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# Oral Care for people with disability

## What's the problem?



People with disability have more oral health problems than those without.

(WHO Disability Health Fact Sheet #352)

### Why

People with disability may have:

- Reduced access to dental services;
- Reduced understanding of why oral care is important;
- Difficulties providing their own oral care/ managing pain;
- Physical/ Sensory/ Communication/ Behaviour concerns.
- Support staff and others may not know how to assist.

### Poor Oral Care = not brushing teeth

**1. Sick** – tooth decay, gingivitis, disease causing teeth to fall out > **sick teeth leads to a sick body:** aspiration (fluid, food, bacteria is inhaled, causing inflammation and infection in the lungs—e.g. pneumonia), heart disease, stroke, diabetes.

**2. Sore** – sensitivity causing pain, decreased enjoyment of food, refusal to brush teeth and pain leading to behaviours of concern.

**3. Skinny** – not wanting to eat as teeth are sore, difficulty chewing > eating is slow and increased risk of choking/ aspiration, difficulty absorbing nutrients > digestion starts in the mouth.

**4. Smelly** – bad breath caused by bacteria in the mouth > may impact on overall health and lead to the person feeling embarrassed, becoming isolated or shunned by others.

**5. Sad** – excluded by peers, visually unpleasant (discoloured/ missing teeth), reduced socialising with others, feeling embarrassed and in pain.

## How can we help?

### Read and share this resource:



[www.adhc.nsw.gov.au/individuals/support/somewhere\\_to\\_live/accommodation-support](http://www.adhc.nsw.gov.au/individuals/support/somewhere_to_live/accommodation-support)

### Identify the problem:

**Person doesn't like going to the dentist** – try pre-visits and social stories to prepare them, include a positive ending (e.g. after my appointment, we'll go and see a movie).

**Person can't/ won't keep their mouth open** – trial using a bite block or a rolled up cloth/ washer\*.

**Person has swallowing issues** – trial using a “low foam” toothpaste, or mouthwash can be swabbed, brushed, sprayed or wiped on\*.

**Person has a dry mouth** – trial using artificial saliva/ spray water in the mouth/ chew gum or mints, remove excess food from the mouth\*.

**Person can't hold a toothbrush or floss** – modify the brush, trial hand on hand support and different flossing tools\*.

**Person doesn't brush all sides of teeth & gums** – trial a 3-sided toothbrush, electric toothbrush\*.

**Person refuses or shows aggression** – try the “tell, show, do” approach (prepare them by talking about the process), Active Support – engage the

## What does good oral care look like?

- Healthy pain-free mouth and body
- More enjoyment at mealtimes
- Reduced behaviours of concern
- Better lifestyle – more active and engaged with peers, workmates, the community
- Reduced risk of inhaling fluid/ food/ bacteria; aspiration and illness associated with poor oral care
- Improved appearance
- Less traumatic visits to the dentist

person, think about what would help the person (e.g. keep to a routine – use a routine board or sequence; music, mirror, etc.).

(\*Check with an oral health professional/ clinician first\*)

**Check the person has an oral health plan** – even if a person doesn't have teeth! (A plan is written by a person, their carer or support worker in partnership with their dentist and/or GP).

**Monitor and review the use of the plan** – improve it as you work out better strategies. (A Speech Pathologist would refer to a person's oral care plan in their mealtime management plan).