



Multiple Sclerosis Society

September 2012

Factsheet

Oral health and MS

MS (multiple sclerosis) doesn't directly make you more likely to get dental problems than other people. But it might make it harder for you to maintain good oral hygiene or get dental treatment.

How might MS affect my oral health?

It depends how your MS affects you, and if you are taking any medications.

Symptoms

For example, problems with stiffness, weakness or muscle spasms might make it harder to brush or floss, or to receive treatment at the dentist. There are often ways to work around these issues, some of which we describe later on.

If MS makes it harder to eat or prepare food, and you're not getting the right nutrition, this too can have an impact on your oral health. A dietitian can help - ask your GP for a referral.

If it's difficult to get to the dentist, see 'Going to the dentist' on page 5.

Trigeminal neuralgia

Some people with MS can have a severe facial pain, known as trigeminal neuralgia. This can be mistaken for toothache. If you have facial pain, it is important to discuss it with your GP as well as your dentist, as it could avoid you having unnecessary dental work. There's more information in the MS Society booklet *Pain and sensory symptoms*, or you can contact the Trigeminal Neuralgia Association (see page 7).

Medications

Some medications used to manage MS symptoms can affect the mouth. Dry mouth and oral thrush are the most common problems. These are covered in more detail later in this factsheet.

Looking after your teeth

To make it easier to maintain good dental hygiene:

- Many people find electric toothbrushes easier to handle and use than an ordinary toothbrush.
 - An adapted toothbrush might help. For example, a longer or angled handle might help if you find it difficult to move your arms. Speak to your dentist, dental hygienist or an occupational therapist about what might be best for you.
 - Interdental brushes are a good alternative if you have difficulty using floss. These come in different sizes, so ask your dentist about which one would be right for you.
 - Mouthwashes can help with oral hygiene if brushing is difficult. There are different types available, so ask your dentist if you would benefit from using one and which one would be most suitable for you.
 - If someone else helps you to brush, ask your dentist or dental hygienist for advice on the best technique for doing this.
-

Dry mouth

Dry mouth is caused by not having enough saliva to keep your mouth moist. Saliva helps keep your teeth, tongue and gums clean, by protecting them against infection and by neutralising mouth acids. It also helps with clear speech and swallowing.

A dry mouth is usually caused by medications reducing the amount of saliva produced by your saliva glands. These include many drugs used to treat bladder problems, some anti-depressants and some antispasmodics, used to treat muscle spasms. Smoking also increases the risk of a dry mouth.

Tooth decay, infection and gum disease are far more common in people with a dry mouth, so it is important to speak to your dentist if this is an issue for you.

Managing dry mouth

Some people find these simple things help:

- chewing sugar-free chewing gum
- sucking pieces of ice
- frequent sips of water
- sucking sugar-free pastilles

But if these don't help, there are also various products available to manage dry mouth. These include saliva replacements and special dry mouth toothpaste, both of which are available on prescription. There are other products available from high street chemists, although they often need to be ordered specially.

Oral thrush

Oral thrush is caused by a fungus called candida. It is present in most people's mouths but, in certain circumstances, it can cause an infection in the mouth. Signs of oral thrush include sore, white patches in your mouth, and a burning sensation on your tongue. If you wear dentures, candida would show as a red, non-sore area directly under the denture.

Causes that can make someone with MS more likely to develop oral thrush include:

- dry mouth
- difficulty in keeping your mouth clean
- corticosteroids, used to treat relapses
- some people who take Copaxone, a disease modifying drug, say that it can cause oral thrush

Some antibiotics can also result in oral thrush.

Managing oral thrush

Oral thrush can be treated with antifungal medication. Although you can get antifungal medications over the counter, you should still speak to your GP or dentist about it, particularly if you have recurring oral thrush. There may be an underlying cause that needs treating.

Nutrition

It's important to get the nutrition you need. If you are not getting enough essential elements and vitamins in your diet, this can affect your oral health.

Vitamin C is considered to be particularly important for good oral health, although there is no evidence that high doses are more effective than the standard recommended amount. NHS Choices has information about the recommended doses of vitamins:
www.nhs.uk/livewell

MS symptoms can sometimes affect your ability to eat and prepare food - for example, if you have tremor, or problems with swallowing. If you are adding high energy supplements to your diet as a result, or if you've been prescribed pre-thickened juices, bear in mind that they are often high in sugar. To avoid tooth decay it's important to maintain good dental hygiene. Aim to brush your teeth twice a day, and visit your dentist regularly.

There's more information in the MS Society booklet *Diet and nutrition*.

Amalgam fillings

In the past, it has been suggested that the removal of dental amalgam is therapeutic for MS. Amalgam, which is composed of mercury as well as silver, copper, tin and zinc, is used in 80 to 90 per cent of tooth restorations. It is claimed that the immune system and nervous system are damaged by small amounts of solid mercury and mercury vapour released from the amalgam.

However, there is no evidence that mercury causes MS or that removing dental amalgam improves the course of MS. Furthermore, it has been estimated that amalgam accounts for only 10 per cent or less of mercury intake. Dental amalgam removal is generally expensive, but there are few risks associated with it. On rare occasions, it may cause injury to nerves or teeth.

Many dentists are sympathetic to the concerns a person with MS may have, and will often use alternatives to amalgam for fillings.

Going to the dentist

Finding a suitable dental practice

You could ask those who live nearby where they go and if the practice is accessible. Your local MS Society branch might have this information - find them on our website, or contact the UK Information Team (contact details at the end of this factsheet). Your MS nurse and current dentist can also help.

Access issues

If you live in England or Wales, NHS Choices or NHS Direct Wales both have information about the accessibility of dental practices. This includes whether they have step-free access, disabled parking or are wheelchair accessible.

In Scotland or Northern Ireland you should check directly with the practice to find out if it is accessible.

Regardless of where you are in the UK, even if the practice itself is accessible, it's worth considering how easily you can use the dentist chair.

Some people who use a wheelchair find it difficult to transfer from one chair to the other. Family dentists are unlikely to have transfer boards or hoists in their surgery. Depending on the size of the surgery, you may be able to bring your own if you have them. If you need help with transferring, you should arrange for someone to come with you. If you can't transfer and your wheelchair will not recline, this may limit the treatment you can receive. If this is the case, you might want to discuss it with your dentist to see if there are other ways you can get the dental care you need.

Most practices will be able to arrange appointment times that fit in with your needs, such as problems with fatigue or arranging transport. Let the receptionist know if you need extra time to get into or out of the surgery, so they can allow for this. All this information can be added to your records, so that you don't have to go into detail every time you make an appointment.

If you can no longer access the practice you normally attend, you should ask the dental staff how you can continue to receive regular dental care. Your dentist should be able to suggest another dental practice that is accessible or offer to refer you to the community dental services in your area. It is also possible to be treated in your own home ('domiciliary care') but the treatment your dentist would be able to give you would be very limited.

During your appointment

It is likely that you will know much more about MS than your dentist, particularly about how it affects you. You should tell your dentist that you have MS and the symptoms you experience - particularly if the symptom might interfere with dental treatment, such as muscle spasms. Also tell them if you are taking any medication (and update them each time it changes).

Establish a signal that you can give the dentist to stop treatment if you feel unwell, or need a rest.

If you are sensitive to light, you might find the dentist's light uncomfortable. The dentist or nurse will probably offer you tinted safety glasses to wear, or you could wear a pair of your own sunglasses if you prefer.

If someone else helps with your oral health, they may want to attend the appointment with you. You may also want to talk through any concerns with them before going to the appointment. Your dentist will need to know if you do receive help with your oral health, as they will want to talk to both of you - provided you're happy with that.

Do I have to pay for my dental care?

Having MS does not mean that you automatically qualify for free NHS dental care. But there may be other reasons why you might qualify. Contact the NHS information service for your nation to find out what the criteria are (see page 8 for details).

In addition to these criteria, the basic dental examination is free for everyone in Scotland, and for people aged 25 and under, or 60 and over, in Wales.

If you don't qualify for free NHS dental care, ask your dental practice how much the charges are for treatment as they can vary.

Useful organisations

British Dental Health Foundation

Independent charity dedicated to improving oral health. Runs a dental helpline and has information on their website about looking after your dental health.

Smile House
2 East Union Street
Rugby
Warwickshire CV22 6AJ

Dental helpline 0845 063 1188
Telephone 01788 546 365
www.dentalhealth.org

NHS online and telephone advice

For help with finding your nearest dentist. You may not be able to tell if the building is accessible, so if in doubt call the surgery to ask.

England and Wales
Telephone 0845 4647
www.nhs.uk/servicedirectories (England)
www.nhsdirect.wales.nhs.uk/localservices (Wales)

Scotland
Telephone 0800 22 44 88
www.nhs24.com/FindLocal (to find your nearest dental practice)
www.nhsinform.co.uk (for information about community dental services in your area)

Northern Ireland
www.hscni.net

Trigeminal Neuralgia Association

PO Box 234
Oxted
Surrey RH8 8BE

Telephone 01883 370 214
www.tna.org.uk

References

A list of references is available on request, and all cited articles are available to borrow from the MS Society library (there may be a small charge). Contact the UK Information Team, or visit www.mssociety.org.uk/library

Further copies of this factsheet or other MS Society information

Download from www.mssociety.org.uk

If you don't have access to a printer and would like a printed version of this factsheet, or any other MS Society publication or DVD, call the Information Team on 020 8438 0799 (weekdays, 9am-4pm) or email infoteam@mssociety.org.uk

MS Helpline

The MS Helpline offers confidential emotional support and information to anyone affected by MS, including family, friends, carers, newly diagnosed or those who have lived with the condition for many years. Calls can be made in over 150 different languages, via an interpreter. Call freephone 0808 800 8000 (weekdays 9am-9pm, except bank holidays) or email helpline@mssociety.org.uk

Authors and contributors

Disclaimer: We have made every effort to ensure that the information in this publication is correct. We do not accept liability for any errors or omissions. The law and government regulations may change. Be sure to seek local advice from the sources listed.

Suggestions for improvement in future editions are welcomed. Please send them to infoteam@mssociety.org.uk

Written by Wendy Baird and Sarah Westlake

Edited by Jude Burke

With thanks to Megan Burgess, Karen Kendall, Paul Sharkey and all the people affected by MS who contributed to this publication.

© Multiple Sclerosis Society 2012
First edition, May 2008
Second edition September 2012

This title will be reviewed within three years of publication.

Multiple Sclerosis Society. Registered charity nos. 1139257 / SC041990. Registered as a limited company in England and Wales 07451571.

FS06/0912