

# **Oral Health and Parkinson's Disease**

Oral health is essential for overall well-being and good quality of life. Individuals with Parkinson's disease (PD) commonly experience problems with the mouth and oral cavity and may have difficulty with dental hygiene. Recommendations on how to best recognize and manage oral health problems are provided here.

### Common Oral and Dental Problems With PD

- Oral motor impairment
- Salivary dysfunction
- Burning mouth and altered taste
- Difficulty with dentures
- Increased tooth decay

## **Oral Motor Impairment**

PD may cause oral motor impairment which can lead to jaw pain, excessive grinding of the teeth, biting of the tongue and cheek, and tooth fracture. It is essential that you discuss proper treatment options with your dentist to alleviate these problems. In addition, oral motor impairment can cause difficulty swallowing (or dysphagia). A referral to a speech language pathologist can help to evaluate and treat swallowing difficulties.

## **Salivary Dysfunction**

Saliva serves several important functions such as lubricating and protecting the delicate oral tissues, breaking down food as the first step in digestion, assisting in chewing and swallowing, providing antibodies to fight infection, washing away food debris, and reducing plaque buildup to help prevent tooth decay. In PD, conditions of both an excess of saliva (sialorrhea) and inadequate saliva (dry mouth/ xerostomia) may occur.

## **Excessive Salivation**

Excess salivation in PD is thought to be due to a reduced movement of muscles which results in less frequent swallowing. Some people with PD may report a slight excess of saliva, often noted when they wake up to a wet pillow. Others experience marked drooling.

Anticholinergic medications, such as scopolamine and glycopyrrolate, can be used to decrease sialorrhea, but these medications may have unwanted side effects, such as urinary retention, blurry vision, constipation, and memory loss that can limit their usefulness in patients with PD. Botulinum toxin injections into the salivary glands can be very effective and are especially useful if the person with PD is not able to tolerate an anticholinergic medication.

Chewing gum or sucking on a hard candy may be beneficial for certain people to stimulate more frequent swallowing. A consultation with a speech language pathologist can also be helpful in addressing the problem of decreased swallowing rate.

## **Dry Mouth**

In contrast, many people with PD experience varying degrees of dry mouth, which in turn may make swallowing more difficult. Patients with chronically dry mouth have increased risk of tooth decay because saliva serves to wash away food debris and reduce plaque buildup. Dry mouth is often a side effect of PD drugs or can be due to other medical conditions. In some cases, a change or adjustment of medication can reduce dry mouth. If medications can't be adjusted, additional recommendations to address this problem include:

- Using over-the-counter toothpaste, mouthwash, or lozenges branded for dry mouth to help increase saliva
- Using sugar-free candies containing xylitol (a sweetener that prevents tooth decay) to stimulate saliva production
- Sipping water frequently to hydrate the mouth
- Talking with your dentist about a prescription strength fluoride regimen as dry mouth can lead to tooth decay
- Avoiding mouthwash that contains alcohol which can increase dry mouth

## **Burning Mouth and Altered Taste**

Some people with PD complain of a burning mouth sensation. This complaint may occur by itself, but other factors such as medications, nutritional deficiencies, dry mouth, and tooth decay may all contribute to and influence the process. In addition, problems with taste are very common among people with PD. Patients with PD are very likely to have a decreased sense of smell, which typically has a marked effect on the person's sense of taste. In addition, medications and dry mouth contribute to the problem.

## **Difficulty With Dentures**

Placing and removing dentures can be a challenge for people with PD because of decreased dexterity and should be discussed with the physician or dentist. Regular dental exams can ensure comfort and the best dentures fit.



## **Oral Health and Parkinson's Disease**

## **Increased Tooth Decay and Gum Disease**

Brushing and flossing regularly helps prevent cavities and gingivitis (inflammation of the gums). Loss of muscle control affecting both the oral cavity and the upper extremities may impair the person with PD's ability to perform oral hygiene and may therefore contribute to tooth decay and gum disease. A care partner may need to help the person with PD ensure that their oral hygiene is adequate. Treating dry mouth as discussed earlier can help as well.

## Preventing Tooth Decay and Oral Hygiene Tips

### Brushing

- Brush for two minutes twice a day with fluoridated toothpaste.
- Electric toothbrushes decrease plaque and gingivitis more than manual toothbrushes and are therefore recommended. An electric toothbrush with a thick handle is easier to grip and may be a better choice for someone with PD.

### **Flossing Devices**

- A flossing device with a thick handle is recommended for a more comfortable grip and hold.
- An electric flosser uses water or air to remove debris in between the teeth.
- Interdental brushes may be helpful for those with spacing in between teeth.

#### Mouthwash

- Rinse with a fluoride mouthwash.
- Avoid a mouthwash that contains alcohol as this can increase dry mouth.
- If dry mouth is an issue, use an over-the-counter mouthwash designed for dry mouth which can help increase saliva.

### **Other Tips**

- Change your toothbrush or head on electric toothbrush every 3 months.
- Drink water throughout the day to prevent dry mouth and wash away food and drinks.
- Limit snacking and sipping on food and drinks that are high in sugar and carbohydrates.
- Have regular check-ups and cleanings every six months. Your dentist may recommend you have more frequent check-ups and cleanings to keep your gums and teeth healthy.
- A family member or care partner may improve your oral hygiene by helping with brushing and flossing. This may include guiding the toothbrush or checking afterwards that proper brushing was completed.
- Be sure to ask your dentist for advice and tips on care of your teeth.
- Your dentist and hygienist are important members of your healthcare team and may consult with your neurologist from time to time to best manage your oral health.

National Headquarters American Parkinson Disease Association PO Box 61420 Staten Island, NY 10306

Telephone: 800-223-2732

Website: www.apdaparkinson.org

Email: apda@apdaparkinson.org

© 2024 American Parkinson Disease Association

The information contained in this fact sheet is written solely for purpose of providing information to the reader, and is not intended as medical advice. This information should not be used for treatment purposes, but rather for discussion with the patient's healthcare providers.

#### May 2024

Stay connected through our social media

