



# Oral Care Programme

## Huntington's Disease

Mun-H-Center, a Swedish orofacial resource center for rare diseases and a specialist dental clinic, have many years of experience from clinical treatment of patients with huntington's disease. In this pamphlet we summarise the most important aspects of meeting and treating this group of patients.

### Bakgrund

Huntington's disease is a progressive neurological and neuropsychiatric disorder that entails motor function, cognitive and psychiatric symptoms. The first signs of the disease usually become noticeable between 30 and 50 years of age. The disease is characterised by difficulties with balance and involuntary, jerky movements that increase in time. In the late stages of the disease it is common for the movements to become reduced and for muscle stiffness to develop.

The abilities to understand, learn, plan and reason, and to make decisions gradually deteriorate. Psychiatric symptoms including anxiety, apathy and depression may occur. Forgetfulness, concentration difficulties, and a reduced ability to take initiatives are other common symptoms. Speech disorders (dysarthria) and difficulties swallowing (dysphagia) develop gradually and eventually become very pronounced.

### Dental Care for People with Huntington's Disease

#### Need for preventive dental care

Individuals with Huntington's disease need regular and reinforced preventive dental care. Their capacity for self-care gradually diminishes. Psychiatric problems and cognitive difficulties also often lead to a reduced motivation to take care of their oral hygiene. The disease may progress rapidly. It is valuable if you establish contact as early as possible in the course of the disease, in order to get to know the patient and create secure routines. It is important to have a long term treatment plan. The choice of conservative treatment should be given careful consideration. Complex constructions have to be possible to manage even as the patient's pathology worsens.

#### Neurological symptoms and dental treatment

Involuntary movements often lead to considerable difficulties in carrying out oral and dental care, and require special attention. Oral function is also affected. There is an increased risk of aspiration and choking, which must be taken into consideration in dental treatment.

#### Risk factors for oral health

Involuntary movements mean an increased calorie requirement, and many patients therefore have to eat frequently. The movements also lead to considerable difficulties managing oral hygiene. The risk of developing oral diseases such as caries and periodontitis is also increased by food remaining in the oral cavity due to the patient's reduced ability to self cleanse. Gastroesophageal reflux is another symptom to be aware of and treat. Dry mouth is a common symptom and increases the risk of for example caries, fragile oral mucosa, and swallowing difficulties.

#### Advice for dependents and carers

During the disease progress dependents and carers will need to help the patient carry out oral hygiene at home. In order for them to be able to do this in the best possible way they need to receive practical guidance from dental care services, and have access to oral hygiene tools.

### References

- Ahlborg B, Carlsson A, Kroksmark A-K, Lundälv E, Persson M, Zellmer M. Hjälpmedelsutprovning vid mun- och tandvård. Mun-H-Center förlag 2011.
- Manley G, Lane H, Carlsson A, Ahlborg B, Mårtensson Å, Nilsson M B, Simpson SA., Rae D. Guideline for oral healthcare of adults with Huntington's disease. Neurogen Dis Manage 2012.

#### Links

- Huntingtons sjukdom, e-learning: <http://huntington.se/webbutbildningar/omvardnad-vid-huntingtons-sjukdom/atgardsomraden/#1487606398632-4570422a-85ff>
- Socialstyrelsens kunskapsdatabas om ovanliga diagnoser: <http://www.socialstyrelsen.se/ovanligadiagnoser/dystrofiamyotonika>

### Recommended oral care programme

#### Adapt the dental care environment

- Use a lifting aid or other aids, as necessary, to move the patient from his/her wheelchair to a treatment chair.
- Sometimes the patient may feel safer and calmer receiving their treatment in his/her specially adapted wheelchair/Permobil.

- Use supportive cushions (Lasal dental cushions for example) to provide stability, security and better comfort in the treatment chair.
- Adapt the environment with regard to the increased risk of falls due to the patient's uncontrolled and sudden movements.

### Appointment procedures

- Consider using images in the invitation if the patient has cognitive difficulties.
- Arrange plenty of time for the appointment.
- Remind the patient of the time of the visit as it approaches.
- Arrange the appointment to suit the patient's routines/daily rhythm.

### Adapt the dental treatment

- Both the dental hygienist and the dentist usually need assistance.
- Tools that must be available to reduce the risk of bite injuries and aspiration in connection with treatment: oral support, unbreakable mirror, mouth angle expander, oral wipes and aspirator.
- Consider whether rotating instruments can be used.

### In the event of swallowing difficulties

- Treat the patient in a semi-sitting position with the head tilted to one side.
- Be careful to aspirate water (possibly with the use of two aspirators) – assistance is important.
- Consider working with a dental dam if aspiration is associated with risk.
- Consider drying the oral cavity with oral wipes if the patient is unable to spit or rinse his/her mouth.

### Sedation

- Sedation, for example with Dormicum or nitrous oxide, may have a calming effect on involuntary movements. Huntington's disease is not associated with any risks from sedation, but the patient's doctor must be contacted.
- If the patient has a PEG tube, medication can be administered through it.

### When there is a risk of bite injuries

- Recontour sharp teeth.
- Consider administering a soft mouth guard. This may in some cases have to be used around the clock. Inform the patient/assistant that eating or drinking with the guard in the mouth should be avoided due to the risk of caries.

### In the event of severe bruxism

- If the patient has involuntary jaw movements, his/her teeth may be worn down in a short period of time. Protect the patient's teeth with a mouth guard. The soft variety is usually easier for the patient to accept.
- Remember to save the plaster cast of the patient's teeth, as soft mouth guards wear out quickly and new ones need to be made regularly.

### Special dental care support

- If necessary, assist the patient with the application for dental care support.

### Accompanying carers

- It is important to establish a good relationship with carers. Motivate them, give them feedback on their work. Document oral health regularly with photos.
- Encourage assistants to keep an eye on patients' mouth cavities and to contact dental care services if they notice any sores or bite injuries.
- Give instructions on adapted working positions and useful equipment for oral care at home.

### Self-care for young people and adult

- Let patients show how they manage to carry out their oral hygiene. If necessary, correct them gradually.
- Instruct the patient about adapted positions and good tools for oral care in their home.
- Individually adapted image support and a timetable programme can be used to help remember oral care routines.

Make your own invitation with images. Create a free account on [bildstod.se](http://bildstod.se)

For more information and recommendations about orofacial assistive devices visit: [mun-h-center.se](http://mun-h-center.se)

If you want more guidance about dental treatment and oral care for those with huntington's disease, or if you have any comments on the content of the oral care programme, please contact us: [mun-h-center@vgregion.se](mailto:mun-h-center@vgregion.se), +49 10-441 79 80. You find more information on our homepage [mun-h-center.se](http://mun-h-center.se)