

DRY MOUTH IN ADULTS WITH A NEURO-DISABILITY



Key points

- Dry mouth can be very common in people with a neuro-disability including those who are not orally fed.
- Supporting people with regular dry mouth care is very important for comfort and dignity.
- A dry mouth increases the risk of developing other oral conditions such as thrush (a fungal infection), tooth decay and gum disease.



Why are people with a neuro-disability at a greater risk of having a dry mouth?

Common reasons include:

Mouth breathing	Mouth breathing can be due to posture and loss of muscle control.
Oxygen therapy	Regular nasal or oxygen delivered via a face mask can cause a dry mouth.
Medication	Dry mouth is a side effect of over 400 medications including diuretics, antihypertensive and antidepressants medication.
Inadequate fluid intake/dehydration	Conditions that lead to dehydration, such as fever, excessive sweating, vomiting, diarrhoea, blood loss and burns can cause a dry mouth.
Being non orally fed	People who are PEG fed often have a dry mouth.
Other causes include, radiotherapy to salivary glands, chemotherapy, autoimmune conditions such as Sjogren's syndrome and diabetes.	

People with a neuro-disability who have a poor swallow (dysphagia) and have excessive oral secretions may be prescribed medication (for example glycopyrronium) to manage this. These medications are important for care but can lead to the saliva feeling thick, drying up in the mouth and forming a layer that coats the tongue and palate.



Signs and symptoms of a dry mouth

A dry mouth ranges in severity, so signs, symptoms and appearance will vary:

Signs:

Stringy tenacious saliva, absence of saliva, dry, crusted and cracked lips, the lining of the mouth appears red, plugs of saliva stuck to the palate, dried rough scaly coating on tongue, fissured red tongue, food residue sticking to the teeth and gums.

Symptoms:

Sensation of dryness, pain with eating, swallowing or speaking, dry cough and burning sensation, malodour.



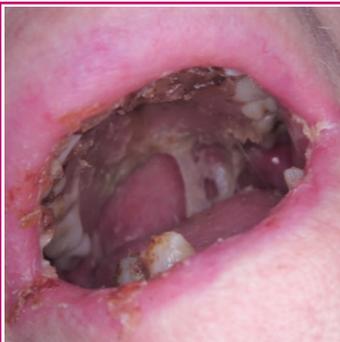
Management of a dry mouth

- It is important to look in the mouth with a good light source, otherwise dried secretions can often be missed.
 - To moisten a mouth, a small headed tooth brush can be dipped in water and placed in the mouth.
 - Twice daily tooth brushing with a small headed brush and smear of toothpaste is important. Brush the teeth after dry mouth care to make it more comfortable for the individual.
 - Dry mouth gel or sprays can be used to make the mouth feel more comfortable. Gels can be applied with a gloved finger or a toothbrush or mouthEze. Apply a pea sized amount to the tongue and cheeks, massaging it in to prevent a build-up of the gel.
- It is important to massage the gels in to the mouth otherwise the gels can form an extra sticky layer.**
- It is strongly advised not to use a foam ended product due to the risk of detachment and aspiration.



Removing dried secretions

1. Ideally you require two people as a light source and yankeur suctioning is needed.
2. Soften secretions with water on a toothbrush or by massaging dry mouth gels into tongue and leave for a couple of minutes.
3. Gently remove with a tooth brush or a mouthEze. The mouthEze is good at engaging dried saliva and should be used with twizzle action pulling secretions out of the mouth.
4. Careful yankeur suctioning should be used to removed saliva secretions.
5. It can take a while to remove a build-up of dried secretions and it may need to be done in several stages as can be tiring for the individual.



Further Information

This video available on the Mouth Care Matters website shows you how to care for a dry mouth:

<https://bit.ly/2MSiu7i>

Very dry mouth with saliva secretions stuck to the palate

Saliva secretions removed from the mouth of the individual

