ORAL HEALTH AND PARKINSON’S

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.

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

‘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.

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.