

## Sjögren's Syndrome and Oral Health

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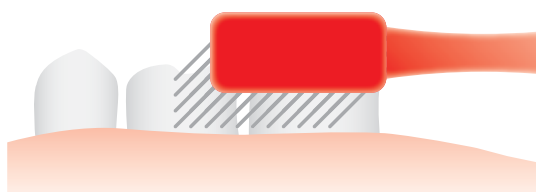
Sjögren's Syndrome is characterized by a dry mouth which can cause many problems in the mouth. It can make swallowing food difficult, cause speech problems and taste disturbances. The lack of saliva can predispose the Sjögren's Syndrome patient to developing dental decay, gum disease and fungal infections. To reduce the risk of developing these the patient needs to undertake a rigorous oral hygiene regime at home and attend the dentist regularly.

The mechanical removal of plaque is the most important part in the prevention of oral disease and it is essential that it is removed on a daily basis. Plaque is the soft, sometimes thick and creamy coloured deposit that is often found around the necks of the teeth and in between them. The visibility, colour and thickness of the plaque are dependant on how long it has been left untouched in the mouth.

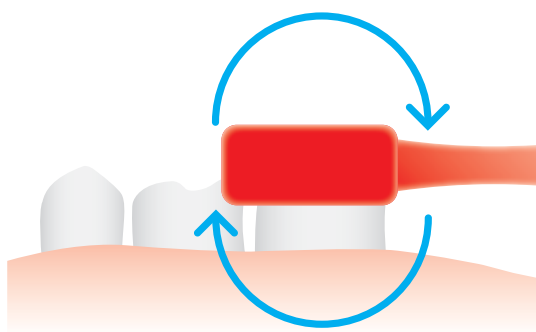
The best way to remove the majority of plaque in the mouth is by toothbrushing. Brushing with a manual toothbrush requires an effective technique for adequate plaque removal. It is important to remember each tooth in the mouth has three surfaces that require cleaning- the 'outer' surfaces next to the cheeks, the 'inner' surfaces next to the tongue or roof of the mouth and the biting surfaces.

### Toothbrushing Technique

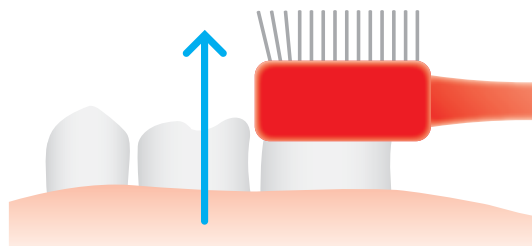
When brushing the 'inner' and 'outer' surfaces of the teeth - hold the brush head against the gumline and tilt to an angle of 45 degrees. This should allow the tufts to gently move below the gumline.



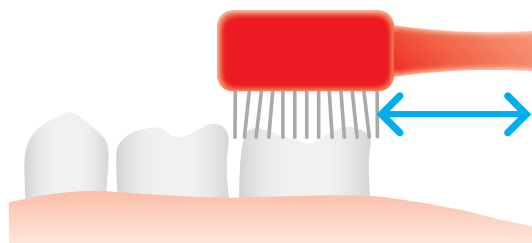
Move the brush head in tiny circular movements about 10 times.



Then roll and flick the brush head away from the gum line up the tooth surface.



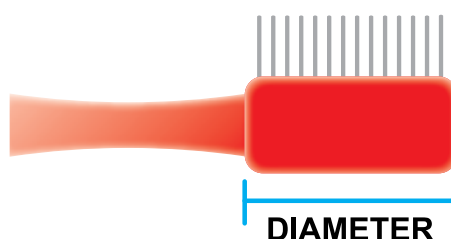
Brushing the biting surfaces - the brush head needs to be held horizontally and moved back and forth several times.



The inner surfaces of the lower front teeth are the hardest to access and clean. To reach them it requires holding the toothbrush in a strange way. Turn the toothbrush upside down with the brush head pointing downwards. The brush head can now be pressed against the tooth's surface more easily and angled at 45 degrees towards the gumline.

The technique for an electric toothbrush is similar to a manual toothbrush. The correctly placed brush head angled at 45 degrees just needs to be held against each tooth's surface for about 5 seconds. The electric toothbrush head oscillates doing most of the manual work for you so the brush handle needn't be moved. Avoid a scrubbing motion with an electric toothbrush because it can damage the gums.

Patients are often unsure as to what type of toothbrush to buy - an electric or a manual. Many studies have produced conflicting reports as to which is best. At the end of the day it is personal preference as long as a good toothbrushing technique is established. However, whether the toothbrush is manual or electric the size of the brush head is important. The head should be soft to medium textured and the diameter no bigger than a one pound coin. This is to ensure that the toothbrush can access hard to reach areas in the mouth.



Should be no bigger than a £1 coin.

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An electric toothbrush is often recommended to patients with reduced dexterity in their hands and fingers as it requires less manual movement to achieve good plaque removal. A manual toothbrush can also be adapted for such patients to make brushing easier. Some dental suppliers produce manual toothbrushes with a wider handle and toothbrush grips which the normal manual brush slides into making it easier hold. Plasticine or putty moulded around the toothbrush handle can also achieve the same effect.

Toothbrushing to be effective should be undertaken twice a day, once in the morning and last thing at night before bed. A 1500 ppm (parts per million) fluoride toothpaste should always be used and brushing for at least 3 minutes is recommended. Using the length of a song on the radio or buying an egg timer may help you to brush for the recommended time. Make sure after brushing you spit out the toothpaste and not rinse your mouth with a handful of water. If toothpaste with higher fluoride concentration is needed this will then be advised and prescribed to you by your dentist.

Toothbrushing alone does not remove all plaque in the mouth especially in between the teeth. This is where the use of interdental cleaning aids are advised such as floss and 'bottle brushes'.

Before you start using floss it is important to remember that it requires practice, patience and perseverance and a technique that is right for you will take time to perfect.

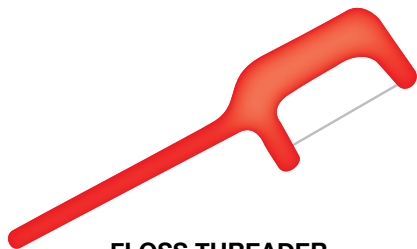
Start by flossing the top six and bottom six front teeth in the mouth as access is slightly easier. Once you are confident with your technique for the front 12 teeth combine flossing the back teeth into your routine.

## Flossing Technique

Start by taking a piece of floss about 50cm long. Some practitioners recommend flossing is done by feel, others recommend standing in front of a mirror whilst doing it, whichever suits you.

Knot the floss into a loop or wrap it around your second finger on each hand making sure there is a short space of floss in the middle. Do not wrap so tight that your fingers turn white! Pinch the floss using your thumb and index finger on both hands, gently introduce a 10cm section of floss in between the teeth. If the space is tight adopt a gentle circular movement with just enough pressure to slip it between the teeth.

Curve the floss around the tooth at the gumline to form a C-shape. Holding the floss tightly against the tooth, gently rub the floss up and down the entire tooth surface making sure you don't catch the gum. Pull the floss over to the opposing tooth's surface and repeat method. Make sure you use a fresh section of the floss on each tooth.



**FLOSS THREADER**

Whether you use tape or floss, waxed or unwaxed it is again personal preference. Floss or tape containing Gortex® is good because it reduces the chance of it tearing or ripping. Floss threaders are advised for patients with reduced manual dexterity or patients who find it difficult to floss their back teeth. The technique for floss threaders is the same as using an ordinary piece of floss.

When spaces between the teeth are too wide for floss to fit snugly through the dental practitioner will recommend you use

'bottle brushes'. They come in a range of different colours which correspond to the size of the brush head. The colour of the bottle brush you use depends on the sizes of the interdental spaces in the mouth. Some patients find they use several different coloured bottle brushes in several different areas of the mouth. The colour of the brushes suitable for you can be tested and chosen by your dentist or dental hygienist as each individual's mouth is different. The dental practitioner can also recommend an appropriate technique for their use.

Try not to be concerned if your gums bleed to start with whilst flossing or using your bottle brushes. This can sometimes be sign of inflammation due to gum disease or trauma due to an incorrect technique. It is important to persist with interdental cleaning because the bleeding will gradually cease and your gums will become healthier for doing it.

The use of an alcohol free fluoride containing mouthwash in the middle of the day is recommended. Fluoride helps to strengthen teeth, prevent dental decay and plays a vital role in achieving good oral health. The mouthwash should be rinsed around the mouth and spat out, never rinsed out with water. Do not eat or drink anything for at least an hour afterwards to allow the fluoride to work. A recommended concentration for a daily use mouthwash is 0.05% sodium fluoride so be sure to check the label!

Good denture care is essential to prevent the development of fungal infections in the mouth.

Dentures should always be removed at night and soaked in an appropriate antiseptic solution. (Your dentist can advise you on which is best to use)

Where possible try and limit the use of denture adhesives. If your dentures are no longer fitting properly then bring it to the attention of your dentist.

Dentures need to be cleaned using a specialised denture brush after every meal. It is appreciated that this isn't always possible. When it isn't just rinse your mouth out with water. Cleaning your denture should be done over a towel to minimise breakage if they are dropped.

Saliva flow can be stimulated by chewing sugar-free gum or sugar-free mints. A salivary stimulant such as pilocarpine (Salagen®) is usually prescribed by a doctor and its use discussed. Sipping water or sucking on ice cubes made from only water is a great way to rehydrate the mouth and artificial salivas can provide a temporary relief. Avoiding smoking and drinking coffee or carbonated drinks is beneficial as they can have a drying effect in the mouth.

Following correct dietary advice given by the dental practitioner is essential in maintaining oral health. It is a common misconception that dental decay is caused by the amount of sugar consumed. This is untrue and dental decay develops due to the frequency of sugar consumption. Sugary snacks and drinks in between meals, sticky sugary foods that retain on the teeth, sugar in numerous cups of tea or coffee throughout the day and 'hidden sugars' in food are the usual culprits in causing dental decay. By cutting these out completely or consuming them at mealtimes only the risk of dental decay can be massively reduced.

Regular dental attendance is important so that your oral health can be monitored, appropriate advice can be given and your teeth cleaned professionally. It is essential this is undertaken on a regular basis to keep healthy gums and control gum disease.

Achieving and maintaining good oral hygiene requires patience and persistence but the beneficial effect it has often goes beyond that of the mouth. A healthy mouth can have a positive influence on a person's general health and overall well-being.