

Support

Factsheet



british polio



Dental Care

A guide for people with polio
or Post Polio Syndrome (PPS)

today's support and information network

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Introduction

“Oh, I wish I’d looked after me teeth”, wrote Pam Ayres in her famous poem. Good oral health and hygiene are not just about being able to smile with confidence and eat well – they are important for your general health and well being, becoming even more so as you get older.

This factsheet provides some basic information for people with polio/Post Polio Syndrome (PPS). While having polio and PPS do not directly affect the teeth and gums, they may influence your ability to eat, the type of medication you use and how you respond to dental anaesthesia and treatment - all of which can affect your oral health.

The information in this factsheet is for general guidance only. All people with polio seeking dental treatment should be assessed and managed according to their individual needs.

Polio and Post Polio Syndrome

People who had polio years ago and made a good recovery may now be experiencing new symptoms. These can include new or increased muscle weakness and fatigue with or without other symptoms like muscle and joint pain, muscle atrophy or wasting, breathing or swallowing difficulties or cold intolerance.

It is because of the breathing and swallowing difficulties that people living with polio and PPS may develop that we have written this dental factsheet.

A healthy mouth - a healthy body

The health of the teeth and gums is now known to affect the health of the whole body. A good oral hygiene routine throughout your life is the best way to keep your teeth and gums healthy and to prevent tooth decay and gum disease - but it’s never too late to start.

Healthy eating

A healthy, balanced diet, rich in vitamins, minerals and fresh produce is also important in maintaining healthy teeth and gums.

Food and drink containing sugar can cause tooth decay, so it is a very good idea to cut down on these. Acidic foods and drinks such as citrus fruits, fruit juices, red wine and fizzy drinks (even sugar-free ones) can wear away tooth enamel (known as dental erosion) if taken often in large amounts, so try to limit these to mealtimes.

It is also recommended that you do not brush your teeth for at least one hour after eating or drinking anything acidic, so that they can build up their mineral content again.

For further information about healthy eating, see our factsheet, *Healthy eating - a guide for people with polio/Post Polio Syndrome*.

Smoking

Smoking can lead to staining, gum disease, tooth loss and in more severe cases, mouth cancer.

Smokers are more likely to produce plaque, which leads to gum disease. Gums are affected because smoking causes a lack of oxygen in the bloodstream, so the infected gums fail to heal. Gum disease can therefore progress more rapidly than in non-smokers. Gum disease still remains the most common cause of tooth loss in adults.

Don't pretend that problems will go away!

Few people enjoy going to the dentist, but it is important to have regular check-ups and to get treatment before any problems arise or become worse.

You should usually visit a dentist for a check-up every six months, but your dentist may recommend shorter or longer intervals, depending on your oral health and risk of future dental disease.

As well as assessing the health of your teeth and gums, your dentist can also spot signs of diseases such as mouth cancer. Dentists can also deal with malocclusion (problems with how the teeth bite together), which can cause headaches as well as other dental problems.

Things to consider for people with polio

If you have polio, you may have certain health issues that your dentist will need to be aware of, in order to give you the best possible treatment and care.

When you first visit a dentist, you will need to complete a form that asks you lots of questions about your dental and general health, including any health conditions you have and any medication you take. In addition to completing this form, you may wish to give your dentist our Hospital Pack. This includes a *What you need to know about my condition* form, where you can fill in information about topics such as breathing and swallowing problems, medication and mobility. The pack also includes information about anaesthesia and how people with polio may respond to it and a copy of our leaflet, *Post-Polio Syndrome - an introduction*.

Your dentist does need to be aware of potential risks, so that s/he can adapt your treatment.

Swallowing problems

If you have swallowing problems and eating a healthy, balanced diet is difficult for you, it is important that you seek help from a speech therapist and/or a dietitian, to ensure that you do not become malnourished. Poor diets can affect the health of your teeth and gums. Ask your GP to refer you for specialist help and advice.

If you have swallowing difficulties it is important that your dentist is made aware of this issue as well. You can ask your dentist or

doctor about referral to a speech and language therapist if swallowing is a problem.

Reclining in the dentist's chair may make clearing saliva during treatment even more of a problem.

Your dentist should also be aware that when using anaesthesia to numb areas in the back of the mouth, swallowing may become more difficult and the risk of choking or aspiration (inhaling fluids) may be higher.

Breathing difficulties

If you have breathing problems, particularly if you use breathing support such as a ventilator, you should discuss this thoroughly with your dentist.

Reclining in the dentist's chair may make breathing more difficult, so it is important that the dentist finds a position that is comfortable for you.

Hand and arm problems

Normal tooth cleaning may become more difficult if you have problems with your arms, wrists or hands. If you find it hard to grip a toothbrush handle, you may wish to try equipment such as handle adapters. Electric toothbrushes are also ideal for people with limited movement. The handles are thicker and easier to hold and the oscillating head does most of the work. There are many products available, and your dentist or hygienist can help you decide which are best for you.

You may find using a wall-mounted toothpaste dispenser helpful.

If you find cleaning your teeth tiring, you could consider cleaning one part of your mouth in the morning and another part in the afternoon. If your carer assists in cleaning your teeth, they might find it easier to stand behind you when brushing your teeth.

Dentists will always clean your teeth from behind.

It is important to brush your teeth before you go to bed. This is because the flow of saliva slows down during the night and this leaves the teeth more at risk from decay.

Psychological issues

Some people with polio have had traumatic experiences of medical procedures, which may make them afraid of going through any more. They may be reluctant to be completely at the mercy of medical professionals.

If it is at all possible for you, you may find it helpful to talk to your dentist about what you have been through and how it has made you feel. If you feel that you cannot do this, give them some general literature to read, such as a copy of this factsheet. The more you are able to communicate with your dentist, the better s/he will be equipped to understand you and to help you feel safer and more comfortable.

Dentures

If you wear dentures, you still need to take good care of your mouth. Every morning and evening, brush your gums, tongue and the roof of your mouth with a soft-bristled brush, to remove plaque and help the circulation in your mouth. If you wear partial dentures, it is even more important that you brush your teeth thoroughly every day. This will help stop tooth decay and gum disease that can lead to you losing more of your teeth. Your dentist may refer you to the hygienist to have your remaining natural teeth cleaned regularly.

Dentures should be removed before you go to bed. This allows your gums to rest and helps keep your mouth healthy.

Your dentures may need to be relined or re-made at some point due to normal wear or a change in the shape of your mouth. Loose or badly fitting dentures can cause discomfort, as well as sores and infections. They can also make chewing, swallowing and talking more difficult. It is important to replace worn or poorly fitting dentures before they cause problems. Dentures are likely to need replacing after 5 years.

Dental anaesthesia

While people with polio can be more sensitive to general anaesthesia, they also seem to require more local anaesthetic than other people in order to numb pain when having dental treatment.

People with polio may be sensitive to anything that further impairs motor neurons that have already been damaged by the poliovirus. A local anaesthetic may cause facial, tongue and throat muscles to become paralysed for a number of hours, affecting swallowing and breathing. You may also find that the numbing effect of a local anaesthetic takes longer than normal to wear off.

Make sure that you have enough time to rest and recover after you have had any dental work. Consider asking a family member or friend to accompany you home and make sure that you do not drive yourself.

This does not mean that if you have polio you cannot have dental anaesthesia.

Relaxation and sedation

Some members of the general population are so terrified of dental treatment that they need to be completely sedated during procedures. This, of course, may not be a suitable option if you have had polio.

Another sedation method is “relative analgesia”, sometimes known as inhalation sedation. This means breathing in a mixture of nitrous oxide and oxygen (‘laughing gas’) through a nosepiece, which quickly leads to a pleasant, relaxed feeling. You remain conscious all the time, although you may be a little drowsy, and any treatment given should not cause discomfort. Many dentists use this safe and effective technique, which has no after effects.

Other techniques to help you cope include hypnosis and relaxation exercises. While inhalation sedation may not be suitable for everyone, relaxation techniques can benefit all of us.

Do remember

No one knows your body better than you do. You are the best judge of how it responds. Remember that prevention is better than cure. Get into the habit of looking after your teeth and gums and you will reap long-term benefits.

Checklist for visiting the dentist

- If you have not done so already, tell your dentist that you have polio. Explain how the polio affects you, including any breathing or swallowing difficulties you may have, or any mobility issues. Give them copies of The Fellowship's publications, as mentioned previously.
- Talk to your dentist about any other health conditions you have and how they affect you.
- Tell your dentist about any medication you take and have taken recently, including over-the-counter medicines.
- Do discuss any treatments thoroughly with your dentist. This would include your options if there were more than one way to manage the problem, the costs involved and how many visits will be necessary to complete the treatment. Make sure you fully understand the procedure(s) and are comfortable. Do ask for further explanations if there is anything you do not understand.
- If you are afraid of having dental treatment, say so. Lots of people are afraid; it is nothing to be ashamed of.
- Talk to your dentist about any sign you can make during treatment if you feel any discomfort or pain.
- If it makes you feel more comfortable, ask your dentist to tell you what s/he is doing, step-by-step- and why. Some people find this more reassuring.

Accessibility and specialist services

Under the Disability Discrimination Act, dentists are obliged to make “reasonable adjustments” to surgeries to make them more accessible. All practices should therefore offer facilities for wheelchair users, including access to the practice and ground floor surgeries. Some clinics may have specially adapted surgeries for patients with mobility problems. (Some practices may be exempt from DDA regulations if they are in listed buildings, but you can check this with your local authority).

Everyone needs to have access to dental services and while many dentists can treat patients with special needs, some people will need a specialist service.

For example, you may have problems getting into the dentist’s surgery or even in and out of the dentist’s chair. You may have one or more medical conditions (polio or non-polio related) that mean you require specialist care.

The local Primary Care Dental Service/Community Dental Service offers treatment for people who are unable to get it from a high street dental practice. This includes those with a physical or learning disability and anyone who has a medical condition that needs extra time, care or special facilities. This service is provided by Primary Care Trusts (PCTs) in England, Local Health Boards in Wales, and Health Boards in Scotland and Northern Ireland.

Your doctor or dentist is usually responsible for referring you to a clinic best suited to your needs, but in some cases patients may refer themselves.

At present treatment from the Community Dental Service is subject to the same charges as NHS dentistry. Charges are waived for the same categories as NHS patients.

Community services do not provide any private care; it is all covered by NHS charges.

You can find the number of your local PCT or Health Board in the Yellow Pages or visit www.pctdirectory.com (England) or www.wales.nhs.uk/catorgs.cfm (Wales). When contacting your local PCT/Health Board, ask for the Dental Services Office - either “Community Dental Services” or “Dental Public Health.”

If you are housebound or have difficulty visiting a surgery, your Primary Care Trust can also give you details of any local dentists offering home or ‘domiciliary’ visits. However, bear in mind that treatment options are limited outside the surgery.

Another important issue to consider when visiting a dental practice is to ensure that there are adequate and suitable parking spaces available.

Registering with an NHS dentist

In England and Wales, you can find out whether there is a dental access centre in your area by contacting NHS Direct.

NHS Direct

Tel: 0845 4647

Website: www.nhsdirect.nhs.uk

To register with an NHS dentist, visit the NHS website (www.nhs.uk), where you can search by town or postcode, or call NHS Direct.

In Scotland, you should contact your local **Health Board**.

Not all dentists are contracted to provide the full range of NHS services. Dentists offering NHS treatment produce an information leaflet giving details of NHS services they have agreed to provide.

Free treatment

You can get free dental treatment on the NHS if you are:

- aged under 18
- aged 18 in full-time education
- pregnant, or have had a baby in the 12 months before treatment starts
- an NHS inpatient and the treatment is carried out by the hospital dentist
- an NHS hospital service outpatient (there may be a charge for dentures and bridges)
- entitled to, or named on, a valid NHS tax credit exemption certificate
- named on a valid HC2 certificate (see below)
- getting, or your partner gets:
 - Income Support
 - Income-based Jobseekers' Allowance
 - Pension Credit Guarantee Credit
 - Pension Credit Guarantee Credit and Savings Credit paid together

The NHS Low Income Scheme

If you or your partner:

- receive the savings credit part of pension credit only, and/or
- have a low income and capital (the limits change each year and are different if you live permanently in a care home) you may be entitled to help towards the cost of NHS dental treatment.

To apply for the NHS Low Income Scheme, you will need to complete form HC1. You can order a copy from the NHS Patient Services Helpline on 0845 850 1166. You can also pick up an HC1 form from NHS hospitals, Jobcentre Plus offices and some GP surgeries, dentists and opticians.

If you qualify for help, you will be sent either an HC2 or HC3 certificate:

- Certificate HC2 entitles you to full help with NHS dental charges;
- Certificate HC3 entitles you to partial help with NHS dental charges.

Tell your dental practice that you have an HC2 or HC3 certificate when you make an appointment. Take the certificate with you when you start a new course of NHS dental treatment.

Useful organisations

British Dental Association

The British Dental Association (BDA) is the professional association and trade union for dentists in the United Kingdom. Its website BDA Smile provides advice about dental problems and treatments for all stages of life and includes career information and a dentist search facility.

British Dental Association
64 Wimpole Street
London
W1G 8YS

Telephone: 020 7935 0875
Website: www.bda.org

British Dental Health Foundation

The British Dental Health Foundation is an independent charity that is dedicated to improving the oral health of the public. It provides free and impartial dental advice, runs educational campaigns like National Smile Month and informs and influences the public, the dental profession and the government on oral health issues.

British Dental Health Foundation
Smile House
2 East Union Street
Rugby
Warwickshire
CV22 6AJ

Dental Helpline: 0845 063 1188
Website: www.dentalhealth.org.uk

Disabled Living Foundation

The Disabled Living Foundation is a national charity that provides free impartial advice about all types of daily living equipment and mobility products for older and disabled people, their carers and families.

Helpline: 0845 130 9177
Website: www.dlf.org.uk

British Society for Disability and Oral Health

This organisation provides a variety of useful factsheets from other organisations in their section: Information for the Public.

Website: www.bsdh.org.uk

Medical Disclaimer

The information given in this factsheet is not medical advice and by providing it The British Polio Fellowship and our medical advisors do not undertake any responsibility for your medical care. Before acting on any of the information contained in this factsheet, you should discuss the matter with your dentist or any other medical professional who is treating you.

Our thanks go to **Mrs Sandra Knowles, Dental Practitioner, BDS Lond, LDSRCS Eng**, for reviewing this factsheet for us.

