

# MOUTH CARE FOR PEOPLE WITH HUNTINGTON'S DISEASE



## Key points

- Huntington's disease (HD) is an inherited neurological degenerative disease. The most recognisable aspects of the condition are the uncontrolled body movements. However, other non-physical aspects of the condition are equally relevant, for example, cognitive changes and depression.
- People with Huntington's disease in the later stages maybe more susceptible to developing problems with their oral health.
- Supporting people with regular mouth care is very important for comfort, dignity and general health.



## Why are people with Huntington's disease at a greater risk of poor oral health?

Communication	Some people with the later stages of HD may not be able to articulate that they have pain or problems with their mouth.
Nutrition and Diet	Some people with HD are known to hold food in their mouth after swallowing which increases the risk of decay. Because of weight loss, a high calorie diet may be prescribed which can increase the risk of decay.
Medication and Dry Mouth	Many of the medications prescribed for people with HD can cause dry mouth which increases the risk of decay, gum disease and oral thrush.
Open Mouth Posture	In the later stages of HD some people may have a persistent mouth open posture. This can result in a very dry mouth and lead to a build-up of thick dry mucous on the roof of the mouth and tongue.
Posture and Swallowing Problems (Dysphagia)	In the later stages of the condition swallowing problems may occur. This can lead to food stagnation around the teeth and roof of the mouth, potentially leading to dental decay and gum disease. In addition, because of the uncontrolled mouth movements, biting of the lip, cheek and/or tongue may occur.
Respiratory Secretions	People with HD who have a poor swallow may produce excessive respiratory secretions and be prescribed medication (for example, glycopyrronium) to manage this. These medications are important for care but can sometimes lead to the secretions becoming very thick and drying up in the mouth.



## Signs and symptoms of oral problems in a person with Huntington's disease

### Signs:

The mouth may appear dry, red and inflamed. Ulcers more commonly appear at the front of the lower lip. There may be a build-up of dry crusted saliva on the tongue or palate. Teeth may start to decay and become brown, develop holes or break off, leaving roots. Swelling around the face may be a sign of dental infection. There may be an odour from the mouth.

### Symptoms:

Pain with eating, swallowing or speaking, pain or discomfort with tooth brushing.



## Mouth Care for people with Huntington's disease

- It is important to have a good look in the mouth. A light source will be necessary for this. This may require two people, one to hold the light and the other to look at the teeth, gums, lips, cheeks, tongue and palate.
- Regular mouth cleaning should be carried out twice daily as part of personal care. A small headed toothbrush is recommended for better access.
- Electric toothbrushes can be very useful for people with HD especially in the early stages as the larger handles are easier to hold and promote independence.
- For people with dysphagia, use a smear of toothpaste pressed into the toothbrush or a toothpaste that does not foam (sodium lauryl sulphate-free).
- It is important to moisten the mouth. A small headed tooth brush can be dipped in water. This may be necessary in some cases 4-6 times a day for comfort and to remove dried deposits which can result from persistent mouth breathing.
- Dry mouth gels or sprays can be used to help keep the mouth moist for longer. Gels can be applied to a toothbrush or a MouthEze. Apply a pea-sized amount to the tongue and cheeks, massaging it in to prevent a build-up of the gel. Do not allow mouth gels to dry out as this could lead to a hard crusty deposit on the roof of the mouth.
- **A foam-ended product MUST NOT be used due to the risk of detachment and aspiration.**
- It is important to liaise with the dietician and speech and language therapist involved in the persons care so that an overall approach is taken and they are aware of the importance for good mouth care.
- Gentle clinical holding may be necessary to provide mouth care by trained carers as agreed in a person's care plan.
- People with HD may find it more difficult to wear dentures as their condition progresses due to involuntary movement of the tongue and jaws.
- Regular dental checks up are very important at all stages of HD.

## Reference

Rae D, Manley MCG. (2014) Oral Health Care in people with Huntington's disease In Diet and Nutrition in Dementia and Cognitive Decline Ed:M and V.R Preedy Chapter 10 pp 1125-32.