

Mouth care for people living with dementia

People living with dementia may be given a variety of drugs to treat problems such as anxiety, depression, psychosis, insomnia, and other systemic illnesses as well as medication that may slow the dementia process. As a side effect these medications often cause a dry mouth so products that help moisturise the mouth such as dry mouth gel or saliva replacement gel may be helpful.

Early-stage dementia

- It is best for the person to see a dentist for individual help and advice and so that all necessary dental treatment is carried out whilst the dementia is still in the early stages
- Often the Individual can clean their own teeth if reminded and encouraged (e.g. the toothpaste is put on the brush for them)

Mid-stage dementia

- They may lose the ability to clean their teeth or lose interest in doing so. Usually there is a need to start assisting or actively cleaning their teeth for them
- Use distraction techniques
- Record any changes in the mouth such as food pouching as they may find it more difficult to chew and swallow their food

Late-stage dementia

- They might have swallowing problems now so use only a small amount of toothpaste on a dry toothbrush and ensure the paste is pushed well into the bristles. A no foaming toothpaste such as OraNurse will help.
- Keep the person well hydrated and consider using a product for dry mouth
- Check for infection daily.

Service users with dementia may not be able to tell you if they are in pain, so a reluctance to have their mouth cleaned may mean that there is an area that feels sore.

If the person has capacity to make the decision to refuse mouth care, then it is their right to make it, explain why mouth care is important and the possible consequences of their choice. Personal care is an intimate activity, and many people will experience difficult feelings if they need help with this. Care-related stress and distress is how some people communicate their need to believe that they are still independent.

For many with dementia, it is not a wilful act to refuse care, but rather a sign of confusion and distress. Distressed or distressing behaviour often represents an unmet need, try to understand the unmet need, and acknowledge the feelings behind it.

If they lack capacity, then investigate why they are refusing. This could be because the person does not understand what they are being asked to do, they are keeping a sense of control over what happens to them, they are misinterpreting the situation or environment, or they are in pain.

People with dementia have good days and bad days so try to find out the individual's best time of day for mouth care.

Providing person centred care for people living with dementia is vital: care must be based on **getting to know the person**, building a thorough **understanding** of their strengths and difficulties and working in partnership to promote **maximum independence**.

The most important thing we can do when we make contact with people with dementia is giving them our **focused attention**.

Observe the person closely when you are talking to them: a lack of response may signal anger, frustration or disinterest. **Inappropriate responses** may mean the communication being used is too complex. Speak slowly; use simple phrases and at normal volume unless you know they have a hearing issue and do not wear a hearing aid.

People living with dementia are often averse to being touched. Try to build up a relationship with the person: stroking their face can be calming and relaxing. You may need to stage your approach until the person trusts you and is able to accept oral care.

Bridging aims to engage the person's senses especially sight and touch, to help them understand what is happening. A photograph of someone brushing their teeth can aid understanding.

Engage the person - Describe the toothbrush and show it to them. Place a brightly coloured toothbrush in the person's hand. Mime brushing your own teeth and smile to be encouraging. The person is likely to mirror your behaviour and begin to brush their own teeth.

Chaining If the person does not engage by the bridging technique, gently encourage the person to lift the toothbrush to their mouth and gently describe the activity, letting them take over when they are ready. If chaining doesn't work, place your hand over the person's hand and start brushing together.

If hand over hand does not work, place a familiar item such as a towel or cushion, in the person's hand while you use another toothbrush to brush their teeth. Familiar music may also be useful to distract and relax the person.

If the relationship with the person is not working, and attempts at oral care are not going well, leave the care and come back later or ask another person to try to carry out the oral care.

Remember

- People have good days and bad days.
- Get to know your service user in order to interpret, manage and notice a change in their behaviour
- Check if pain relief could help
- Short attention spans mean the ability to co-operate is decreased and oral care should be kept within the individual's capacity to cope. Doing smaller sections of the mouth in sessions through the day may help to get the whole mouth cleaned. Make a record so the next clean starts in a different part of the mouth.
- **Keep a record of what works in the care plan**



Behavioural Symptom	Person Centred Techniques To Try	Specific advice for oral care
General advice Assess the person's ability to do their oral care and what support/ prompting is needed during the different stages of the task.	• Get to know the person and set up a routine • Choose a suitable environment with good lighting • Cover the mirror (as an individual with dementia can be alarmed by their own reflection). • If possible clean teeth in the bathroom (the visual reminder helps them to know it is time to brush their teeth) • Turn off sources of competing noises (unless chosen music specifically calms this person) • Get all equipment ready first, as there may only be a small window of opportunity to clean the mouth. • Approach from the front, smile and maintain eye contact (it may be helpful to come down to eye level) • Ask permission before starting • Ask one question at a time (use Yes/No questions) • Use words that impart a feeling – lovely smile, sore mouth • Clear short instructions repeated in the same words are useful. Use visual cues (e.g. photos of someone cleaning their teeth) • Allow time for the person to respond • Focus on the person rather than the task • Explain each step • Complete as many steps as possible • Give reasons for what you are doing • Be patient, repeat yourself as appropriate • Watch their reaction and gauge compliance – reduce demands if they are not coping • Give positive feedback and encouragement	• Show pictures of someone cleaning their teeth. • Use a brightly coloured toothbrush so easier for the person to see it • Try giving them the toothbrush with toothpaste on and show them what to do. • Gently move the lips and cheek so you can see • Try to start in the same part of the mouth each time, and clean every tooth in order • Angle the toothbrush towards the gums & include the part where the tooth meets the gum • Brush the outside, inside and biting surfaces of the teeth in a methodical way - it should take about two minutes • Include cleaning the tongue • Be aware of any loose teeth and brush with care • If gums bleed do not stop brushing, continue to brush normally • Encourage the person to spit out after brushing, and ideally not rinse • Breakdown the steps of oral care into small steps and record the parts that the person can do themselves in their mouth care plan. • Keep a record of any changes seen
Person Refuses Mouth Care	Try to work out why the person is refusing (e.g. bad time or experiencing pain) and change your approach accordingly. • If pain, check for broken teeth or infection and notify manager/ dentist • If no pain, try later when the person may be more receptive to care • Try to develop a routine (e.g. every day at the same time with the same caregiver) • Provide a reason (e.g. let me get the food out of your teeth so you'll feel more comfortable) • List successful strategies in the person's mouth care plan. • If continues then document in the notes and ask others who know the individual such as family members to help.	

Behavioural Symptom	Person Centred Techniques To Try
Person Won't Open His or Her Mouth	• Tell-show-do techniques to promote understanding • Touch the mouth, cheek, or jaw gently with your finger or the toothbrush to prompt them to open • Ask the person to say "ah" • Ask person to open mouth and then open your mouth (modelling the behaviour) • Sing with the person • Be patient, try small talk, provide a reason for mouth care • May need to use methods for oral desensitisation – e.g. stroking the face • Come back at a time when the person might be more responsive.
Person Resists Care by Grabbing, Holding, or Playing with an Object	• Give the person space and talk reassuringly • Ask if they are alright • Hand the person the toothbrush and invite them to brush • Reassure and rub shoulder/arm to help relax • Distract or redirect by pausing, singing, talking • Hand the person an object to hold and keep hands busy • Use a second caregiver to talk, reassure and/or gently hold person's hands during mouth care
Person Bites on Toothbrush	• Stop moving the toothbrush and talk reassuringly to explain cleaning their teeth • Ask them to release it • Use other techniques such as distraction, use gentle strokes to the head or shoulder and soothing words. • Have several toothbrushes on hand during oral hygiene care and let the person chew on one brush while the caregiver cleans with another. • Use a mouth-prop to keep the mouth open
Person Shows Physical or Verbal Aggression	• Try to work what caused it - were they startled, hurt or confused? Did they feel insecure or unsafe? • Stop and check for pain, check for broken teeth, sore spots, infection • Distract the person (e.g. singing, dancing, conversation, watching TV) • Come back later • Pick another time of day when the person is calmer (e.g. early morning while sleepy) • Try another caregiver • Use a second caregiver to talk, reassure and/or hold person's hands during care
People who are not fed orally still need mouth care. They can develop an aversion or 'sensory defensiveness' to having their teeth and gums brushed. This can be avoided by gradually increasing their oral care with a soft brush and the right toothpaste such as OraNurse®. Try brushing the mouth in smaller sections through the day to ensure the whole mouth is cleaned.	