Parkinson’s is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

Oral health in Parkinson’s is an under-researched topic. The importance of good oral health must not be underestimated. Parkinson’s can affect the mouth and subsequently oral health in several ways:

- Dyskinesia (involuntary movements)
- Effects of medications
- Ill-fitting dentures
- Poor lip closure
- Sialorrhea (drooling)
- Sweet tooth
- Tremor and bradykinesia (slowness of movement)
- Xerostomia (dry mouth)

Dyskinesia

Dyskinesia is a side effect of levodopa and is frequently seen involving the lips and mouth. This may interfere with eating and oral health. It can also be misconstrued as inappropriate facial expressions. Noting the time and frequency of these involuntary movements will assist the treating specialist in adjusting medications.

It is best to arrange dental appointments to occur at periods when dyskinesia is not experienced. This will assist the dentist and reduce stress.

Effects of Medications

Many medications such of those used for Parkinson’s, in the treatment of depression and bladder control will have anti-cholinergic side effects - this includes xerostomia.

Levodopa oxidizes easily and if it is in prolonged contact with oral structures such as teeth, discoloration will occur. If Parkinson’s medications are chewed or taken in liquid form attention to oral hygiene is recommended with at least rinsing of the mouth following each dose.

Ill-fitting Dentures

Weight loss which commonly occurs in Parkinson’s can lead to changes in mouth structure and subsequently ill-fitting dentures. The continual movement of the dentures can cause mouth ulcers resulting in pain and possibly infection. Remove dentures overnight to allow the mouth to heal. Regular dental review is essential.

Poor Lip Closure

Inadequate lip seal is frequently seen in Parkinson’s and is often associated with sialorrhea. Overnight poor lip closure will result in mouth breathing and sialorrhea or xerostomia may occur. Conscious attention to lip closure can be of benefit. Review by a speech pathologist is recommended.

For further information contact your state Parkinson’s organisation:
Freecall 1800 644 189  www.parkinsons.org.au
ORAL HEALTH AND PARKINSON’S

Sialorrhea

Sialorrhea is commonly experienced in Parkinson’s and is related to poor mouth closure, reduced frequency of swallowing and poor posture rather than over-production of saliva. As a result, saliva accumulates in the mouth and overflows. Sialorrhea may occur overnight even when xerostomia is experienced during the day. Saliva can at times be thick and ‘ropey’.

‘Ropey’ saliva may respond to the use of papaya extract. Please note that there may be a contraindication in using papaya while on Warfarin therapy.

Simple measures to address sialorrhea include conscious attention to swallowing more frequently and lip closure. Some treating specialists may suggest medications which have anti-cholinergic side effects to address this problem.

If sialorrhea does not respond to these simple measures some treating specialists may suggest and use Botox injection into the salivary glands. If successful this may provide relief for approximately four months. In extreme cases radiation treatment may be considered.

Sweet Tooth

Some people with Parkinson’s will have cravings for sweet foods, especially chocolate. Attention to oral hygiene is essential.

Tremor and Bradykinesia

Tremor may affect the tongue and lips and can be disconcerting. Repetitive automatic skills such as teeth brushing and flossing can be disrupted by bradykinesia and difficulty with automatic movements. This can lead to ineffective oral hygiene. Poor coordination of the tongue and throat muscles may affect rinsing.

Tremor is often the least responsive symptom to medication and may persist.

An electric toothbrush will assist with the automatic movements. Avoiding dual tasking (standing while carrying out brushing) may assist. The use of a straw may assist with rinsing. An occupational therapy review may be of benefit with activities of daily living.

Xerostomia

Adequate amounts of saliva are essential to maintain healthy gums and teeth, prevent bacterial growth and assist with part of the digestive process. Xerostomia is due not only to Parkinson’s but is also a common side effect of medications. Smoking also worsens dry mouth. Xerostomia causes decay that encircles the tooth and such decay cannot be filled resulting in loss of teeth.

Increasing the frequency of water intake may assist with dry mouth and also help to avoid dehydration. Avoid alcohol in all forms (some mouthwashes contain alcohol). Specialised alcohol-free products (mouthwash, chewing gum and artificial saliva gel) may be of benefit.

Xerostomia can add to articulation changes and this can heighten anxiety during communication. The use of an artificial saliva may be of benefit.

Regular dental check-ups are essential, and assessment by a speech pathologist and occupational therapist is recommended to address the issues which may interfere with oral hygiene.