Alzheimer’s Disease…a progressive, degenerative condition of the brain is a common form of dementia involving 3%-10% of the population over 65 years and up to 50% of those over 85 years. Mainly characterized by active declines in memory, judgment, language, and motor skills, these diminished abilities are associated with abnormal development of plaque-like deposits (senile-plaques) and knots (neuro-fibrillary tangles) along the brain’s neuro-axons. Alzheimer’s can challenge your family and caregivers in multiple aspects of daily life-- including the provision of oral hygiene care for your affected family member.

Oral Health at Risk

The oral health of your Alzheimer’s family member can become compromised due to forgetfulness, depression, poor hand/motor control, and resistance to oral care provided by others. In general, those with Alzheimer’s have increased incidence of oral disease including red, bleeding gums, loose teeth, heavy plaque/tartar build-up, and cavities. Medications such as acetylcholine drugs or anti-depressants can result in uncomfortable and irritating dry mouth conditions. Also, phenytoin drugs used to control those with Alzheimer’s associated seizures tend to cause enlargement and over-growth in gum tissue.

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.
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 new and not splayed, bent or flattened. When should you replace your toothbrush?

Mobile Professional Care

Since mobility issues can sometimes interfere with access to professional oral care—especially for the bedridden mobile dental hygiene or dental services are available to provide on-site care to your loved one either at home or nursing home residence. Your local chapter of the Alzheimer’s Society, retirement residence or nursing home, will be able to provide you the names and information for some of these services.

Basic Prevention

A basic preventive home-care routine for your Alzheimer’s family member should include a minimum of brushing 2x/day to remove disease-causing bacteria. In order to further reduce the risk of gum-disease (gingivitis/periodontitis) and tooth decay, flossing or other methods to clean in between the teeth are recommended. If your family member is unable to provide adequate self oral hygiene, a regular caregiver should be assigned to take over this task. Visits by your dental hygienist are recommended every 3 months to personally develop and monitor oral hygiene 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.

Life Quality and Well Being

Good oral health reflects on both the physical and emotional well being of your Alzheimer’s family member. Scientific research makes strong connections between oral health and physical disease such as diabetes, pneumonia, heart disease and stroke. A clean, and healthy mouth also improves comfort and the overall quality of life for your Alzheimer’s loved-one as it enhances aesthetics, controls bad breath and reduces gum and tooth-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 you and your family to establish a good, and effective preventive oral hygiene program.

Alzheimer’s and Common Questions on Oral Hygiene Care

Q: Why does my Alzheimer’s wife resist when we try to brush her teeth?
A: Those with Alzheimer’s disease may be uncooperative or become combative when they’re frightened or confused. Your wife needs to understand what is happening when you try to brush her teeth. You should make good eye contact and explain in simple language that you are going to brush her teeth before attempting to do so. You may need to repeat your explanations several times, in the same manner, using the same words before she begins to grasp what is happening.

Q: How do we get our aunt with Alzheimer’s to cooperate and allow us to brush her teeth?
A: It’s best to approach your aunt in a relaxed, caring, understanding and cheerful manner. Reduce stress by approaching slowly and speaking softly with plenty of reassurance. Tell your aunt what you are going to do instead of giving her the choice—remember, decision-making is sometimes challenging for her. Using distraction techniques can also be helpful when she is uncooperative or argumentative...try a change in activity or leaving the room for a few minutes before re-attempting oral hygiene care.

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 your household or nursing home is quiet, calm, and distraction-free. Sometimes early morning is preferred when your family member is more likely to be well rested.

Q: Is it a good idea for my Alzheimer’s family member to use mouthwash?
A: Mouthwash is only recommended if your family member is able to spit; if he is at risk of swallowing the mouthwash then he shouldn’t use it.

Q: I have a hard time flossing my mother’s teeth. Is there something else I can use to clean in between her teeth?
A: A floss-wand is simple to use and helps extend your fingers to deliver floss to hard to reach back teeth. Inter-proximal brushes (proxabrushes) are also a good compromise when there is difficulty with flossing. These are cylindrical or cone-shaped brushes designed to fit and clean spaces in between teeth and are easier to manipulate than dental floss. Both the floss-wand and the inter-proximal brushes are available in drug stores.

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Q: My father brushes his own teeth but does not clean them well. Should I brush his teeth?
A: If your father is able and willing to brush his own teeth, it’s best to encourage him to continue to do so. Gentle reminders along with simple, concrete step-by-step instructions on how and where to brush will help guide him through the process.

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Our clients

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

Our services

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

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