

DENTAL HYGIENE, DRY MOUTH AND PARKINSON'S DISEASE

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Long before toothbrushes, dental floss and oral rinses, evolution created protective mechanisms in the mouth for defense against the bacteria which cause decay. This defense is the saliva in your mouth.

The simplest way to comprehend the role of saliva in the mouth is to describe what happens when it is in short supply. A patient may complain that his mouth or throat is dry, rough, sticky, or sore. Dentists may hear complaints of "I am hoarse - it's so hard to talk", or "I can't wear my dentures - my mouth is always sore." Also patients say that they need to sip fluids frequently because "my tongue is sticking to the sides or roof of my mouth." Eating may be difficult and with certain foods, impossible. A patient may not be able to tell the position of food in the mouth. Patients complain that fillings may be falling out, and/or may have an unusual number of recent cavities.

Xerostomia (dry mouth) may result from a disease process, treatment of a disease, drug therapy side effects, or generalized decrease in saliva associated with aging. In Parkinson's disease, dry mouth is frequently the side effect of taking an anticholinergic medication (Cogentin, Artane, Akineton, or Kemadrin).

It has been found that patients with dry mouth are not only more prone to cavities but may have tooth sensitivity. Additionally, the tissues in the mouth may become dry and sometimes painful.

Patients frequently ask, "What can I do to get relief?" An excellent beginning point is the dentist, who has been trained to help patients deal with dry mouth and its effects on dental and oral hygiene. Following are some suggestions that you may wish to ask your dentist about:

1. Saliva substitutes. These include Xero-Lube, Salivart, Moi-Stir, and Orex. Your pharmacist can prepare a solution of sodium carboxymethyl cellulose 0.5% aqueous solution (8 fluid oz). These solutions are used as an oral rinse, several times a day.

2. Relief from oral dryness and accompanying discomfort can be conservatively achieved by:
 - sipping water frequently all day long
 - letting ice melt in your mouth
 - restricting caffeine intake
 - humidifying your sleeping area

3. Saliva flow can be temporarily stimulated by sucking sugarless lemon drops or chewing sugarless gum. (Sorbital-based is good.) Avoid sugared soft drinks, candy, and confections.

For sensitive teeth, ask your dentist about a topical fluoride gel. Your dentist or his staff can teach you oral hygiene techniques (flossing, water pick, and special brushes) which will effectively help remove plaque, control cavities and keep gums healthy.

There are some (battery or electric powered anti-plaque) toothbrushes available (such as the Interplak) which are excellent for removing plaque and cleaning the teeth. For the person with PD who may have difficulty with fine hand movements (required for thorough tooth brushing and flossing), these tools can be very helpful.

For dry lips, try K-Y Jelly, Surgi-Lube or hydrous lanolin (ask your pharmacist). Vaseline and petroleum-based products make your lips even dryer by pulling water out of the tissues and these should be avoided.

Commercial mouthwashes tend to be high in alcohol and should be avoided. Alcohol and tobacco also have drying tendencies, and their use is discouraged.

These are just a few suggestions to help deal with dry mouth if this is a problem for you. Discuss these suggestions with your dentist who can help you implement a program to help you maintain a healthy smile.

NOTE: Many people with PD complain of an *excess* of saliva (causing drooling), and believe that PD actually causes more saliva to form in the mouth. There is not actually an excess of produced saliva in PD. The cause is the reduction of times per minute that the person swallows. In PD, the involuntary act of swallowing is slowed as well as the number of swallows per minute, allowing more saliva to accumulate.