

MOUTH CARE FOR DEMENTIA LEARNING DISABILITIES

'Look beyond the illness and reach out to the person who needs to feel secure, respected and cherished'

'It is the most trustful thing in the world to open your mouth to be fed' – Barbara Pointon.

Look beyond the illness and reach out to the person who needs to feel secure, respected and cherished.

Dignity and Quality of life

When you have a child that is 18 months and you talk to it you don't expect an answer back. But when you speak to a person who has dementia – you still expect them to understand and respond because you know they can talk.

Use toothpaste that is SLS free. Without adding water to the brush and only a pea size piece of paste it will greatly reduce the aspiration risk and take away any potential choking or gagging reflex. Once the teeth have been cleaned just rinse out the brush – no need to rinse out the mouth. This is a tremendous benefit to those patients who are nil by mouth, unconscious or have to have mouth care delivered by a carer. It also means the patient doesn't have to be moved into position. If they are lying prone –keep them just as they are.

Try and avoid dentures cleaners that may contain bleach. Habitually people soak dentures overnight in an efficient product diluted in water. They should actually only be soaked for 20 minutes. The bleach actually just makes the dentures white and after a while (if soaked overnight) will take the sheen from the teeth as make them porous therefore making it more likely to get food stuck to it and ultimately harder to clean.

People who need a lot of care don't understand what you may want them to do. So they have a huge area to get dressed in, a huge area to get cleaned in and suddenly this is dramatically reduced because someone is honing in on a very small and very private area.

Poor compliancy is often as a result as a previous bad experience.

Your mouth is used for loads of lovely things; eating, talking and kissing and if you were asked to look to the person next to you and then asked if you could clean their teeth, how would you feel? Embarrassed, awkward, unskilled?

Many carers have little or no experience in mouth care.

And do unto others.....if you clean your teeth twice a day with a brush and paste – then that's the minimum attention you should give your patient.

If you can't clean their teeth – don't clean their teeth.

Why make all this fuss? Sure you have to get down to it eventually, but if a patient is having a bad day and doesn't want their teeth cleaned, then leave it!

Obviously care must be delivered but there is more than one way to skin a cat.

Dentures: This may seem obvious but it is important that a mouth care assessment is given as soon as a patient is admitted to a home. An assessment tool tends to be only as good as the person asking the questions, so consistency in the completion of these forms will help. Don't assume someone does or doesn't have dentures or partial plates.

Dignity on the delivery of care is also essential.

It must be remembered that when dentures are removed from the mouth all the bacteria in the mouth doesn't automatically come out with them.

Once the dentures are removed clean them – it doesn't necessarily have to be with toothpaste, it is just essential to remove any debris and then soak the teeth in a solution which can deliver the appropriate cleaning and hygiene.

Equally if a person is lying down, unconscious, sitting in a supported chair or leaning, then that is where you leave them to clean their teeth. The patient doesn't have to be moved into a certain position to deliver the care. Simply change the tools that are being used to accommodate an easier and more comfortable method of delivery.

Use toothpaste that has no foaming agent. This is called Sodium Lauryl Sulphate (SLS) and toothpastes without SLS will reduce recurrent ulceration by 81%.

It is important not to wet the brush as this will avoid unnecessary liquid in the mouth, reduce the aspiration risk, eliminate any potential choking or gagging and also allow the carer to see if there is any problem in the mouth. Non foaming toothpaste means you have a clear view of what problems (like bleeding gum) may exist.

In the event the patient has any kind of mouth infection; ulcers, cold sores, oral thrush as soon as it has been treated and cleared throw away their toothbrush as often this is the cause of reinfection.

Vaseline or petroleum jelly are oil based therefore not suitable for dry or cracked lips as they make them more dry, so these are to avoided too.

Any changes to mouth care that is presently being delivered need to be managed in small steps – it's not just the staff and carers that need to get used to change but the patients too. Small introductions of change will be able to allow you to gauge how well things are working and if the patient likes and is compliant with the new introductions/ workings/materials.

Using the correct tools to do a job – toothpaste, toothbrush – you wouldn't clean a patient with just water, you would use soap, so don't clean a patient's teeth with just water and nothing to actually clean.

One of the greatest joys in life is to be able to eat orally; not only to cover the basic need of survival but to taste, smell and share the joy of eating as a social occasion, so to have this taken away is devastating. In that case the very least that can be done for someone who is nil by mouth is good, thorough, gentle, effective and kind mouth care.

Always work from the outside in, so by using a very soft dry tooth brush gently massage the hand, work up the arm to the neck and then onto the face perhaps tickling the end of the nose or the lips. Do not have any background distractions like music or even talking. The patient will not need your reassurance (the action will be reassuring enough) and may be distracted and therefore not pay attention to the physical action of the toothbrush and desensitising.

It may take several days before the patient is used to what is happening and calm enough to be able to go one stage further and actually deliver mouth care. Initially it may be that toothpaste is smeared on the lips. The patient is almost bound to lick it off, and although this doesn't get the teeth brushed initially what it does is prepare the patient for the taste and sensation of cleaning.

Consider using unflavoured toothpaste so the 'shock' of mint isn't too great. People who haven't had mouth care delivered for a while may sense that minty toothpaste is 'hot' and take their breath away so to reduce any perceived pain while delivering care will greatly increase the compliancy.

It is a task not to be rushed and ideally with as little mess as possible so dignity is maintained at all times. Always treat people as you would like to be treated. Ensure there are no known contra-indications, that the ingredients are suitable for your patients – allergies or on religious grounds – and that they are pH neutral.

Mouth care is an essential part of everyday care and if you don't know how to deliver it ask, if you don't know what to use, get proper advice and go that extra mile to make the difference.

If you couldn't clean your teeth for a week how would you feel?