

ORAL HYPERSENSITIVITY



Key points

- Oral hypersensitivity is common in people who have had a brain injury.
- There may be lots of different triggers in the environment e.g. loud noises, soft touch, bright lights and these may vary between individuals.
- A multi-disciplinary approach is needed to manage oral hypersensitivity including nursing staff, speech and language therapists, occupational therapists, physiotherapists, medical and dental teams.



What causes oral hypersensitivity?

Hypersensitivity is caused by a combination of oral sensory and motor impairment following a brain injury.



Signs of oral hypersensitivity

The most common signs of oral hypersensitivity are withdrawal responses such as:

- Reduced tolerance to touch around the mouth/face
- Startling
- Lip pursing
- Facial grimacing
- Bite reflex/grinding teeth

However, hypersensitivity may also extend to the rest of the body, including the trunk and limbs.

Implications of oral hypersensitivity

- Difficulty with performing mouth care
- Poor oral hygiene as a result of the above
- Difficulties with swallowing and speech
- Increased risk of pneumonia, particularly when there is also a swallowing difficulty
- Trauma from lip/tongue/mouth biting/ grinding teeth
- Trismus (reduced jaw-opening)



Management

Sometimes, hypersensitivity can be treated with medication. Oral hypersensitivity can also be managed by using desensitisation techniques. These techniques should be applied whenever you are approaching a patient to reduce discomfort and improve compliance with care.

Tip – it may be useful to try at first with no toothpaste or use mild flavoured toothpaste such as a children’s toothpaste or non-flavoured toothpaste such as Oranurse.



Desensitisation procedure

1. Ensure patient is sitting upright with optimal positioning for a stable base. You may need to give extra support with pillows etc.
2. Explain what you are going to be doing for each step. E.g. “I am going to stroke your cheek now”. Try to use a calm, reassuring voice.
3. In order to gradually get accustomed to touch, start with the hands. Touch the person’s hands firmly.
4. Then touch the top of the arms, again firmly.
5. Touch the shoulders firmly with both hands.
6. Touch the top of the head with both hands.
7. Support the jaw from the front with one hand. Maintain this contact throughout the oral care procedure, as this will give stability.
8. Press firmly above upper lip before you introduce the toothbrush in the mouth.
9. Press firmly below lower lip before you introduce the toothbrush in the mouth at the lower gums.
10. If patient shows hypersensitivity at any stage, stop, go back to the previous step and continue. This technique is designed to build tolerance and should not be rushed.

For further support or for advice on specific patients, please speak to the treating Speech & Language Therapist who may be able to help.

References

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