as alcohol, caffeine (in coffee, cola, and tea)
- Drinking water or sugar-free juices at mealtimes is helpful, but avoid anything with citrus juices (e.g. lemon, grapefruit). Milk can retain moisture. Yogurt and buttermilk can also help.
- Use an air humidifier, this can be particularly helpful at night.
- **Reassess regularly and consider seeking professional advice.**
- It is important to use products containing fluoride and if the episode is prolonged it may be useful to use a toothpaste containing higher levels of fluoride which is available on prescription from a dentist.
- If dentures are difficult to wear, smear saliva replacement gel on the inner surface of the denture.

Treatments for dry mouth

There are a number of products designed to provide moisture and comfort, usually in the form of gels or sprays available to purchase over the counter in community pharmacies. Some stimulate or mimic saliva (called saliva replacement or saliva substitutes) and these should be used, as necessary. Products can hasten tooth decay in a dry mouth if they contain sugar or are acidic (for example topical artificial saliva or saliva stimulant products Glandstone® spray, Salivix® pastilles, and SST® tablets). Alternative products should be used as appropriate for people who still have their own teeth and are not in the terminal phase of life.

The products are useful to use overnight when a dry mouth may interfere with sleeping. If in gel form, these should be spread around the whole mouth and carefully massaged in.

Always discuss the options with the resident's dentist or a pharmacist to ensure that they receive the most appropriate medication for their needs.

Note: some products may contain allergens or contain mucin from pigs (for example AS Saliva Orthana®) which may be unacceptable to certain groups of people, such as vegetarians, and people of Jewish or Muslim faith.

Bruxism

This is the grinding, clenching or gnashing of teeth. Chronic bruxism can lead to abnormal wear on teeth, oral-facial pain, headaches, tooth sensitivity and tooth loss. Current research suggests a two-step approach to this problem: first a dental check to make sure there are no underlying problems with tooth decay etc., then a behavioural assessment to establish appropriate behavioural interventions.

Tooth Erosion

Frequent exposure of the teeth to any acidic food or liquid causes erosion of the protective enamel. Foods that are acidic include fruit juices, carbonated drinks, vinegar, pickles and yogurts, so these should be used carefully. People with PMLD are also prone to gastro-oesophageal reflux (GOR) where stomach contents (which are very acidic) come back up the oesophagus and into the mouth causing damage to the teeth. A dentist can give advice.

All of these conditions may cause pain.

Signs of dental pain if unable to communicate:

- Rubbing, pulling or putting fingers up to face and into his or her mouth
- A swollen face, bleeding from the mouth or ulcers
- Facial expressions – clenching teeth
- Increased salivation
- Body language - huddled, rocking
- Change in appetite, avoiding eating on one side or avoiding hard foods
- Being more restless, moaning or shouting
- Disturbed sleep
- Leaving out a denture or refusal to have teeth brushed or to let carer near mouth.

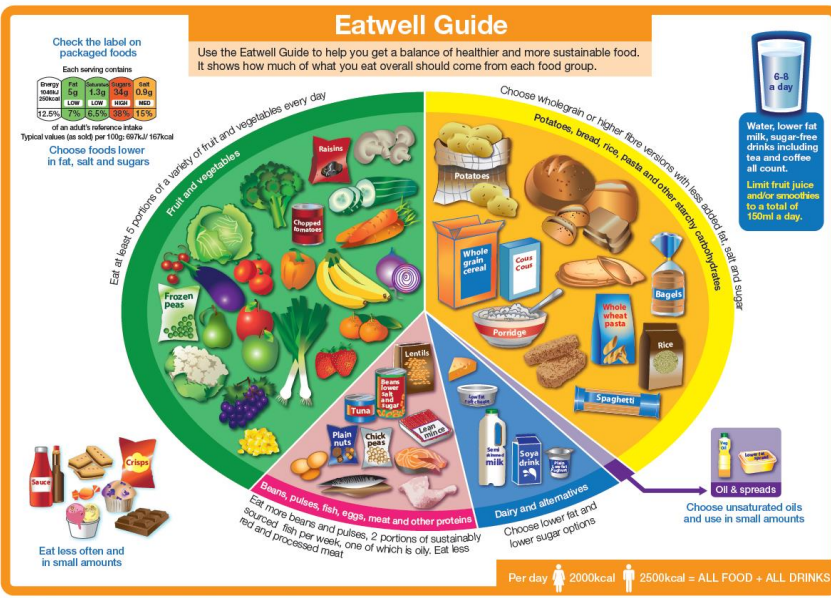
Trauma and Injury

Trauma and Injury to the mouth can happen from falls or accidents. Trauma to the mouth requires immediate professional attention especially if a permanent tooth is knocked out. The carer should try to locate any missing pieces of a fractured tooth, to rule out inhalation.

Looking after the mouth supports nutrition and hydration

Retaining healthy, functioning natural teeth is important as it will maintain the ability to chew a healthy and varied diet. In the UK, the Eatwell Guide represents government recommendations on a healthy, balanced diet to promote long term health at a population level.

The Guide and supporting booklet can be accessed via: GOV.UK: [The Eatwell Guide](https://www.gov.uk/eatwell-guide), [Eatwell Guide Booklet](https://www.gov.uk/eatwell-guide-booklet). More information is also available on NHS.UK: <https://www.nhs.uk/live-well/>



For information about 5 A Day see: [5 A Day](https://www.gov.uk/5-a-day)

Naturally occurring sugars such as those in fruit or milk are not added sugars. Added sugars are sugars and syrups that are added to foods or drinks when they are processed or prepared. Examples of added sugars seen on ingredient labels include, corn sugar, dextrose, fructose, glucose, high-fructose glucose syrup, honey, maple syrup, agave syrup, maltose, molasses, and sucrose. To find out more about added sugars visit:

[Added sugars](https://www.gov.uk/added-sugars)

Eat Plenty	Eat in moderation	Eat sparingly

Nutrition labels can help you choose between products and keep a check on the number of foods you're eating that are high in fat, salt and added sugars.

Colour coded labels tell at a glance if a product is high, medium, or low in fat, saturated fat, sugars, and salt. Try to pick products with more greens and ambers and fewer reds.

Diet plays an important role in the prevention of tooth decay. If possible, encourage residents to:

- Reduce the amount and number of times foods and drinks that contain added sugars are consumed in a day
- Ideally consume sugary foods and drinks only at mealtimes as this will reduce the number of times teeth are exposed to sugar which will help prevent tooth decay.
- Reduce consumption in small steps to make the transition easier
- Try tooth friendly snacks, savoury foods, or fresh fruit, instead of biscuits, cakes, and sweets.
- Low sugar, **tooth-friendly snacks to eat between main meals** may include items such as: **fruits** and **vegetable sticks**, **breads products** e.g. bagels, or toast with lower fat spreads, plain yoghurts with fresh fruit.
- If possible, residents should avoid sugary foods and drinks just before bedtime as the saliva flow in the mouth slows down when you sleep, and this can increase the risk of tooth decay.

How much to drink

The Eatwell Guide recommends that everyone drinks around 6-8 cups/glasses, (typically containing 200 – 250ml) of fluid a day. How much a person should drink will depend on medical history, mobility, age, weight and also the climate.

What to drink

Water is the best type of fluid to drink and drinks based on milk are preferable to just sugary drinks, both from a nutrition perspective and from an oral health perspective. Fluid intake can include lower-sugar or sugar-free drinks including sugar-free squash, tea, and coffee. Fruit juice and smoothies do count towards fluid consumption and '5-A-Day', but they contain free sugars that can damage teeth, so limit these drinks to a combined total of one glass (150ml) per day and preferably drink at a mealtime. Soup and jelly also contribute to fluid intake.

High-sugar drinks include:

- Nutritional supplement drinks
- Fruit smoothies and fruit juice
- Squash and juice drinks
- Tea and coffee with added sugar
- Malted drinks
- Fizzy drinks

Keeping sugars to mealtimes limits the number of acid attacks which reduces the risk of decay.

These all have the potential to cause decay in residents with natural teeth, especially if they are drunk slowly and spread out over a period of time. For residents this could be the case for a number of reasons. They should, if appropriate, be drunk as quickly as possible and through a straw, **if the resident is able to do so safely**. In a care home environment, there is an increased risk of residents having dysphagia, (a difficulty with swallowing) and a straw may introduce fluid quite far back in the mouth making aspiration more likely. If necessary, **consult** with other professionals such as a **registered dietitian** or a **speech and language therapist**.

It is important that residents have a **choice of foods and drinks and that sweetened foods and drinks are not the most accessible option**. Information should be available, where possible, to assist residents and the staff caring for them in making healthy choices, including clear labelling on sugar content, and highlighting tooth friendly options.

This may not be possible, as residents may also have a high sugar intake due to liquid medications containing sugar, or food supplements such as Fortisip® or Ensure®. In these cases, good oral hygiene is even more important.

Nutritional and hydration needs of these individuals vary and may not always fit healthy eating recommendations. Where this is the case the aim is to promote a positive and healthy attitude towards nutrition which takes account of medical complexity and individual diversity (especially in cases of dysphagia and PEG feeding). It is about reviewing the whole eating experience and looking at ways to improve the environment, and encouraging the social enjoyment that comes from eating with others. It is therefore important that oral health advice is given with a proper understanding of the dietary needs and risks of this group.

Have a holistic approach, taking into account:

- The resident's personal preferences.
- Any medical conditions they may have.
- Advice from a registered dietician or other professionals relating to their overall health and wellbeing.
- Their risk of dehydration and overall nutritional status.

Additional mouth care is necessary for residents who choose or need to drink these to maintain their nutrition and hydration levels. It may be helpful to get input from the resident's dental team and this may include use of a high dose fluoride toothpaste prescribed by a dentist.



Tooth friendly diet



Keep sugary foods and drinks to mealtimes.



Some foods have lots of sugar. Eat less of these foods and keep to mealtimes.



Eat foods with less sugar as snacks.



Some drinks have lots of sugar. Drink less of these and keep to mealtimes.



Water and milk are the best drinks for teeth.

Caring for someone on food supplements and/or sip feeds

Adequate nutrition is essential for health and for tissue viability. Malnutrition can delay recovery from illness and put the person at risk of further disease. When not enough calories are consumed through normal food and drink, then additional measures may be taken to increase intake, this could be through nutritional supplements.

It is essential that professional nutritional advice is sought from a registered dietician and the potentially harmful effects on the teeth should be minimised by following a thorough preventive regime.

Carry out routine mouth care and, in addition, consider trying:

- Taking frequent sips of water especially if the mouth is dry.
- More frequent toothbrushing, carried out at different times during the day.
- Using a high dose fluoride toothpaste prescribed by a dentist.



Check with a registered dietician and/or speech and language therapist if it may be possible to:

- Use nutrient dense food fortifiers (e.g. skimmed milk powder, Greek yoghurt, cheese, ground almonds, nut butter, soya powder, pea protein powder) instead of calorie dense fortifiers (e.g. butter, cream, sugar). This is good from a nutritional perspective and may cause less tooth decay.
- Use a straw to help minimise the contact between the food supplement/drink and the teeth and thereby reduce the risk of decay (only do this if the person will still consume the same amount, as sucking through a straw is harder and there may be a risk that they will not ingest sufficient calories).

Dysphagia (Swallowing problems)

A professional assessment (by a health professional such as a speech and language therapist) should be carried out for individuals experiencing dysphagia and a specific oral health plan should be established.

Ensure all care staff are aware of the importance of regular oral care. **Plaque still forms in the mouths of people who are no longer able to eat or drink.** A clean, healthy mouth is essential for good overall health. Not eating regular food will make the mouth dry.

Some residents may need to use thickening agents in their drinks. These contribute to reduced oral clearance. They don't usually contain sugar but may be added to substances containing sugar, in which case the sugary foods will stay longer in the mouth and increase the risk of decay.

Person with natural teeth who has swallowing problems:

- Check the mouth carefully prior to cleaning and refer to the care plan.
- Keep the resident upright to help protect the airway, avoid tilting the head backwards.
- If possible sit the resident in a suitable chair with their feet firmly on the ground.
- If in bed- raise the bed to an incline and use pillows to support them.
- Use a small headed toothbrush and a smear of non-foaming toothpaste to clean teeth.
- Do not use mouthwash – due to the risk of choking or aspiration.
- Lubricate lips with a water-based saliva replacement gel to stop them feeling dry or cracked. Petroleum lip balms should be avoided, due to flammability and aspiration risk.
- Even if someone is not eating or drinking, they should continue to be seen by the dentist.

Oral care during palliative care

Taste and touch are important at the end of life. If oral hygiene is neglected, the mouth rapidly becomes dry and sore. The resulting build-up of bacteria in the mouth will also increase the risk of mouth infections so mouth care is important.

Symptoms in the mouth are common when a person requires palliative and end-of-life care. Common oral problems include dry mouth, painful mouth, halitosis (bad breath), alteration of taste, and excessive salivation as a result of poor oral intake, drug treatments, etc.

Try to keep the resident comfortable.

Mouth care could be carried out by family members, giving them greater involvement in the care of their relative. Mouth care should be provided at least four times a day, after each meal and at bedtime, to gently remove coatings, debris and plaque from teeth, gums, and soft tissues. Some people may need more frequent oral care.

If resident has a healthy mouth:

- Assess daily for changes.
- Clean teeth using a soft, small-headed toothbrush and fluoride toothpaste after each meal and at bedtime.
- Clean dentures at least once daily and remove and store overnight.
- Regularly remove oral/dried secretions with gentle suctioning or a soft toothbrush.
- The mouth can be moistened every 30 minutes with water from a water spray or dropper or foam swab (please read caution in key message on page 6).
- If the mouth is dry, apply water-based saliva replacement gels
- Avoid using lemon and glycerine swabs as these can dry the mouth even further.
- Smear petroleum jelly (for example Vaseline®) on the lips. However, if a person is on oxygen apply a water-soluble lubricant Aqueous cream (for example K-Y Jelly®).

A small-headed toothbrush is most effective at reaching all parts of the mouth. Use an OroCare Mini ® toothbrush or a child's brush and a small amount of mild mint tasting fluoride toothpaste.

For residents with swallowing problems, use non-foaming fluoride toothpaste and an aspirating toothbrush e.g. OroCare Aspire suction toothbrush. This can be connected to suction tubes, to help remove excess saliva during brushing, and may be useful for those who are at risk of aspirating.

Additional information

- Avoid the use of acidic foods (for example pineapple) as this will dry the mouth.
- Avoid using glycerine, which dehydrates the mucosa further, and lemon juice, which rapidly exhausts salivary secretion; the combination acts to dry the mouth.
- Topical artificial saliva and saliva stimulant products may provide relief.

Symptoms in the mouth are common in palliative care. If possible, identify the cause and refer to a dentist.



How to access dental care

Every member of staff should know how to help a resident book an appointment with a dentist, whether for routine, urgent, out-of-hours or emergency dental treatment. It is helpful therefore to discuss how to do this and to review the local options. It's important to see a dentist regularly for check-ups even if the person has no teeth, or are free from any apparent problems with their mouth or teeth. The dentist will advise on how often a person needs a check-up

Many General Dental Practitioners have well-developed skills delivering care for patients with special needs.

Many people with a learning disability can be seen in general dental practice (a High Street dentist). If possible, try to arrange for the resident to attend the same dentist as this maintains continuity of care and means they will be seen by someone who knows them. High street dentists can be found on the NHS choices website:

<https://www.nhs.uk/service-search/find-a-dentist>

Some useful prompt cards about a visit to the dentist have been generated by the charity Makaton and the British Dental Association.

To access the resource, visit the [Makaton Library](#) – create a free login and search for ‘Your dental appointment’.

Community dental services or special care dental services are available to help people who are unable to use general dental services and who meet their criteria for receiving care.

For urgent dental care seek treatment at their own dentist first. If this isn't possible, ring NHS 111 for advice and options.

For emergency dental care (which is defined as life threatening illnesses or accidents which require immediate, intensive treatment). For example, uncontrollable bleeding following extractions, rapidly increasing swelling around the throat or eye, or dental trauma, seek help immediately in a hospital Accident and Emergency department.

Information to provide on a visit to the dentist

It is a great benefit to the smooth running of the dental appointment for the care home and the dental practice to communicate prior to the visit.

Please make sure to provide the resident's personal details; including their NHS number, if they are exempt from paying dental charges (please refer to: <https://www.nhs.uk/nhs-services/dentists/who-is-entitled-to-free-nhs-dental-treatment-in-england/>), their full medical history and a list of all medications and an indication of the resident's need before the dental visit to ensure optimum use of clinical time and effective care is provided.

Find out if there are any physical barriers at the dental practice before making an appointment and tell the practice if the resident has any physical impairment or disability so that they can signpost to an alternative more accessible practice, if necessary.

Ask the dental practice to tell you if there is a long NHS waiting list to join the practice and if there is, then to suggest an alternative practice.

At the end of the appointment, remember to ask for information that will help to develop an effective mouth care plan.

Getting used to going to the dentist

Many people find visiting the dentist quite stressful. It might be useful to have some dental items such as mirrors, models of teeth etc. so that people can see these and get used to seeing and touching them. It may be possible to arrange for a pre-appointment visit to familiarize the person with the dental environment. This will also allow for the dental team to gain awareness of the person's communication needs, interaction styles, and difficulties. It will be important for a familiar person and their favourite item to be there with them during the appointment.

Ideas to try:

- Looking at their own teeth in a mirror.
- Counting the teeth on a model
- Using a picture story of going to the dentist
- Watching the videos made by Trinity College Dublin specifically to support people with learning disabilities: <https://www.brushmyteeth.ie/videos>
- Role play going to the dentist or sitting in the waiting room.
- Have a display to promote regular visits to the dentist that can also act as a visual reminder.

Reading a story or sharing experiences can help overcome fear of going to the dentist.

Going to the Dentist



A dentist is a doctor who makes sure my teeth are healthy. A dentist has lots of interesting tools they use. I can ask questions about the tools used. The dental nurse helps the dentist

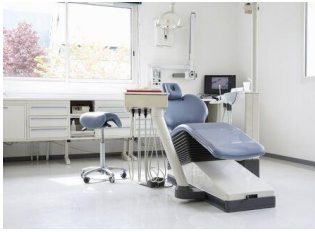


When we get to the dentist, first we will wait in the waiting room. The dentist waiting room has interesting magazines to look at while I wait for my name to be called.



When my name is called we will walk to a smaller room with a very special chair. The dentist will say "hello" I can say, "hello" too.





Visiting the Dentist



You should visit your dentist at least once a year or if you have a problem with your mouth or teeth.



Your dentist will check that your teeth and gums are healthy.



Your dentist may need to treat your teeth and gums. They can tell you how to look after your mouth.



If you need to pay for your treatment there are 3 price bands based on the treatment you need:

Band 1: £23.80

Band 2: £65.20

Band 3: £282.80 *prices valid until April 2022

Further reading and resources

There is a comprehensive list of information and existing resources at:

<https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities>

There are also resources at <https://www.dentalhealth.org/learning-disabilities-and-oral-care>

Public Health England Toolkit: Oral Health for Adults in Care Homes contains useful links for care home staff, residents, their families, and friends to support good oral health:

<https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolkit>

HEE continue to promote training for staff about the impact of poor oral health for older people in residential and hospital settings through their Mouth Care Matters programme:

<https://mouthcarematters.hee.nhs.uk/>

An E-learning package “Improving Mouth Care” is free to access on E-learning for Health. This free resource has been designed to give health and care staff advice and guidance for them to provide evidenced based mouth care. <http://www.e-lfh.org.uk/programmes/improving-mouth-care/>

‘Keep Smiling, Mouth & teeth care for older people’ The Relatives & Residents Association

<http://www.relres.org/wp-content/uploads/Keep-Smiling.pdf>

PHE: A quick guide to a healthy mouth in adults:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/601835/healthy_mouth_adults_quick_guide.pdf

Oral health for adults in care homes NICE Guidance <https://www.nice.org.uk/guidance/ng48>

NHS Live well provides information on oral health, toothbrushing www.nhs.uk/livewell/dentalhealth

Delivering better oral health: an evidence-based toolkit for prevention Public Health England updated March 2017 <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

British Society for Disability and Oral Health <https://www.bsdh.org/> provide oral care information for patients and their carers including links to disability organisations and other groups

<http://www.bsdh.org/index.php/oral-health-resources>

oral health leaflet 4 print.pdf [PAMIS Oral Health Care for People with profound and multiple learning disabilities](#)

[How social care staff can support people with learning disabilities to look after their eyes, teeth and ears](#) is a short information sheet aimed at social care staff with information about looking after teeth.

[How social care staff can recognise and manage pain in people with learning disabilities](#) a short information sheet aimed at social care staff about pain management.

Training videos

1. How to clean someone's mouth - British Society for Disability and Oral Health: <https://www.youtube.com/watch?v=7s9zZOpCDBc>
2. Trinity College Dublin have made these specifically to support people with learning disabilities: <https://www.brushmyteeth.ie/videos>
3. Mouth Care Matters - resources can be found at: <https://mouthcarematters.hee.nhs.uk/links-resources/>
 - How to Brush Your Teeth Animation: <https://www.youtube.com/watch?v=BapR9J86ZZw&list=PLrVQaAxyJE3eYeayCLSUFpxtkMxWmRo7L&t=0s&index=3>
 - How to clean a denture, Mouth Care Matters: <https://www.youtube.com/watch?v=aJvsFUtRL9k>
 - Supporting Patients Who Are Resistant to Mouth Care. HEE. MCM (October 2019): <https://mouthcarematters.hee.nhs.uk/2019/10/24/new-video-launched-supporting-patients-who-are-resistant-to-mouth-care/>
 - How to provide care for patients with a dry mouth: https://www.youtube.com/watch?v=nKN6-HbZ_D8&list=PLrVQaAxyJE3eYeayCLSUFpxtkMxWmRo7L&t=0s&index=4

Information has been taken from the training resources in the PHE toolkit: Oral health for adults in care homes. <https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolkit> which was developed under the guidance of the Adult Oral Health Oversight Group, generated by Katy Kerr on behalf of Health Education England in collaboration with the members of the Oral Health in Care Homes Working Group:

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Images have been sourced from NHS Photo Library, and Health Education England Image Library <https://nhs.assetsdelivery.com/new/home.php?lang=en>

Additional material was sourced from, 'My Mouth' produced by Oral Health Promotion part of Buckinghamshire Priority Dental Service © Milton Keynes Community Health Services 2014 (Now part of Central and North west London NHS Foundation Trust).

And the leaflet: Oral Health Care for People with Profound and Multiple Learning Disabilities, <https://pamis.org.uk/>

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