

## Teeth Tips

Regular visits to your dental hygienist and other oral care provider will reduce the risk of gum-disease and promote oral health

Using fluoridated toothpastes will reduce the risk of cavities

If dry mouth is a problem, try artificial saliva, sucking on ice chips, or using foaming-free toothpastes.

Brush and soak your dentures as part of your oral care regiment.

Limit your intake of simple sugars as they promote gum disease and cavities.

Try using a tongue-scraper to decrease the amount of disease-causing bacteria in your mouth.



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## Parkinson's Disease...and Oral Health

**Parkinson's Disease is a degenerative condition affecting our body's nervous system. Caused by declines in the production of the brain chemical dopamine, the primary symptoms of this complex disorder are characterized by dysfunctions in muscle reaction and movement such as muscular rigidity, tremor, slowness and weakness. Other symptoms of Parkinson's disease may involve changes in our ability to think, reason and remember. This debilitating condition mainly affects the middle and elderly age groups of our population. Those with Parkinson's disease as well as their caregivers and family members often face daily life challenges that include the proper and adequate provision of oral hygiene care.**

### Oral Health at Risk

The oral health of those affected by Parkinson's can become compromised due to poor muscle-eye-coordination, loss of hand-finger dexterity and tongue-cheek-lip control-- all fine-motor skills required to effectively brush and floss our teeth. Other symptoms such as: forgetfulness, apathy, and depression also lead to decreased attention to teeth brushing and flossing. Those of us affected by Parkinson's have increased risk of oral disease such as red, bleeding gums, loose teeth, heavy plaque/tar-tar build-up and cavities. Medications including anticholinergics, dopamine agonists, beta- blockers and mono-amine oxidase inhibitors can cause uncomfortable dry mouth conditions that also lead to cavities and gum-disease.



## When should you replace your toothbrush?

It's recommended that you replace your toothbrush every 3 months. Toothbrush bristles work best at removing plaque and protecting the teeth and gums from recession and abrasion when they are nice and straight.



Discard your toothbrush as soon as you begin to notice the bristles becoming splayed, bent or flattened. To prolong the life of your toothbrush and protect your teeth and gums from damage, try to brush gently and avoid scrubbing.



## Life Quality and Well Being

Good oral health reflects on both the physical and emotional well being of those affected by Parkinson's. Scientific research make strong connections between oral health and physical disease like diabetes, pneumonia, heart disease and stroke. A clean, and healthy mouth also improves one's comfort and overall quality of life, as it enhances aesthetics, controls bad breath and reduces gum and teeth sensitivity. Prevention of oral disease is most important and must include a well-implemented and effective daily oral hygiene routine. Consultation with an oral health care provider such as your dental hygienist will help those with Parkinson's disease establish a good, and effective preventive oral hygiene program.

## Basic Prevention

A basic preventive home-care routine for those affected by Parkinson's disease should include a minimum of brushing two times a day to remove disease-causing bacteria. In order to further reduce the risk of gum-disease and tooth decay, flossing or other methods to clean in between the teeth are recommended. For those who are unable to adequately provide oral hygiene care for themselves, a regular caregiver should be assigned to take over this task. Visits to your den-

tal hygienist are recommended every 3 months to develop and monitor oral care routines as well as prevent gum disease and cavities. Your dentist should also be consulted every 6-12 months to diagnose and treat any cavities or other oral conditions.

## Mobile Professional Care

Since mobility issues can interfere with access to professional oral care—especially for those who are wheel chair bound—mobile dental hygiene or dental services are available to provide on-site care to those with Parkinson's disease in the comfort of their homes or nursing-care facility. Your local chapter of the Parkinson's Society will be able to provide you with the names and information of some of these services.

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## Parkinson's and Common Questions on Oral Hygiene Care

**Q: Is an electric toothbrush recommended for those with Parkinson's disease?**

A: An electric toothbrush is generally easier to manage for those with poor dexterity and does not require the same degree of fine motor skill to maneuver as a manual toothbrush. The larger diameter of the electric toothbrush handle will also make it easier to grip and compensate for muscle weakness in the hand.

**Q: Is it a good idea for those with Parkinson's disease to use mouthwash?**

A: Mouthwash is only recommended if the muscles used to spit are working effectively. Otherwise, mouthwash can collect in the back of the throat and be aspirated into the lungs.

**Q: My father no longer brushes his teeth very well but resists when I try to take over this task. What can I do to help?**

A: It's only natural for your father to want to maintain his independence. Perhaps, you can help by gently placing

your hand over his when he brushes to guide his movements. It may also be a good idea to have him in a seated position so that you can approach him from behind to stabilize his head while he brushes his teeth.

**Q: When is the best time of day to brush my family member's teeth?**

A: It's best to attempt oral hygiene care for your family member at a time when everything is quiet, calm and distraction free. The symptoms of Parkinson's disease are made worse with anxiety and therefore, make it more difficult to accomplish proper oral care.

**Q: I find it extremely difficult to brush my mother's teeth because of excessive head, tongue, and jaw movements. She also finds it difficult to keep her mouth open for very long. What can I do?**

A: Try to accomplish this by brushing her teeth several times a day but cleaning only a small section at a time. This should make the task less frustrating and at the

same time, help your mother maintain a clean and healthy mouth.

**Q: I find it difficult to brush my dentures. Any suggestions?**

A: For those having trouble with coordination, try attaching a stiff denture brush securely to a stationary surface like a counter top and then run your denture across the brush.

**Q: I have a hard time flossing. Is there something else I can use to clean in between my teeth?**

A: A floss-wand is simpler to use and helps extend your fingers to deliver floss to hard to reach back teeth. Interproximal brushes (proxabrushes) are also a good substitute when there is difficulty with flossing. These are cylindrical or cone-shaped brushes designed to fit and clean spaces in between teeth; they are easier to manipulate than dental floss. Both the floss-wand and the interproximal brushes are available in drug stores.



# Integrating oral health with total health

## Our services

Oral Assessments  
Scaling  
Polishing  
Denture Care  
Desensitizing  
Teeth  
Referrals  
Oral Cancer  
Screen

## Our clients

Retirement  
Residences  
Nursing-homes  
Homebound  
Hospitals  
Adult Day  
Centres  
Rehabilitation  
Centres

## Let's Introduce Ourselves

*directSmiles* is a Professional Mobile Dental Hygiene service delivering the highest quality dental hygiene treatments directly to you -- our client. Our company's on-site approach to dental hygiene care was developed in response to the great and growing need for improved access to caring, and cost effective dental hygiene services in our community.

*directSmiles* is owned and operated by two very dedicated and experienced registered dental hygienists:

Cheryl Kiryk, RDH has been practicing as a registered dental hygienist since 1995. Cheryl, who is also a restorative dental hygienist has been working in a variety of private practice settings including periodontics and restorative dentistry. Cheryl's fluency in both the English and French languages is a definite communications asset to the company.

Lillian Yee, RDH has been registered and practicing dental hygiene since 1991. Lillian, like Cheryl has been working in various private practice settings such general dentistry and periodontics. Lillian's extensive expe-

rience in periodontics will benefit those who wish to restore and enhance their oral health.

## Our Mission

Our client-specific approach to delivery of dental hygiene services will meet the individual and unique needs of every person we treat. At *directSmiles*, we strive to provide quality and professional dental hygiene services to ALL individuals by bringing down barriers and paving the way to care. With open minds, listening ears, and bright smiles, we bring our services directly to you.

## Location

*directSmiles* is located in Caledon and Oakville. We service the GTA and surrounding areas.



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