



7 Top Tips for Domiciliary Dental Care

A SHORT “TELL ME ABOUT” SERIES ON HOW TO...

- Ensure you are aware of the impact poor oral health can have on the general health of your residents.
- Gain greater peace of mind - that your residents enjoy a caring & stress-free dental experience.
- Promote on-site dental care as part of your service.

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General Dental Surgeon

#1 Tell me about...

Dentures

What is a denture?

A denture replaces missing teeth. This can be a single missing tooth e.g. at the front of the mouth, a number of missing teeth or all the teeth in the jaw. One denture is required for the top, one for the bottom. It is not fixed in place so it is taken in and out of the mouth for cleaning.



What are the different types of denture?

There are 2 main types- acrylic dentures or metal denture.

- Acrylic dentures are more common and typically what people associate a denture with, they are widely made on the NHS. They are entirely made of pink plastic with the fake teeth placed on top. Extra teeth can easily be added and the fit is easily adjusted. Full dentures are always made of acrylic.
- Metal dentures are usually very popular with patients. They have a metal framework including clasps which hold onto natural teeth to help keep the denture in place. Because of this, they can feel more stable and less bulky than acrylic dentures. The pink acrylic is layered onto the front part of the metal to make it look more natural around where the fake teeth are. The downside is that these dentures are difficult to adjust and can't be easily added to.



- Another less common denture type is called a Valplast denture. This denture is made of very flexible plastic and tends to stay in better than a traditional acrylic denture and has no metal in it.



Which is the best denture for me?

There are loads of factors to take into consideration! The length of time since you lost your teeth, the remaining teeth you have, how well you look after your teeth and your price range are all important. Ask your dentist for more advice about this.

What is the process in making a denture?

The procedure for getting a denture made normally takes 4 visits with at least a week between visits, but it can be more or less. The first visit will always be to get moulds of your mouth, which is sent to the dental lab, then the rest of the visits depend on how complex your denture is. In some cases, you get your denture at the next visit, but normally there are visits to record how you bite and check how it looks before the final denture is made.



I'm worried I won't be able to wear a denture- is it hard to get used to?

It does take time to get used to a denture if you've never worn one before. It normally takes up to a month to feel comfortable with your denture and in this time, you may need to return to your dentist for some small adjustments. You might get some sore spots as you wear your denture but these can be easily sorted by your dentist, the important thing is not to persevere or they will turn into mouth ulcers. Dentures also normally feel more stable over time as the gums adapt to them, so don't worry if there is a bit of looseness at the start. There is normally always a type of denture to suit everyone. Sometimes certain

circumstances require a denture with higher stability, but most people are able to wear dentures comfortably.



Will I be able to eat and speak normally again with a denture?

Initially with a new denture you may find speaking difficult; however, this problem resolves in a few days as your tongue gets used to the denture. It may also take a little while to get used to eating, but that depends on how quickly the tongue and cheeks adapt to holding the denture in place. It is normally recommended to start with softer foods. Most people will notice that it is more difficult to eat very hard or chewy foods without the denture moving. Unfortunately, nothing can ever replace natural teeth fully, but sometimes clasps or even denture adhesive can add more stability when you are eating. Again, it's an individual process and depends on your mouth and the teeth missing.



How do I care for my denture and mouth?

It is important to leave your denture out every evening, clean it over a sink with a toothbrush and toothpaste and steep it overnight. It is recommended to sterilise the denture overnight regularly with a denture sterilising tablet. Rinse this off in the morning before you put it in again. Cleaning the denture after meals is also good to do.

The natural teeth that are beside the denture are at a higher risk of decay because of the bacteria that builds up throughout the day on the denture. It is important to brush these teeth well, especially the sides of the teeth beside the gaps in your mouth. The gum that the denture sits on is also at a high risk of become inflamed and red, that's why it is

important to brush onto the gums and remove the denture at night to give the gums a break.

Four simple steps to keep dentures at their best



Want to know more?

For how best to look after your dentures:

https://www.dentalhealth.org/denturecareguidelines?gclid=CjwKCAjwh472BRAGEiwAvHVfGrrzOc2MiHn1dKfl8TcR8KU4rCkrxpiQV2Glgcmo47NJ3BxAyK5IOhoCKM8QAvD_BwE

For more on the different types of dentures:

https://www.valplast.info/Patient_Information.htm
<https://www.colgate.com/en-us/oral-health/cosmetic-dentistry/dentures/what-are-dentures-made-of-0415>

#2 Tell me about...

Mouth Cancer

Who is at risk from mouth cancer?

Mouth cancer can happen to anyone, but there is a much higher risk if you are a smoker, especially if you have smoked heavily for a long time, or if you regularly drink alcohol. Smoking and alcohol together multiply the risk. Chewing tobacco, betel quid or paan all carry the same risks as smoking.

How do I know if I have mouth cancer?

Mouth cancer has a few common forms, but there are other mouth conditions which can appear in the same way. It is much more likely that you have one of these other conditions, so if you see something that worries you make sure you visit your dentist or doctor first. The most common places to get mouth cancer are on the tongue, floor of the mouth or lower gums.

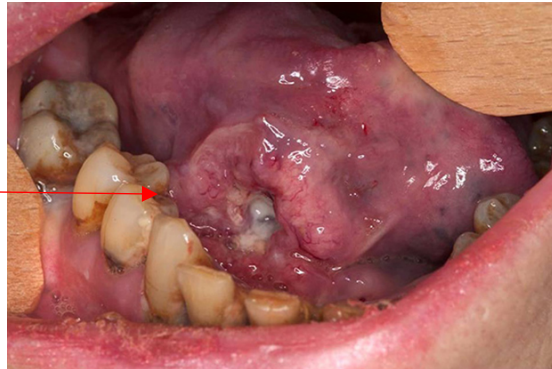
Mouth cancer can look like an ulcer. This will look very different to the simple ulcers you get in your mouth. Normally it will be large, lumpy with raised edges, and often red, white or purple in colour. If you have a large ulcer in your mouth which hasn't gone away after 2-3 weeks get your dentist to check it.

Mouth cancer can appear as a firm lump in the mouth. It may be red/purple/white and could be textured or ulcerated.

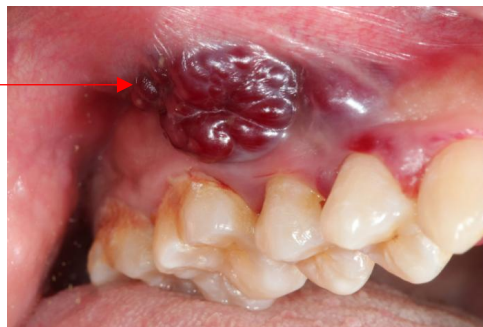
Mouth cancer can also take the form of a thickened white patch in the mouth which almost appears to have wart-like protrusions.

These are the most common presentations, but like any cancer, there are abnormal types. If you have unexplained loose teeth or tingling or numbness in the mouth, make sure you get checked out.

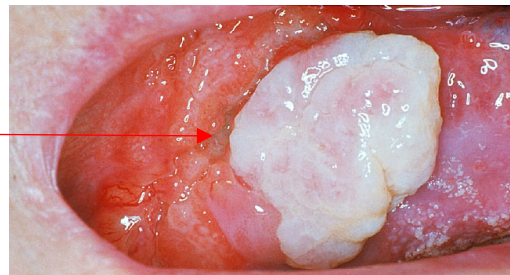
Ulcer



Lump



White patch



What happens if my dentist or doctor suspects mouth cancer?

A referral will be made to your local hospital's oral surgery department. They will see you and normally try to take a biopsy- that means a small amount of the abnormal area is cut out and sent to be tested in the lab. They will let you know your results as soon as possible and if the results are positive for mouth cancer your treatment will begin very quickly. Treatment could be surgery, radiotherapy or chemotherapy depending on the type of cancer.

What can you do to avoid mouth cancer?



Stopping smoking and avoiding excess alcohol consumption are the most effective ways of lowering your risk. The NHS has lots of stop smoking resources and the GP and pharmacy have services available for this. Regularly screening by your dentist every 6 months is essential so that your mouth can be carefully checked for any abnormalities.

Want to know more?

This is the NHS page on mouth cancer:

<https://www.nhs.uk/conditions/mouth-cancer/>

For more on stopping smoking: <https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

#3 Tell me about...

Common Oral Conditions

Oral Thrush

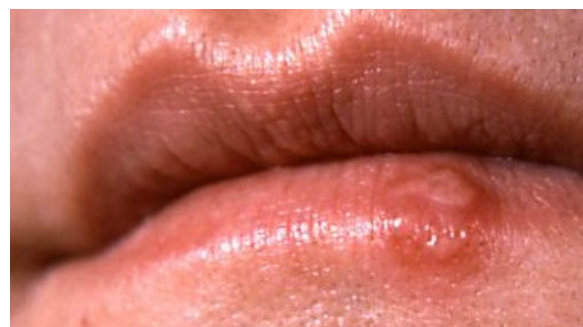
Thrush is a fungal infection which is caused when there is some change in the bacteria that are in the mouth. This can be caused by many different things, including having a dry mouth, taking antibiotics, steroids or having a condition where your immune system is suppressed. It isn't dangerous, as these bacteria are normally present in a high percentage of the population's mouths and cause no problems. It is normally a sign that something has changed in your body that makes it less capable of fighting infection.

Oral thrush normally looks like a white or red patch on the tongue, cheeks or throat. The white patch can be rubbed off and the skin beneath is usually red, itchy and sore, but sometimes there are no symptoms. It can be easily removed by taking anti-fungal medication. It's important to try and work out what has caused the infection to develop or else it may come back.



Cold sores

Cold sores are caused by a virus called herpes simplex that around two thirds of the population carry. Many of these carriers have no symptoms, but a proportion will get cold sores. Sometimes there are triggers such as stress or sunlight, but they may occur spontaneously. Cold sores appear as a cluster of blisters or ulcers on the lips which can be painful and take about 2 weeks to go away. There may be a tingling sensation before the cold sore appears; if you act at this stage and use an anti-viral



cream on it the cold sore may be avoided. Unfortunately, if the ulcer or blister appears the only thing is to let it take its course and will heal eventually. Numbing cream is useful if it is painful.

Dry mouth

Some people produce less saliva than others but still function normally. Normally a problem only develops when saliva production massively decreases. The common reasons for this are when a number of medications are being taken or when radiotherapy has been carried out to the head and neck, destroying the saliva glands. Quite a lot of medications can reduce saliva flow including antidepressants, antihistamines and blood pressure medications. There are several uncommon autoimmune diseases that can affect the saliva glands too. Having a severely dry mouth makes it difficult to eat, taste and speak and the tongue and lips may become cracked and sore. Unless alternative medications can be provided, much of the time a dry mouth cannot be easily cured as damage to the saliva glands is often irreversible. Many people find saliva substitutes helpful- these are sprayed into the mouth to moisten it. Some medications can be used to stimulate the saliva glands to produce more saliva, or even bitter foods such as pineapple can be used! However, often regular sips of water and careful choice of foods is the best way to help.



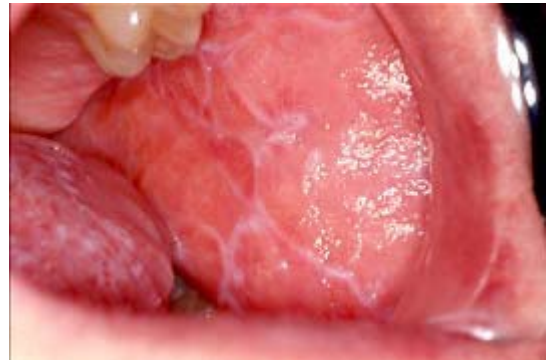
Burning Mouth Syndrome

Burning mouth syndrome differs considerably from patient to patient, but normally it is a burning sensation in the tongue. It can come and go or it may be present most of the time. Spicy foods can make the condition worse. There isn't one main reason for burning mouth syndrome and if

you suffer from this then you are normally referred to oral medicine specialists to try and diagnose the cause. Some reasons include allergies, fungal infections, dry mouth and psychological problems, but there are more. The treatment for the condition depends on what the cause is.

Lichen Planus

Lichen Planus is a skin condition which can affect the skin inside the mouth too. Outside of the mouth it appears as a rash; inside the mouth it is a white or red area on the cheeks, tongue or gums. The most common type appears as stripes of white lines which crisscross each other and normally isn't sore. If this is any doubt about what the condition is, a hospital referral can be made to get the lesion biopsied.



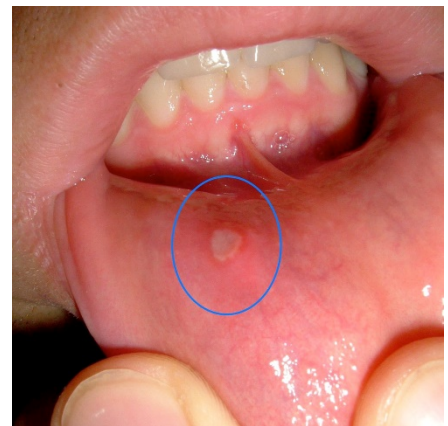
Lichen Planus can be caused by an allergic reaction to medication or to metal fillings. Usually an allergy test is carried out, and if an allergy is confirmed it is called Lichenoid Reaction instead. Changing medications or removing metal fillings may make the rash go away but scars may remain. Sometimes there is no obvious cause for lichen planus and it is managed depending on your symptoms. Steroid mouthwash would be the most common medication used to treat the condition, and if this isn't successful then steroid injections can be used.

#4 Tell me about...

Mouth Ulcers

What are mouth ulcers?

Mouth ulcers are damaged areas on the skin inside the mouth. They usually look red, can have a yellow, circular middle and can be larger than 1cm diameter or as small as a pinprick. Sometimes they appear on their own but it is common to have several at any one time. Ulcers normally heal within 2-3 weeks.



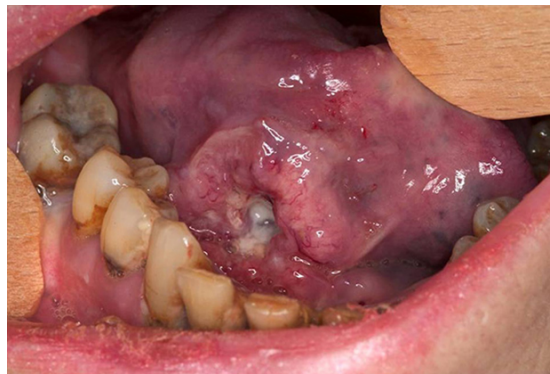
Why do I get mouth ulcers?

There are many reasons for mouth ulcers and often it is very difficult to diagnose the cause. One of the most common reasons is through self-injury, for example a hard piece of food cutting your mouth or biting your cheek or tongue. This normally causes single ulcers. Those people who get ulcers more regularly may have a condition known as recurrent aphthous ulceration (RAU). This is an umbrella term for many causes of ulcers; these include stress, immune conditions, abnormal blood readings and medications. In order to diagnose the exact cause of ulceration, often hospital tests are needed.



Can the ulcers turn into anything more serious?

It is very unlikely that ulcers will develop into anything serious. However, it is good to get persistent ulceration checked out by your dentist. Things to look out for in the mouth would be larger ulcers which don't get better after 2-3 weeks with an uneven texture (swollen areas), especially if they are getting bigger and surrounded by a raised, firm edge like in the picture. This type of ulcer could be a sign of mouth cancer, but this would need diagnosed in a hospital.



How can I get rid of ulcers?

When you have active ulcers in your mouth there isn't much to be done to get them to heal quicker, but you can help your symptoms. Using salt and water mouth rinses, mouthwashes with the ingredient chlorhexidine, e.g. Corsodyl, and Difflam mouthwash which numbs the mouth all help with pain. There are numbing creams available in local pharmacies which can also be used. If you suffer from recurrent ulcers you may want a hospital referral to identify the cause. Blood tests will be carried out there to check for any deficiencies or conditions which can then be treated.





Want to know more?

Here is the NHS page on ulcers:

<https://www.nhs.uk/conditions/mouth-ulcers/>

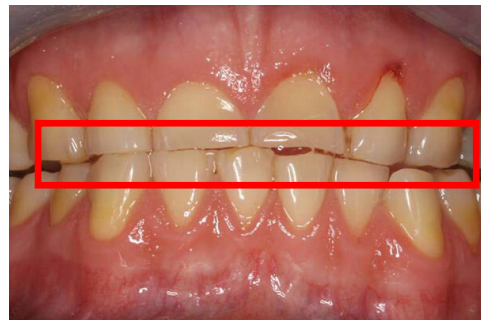
You might want to check out our page 'Tell me about... mouth cancer'.

#5 Tell me about...

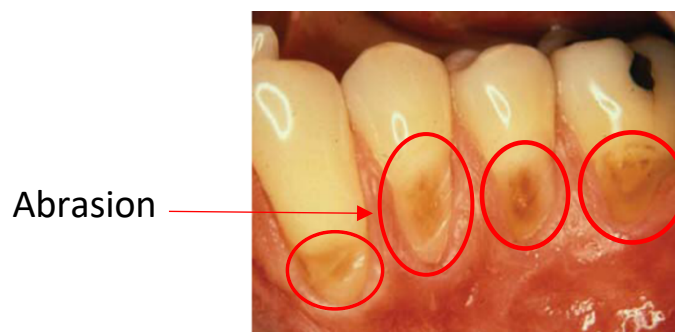
Tooth Wear

What is tooth wear?

Tooth wear is loss of the length or shape or your teeth by wear and tear. Often the front teeth become noticeably flatter or chipped. Normally the source of this wear and tear is either heavy forces from clenching or grinding your teeth or acid erosion from your diet. In the worst cases it is a mixture of both- the acid softens the teeth, and this makes them wear away quicker when grinding occurs.



The other main form of tooth wear which is worth a mention but not the main focus of this page is abrasive tooth wear. This occurs where the tooth meets the gum and is due to heavy toothbrushing. Heavy toothbrushing causes gum recession, exposing the softer root of the tooth. The heavy brushing then removes the outer layers of the soft root.



What are the main causes for tooth wear due to acid erosion?

Usually it is due to the diet, with the main culprit being fizzy drinks. If you are drinking fizzy drinks every day then this can cause tooth erosion. Other acid sources include wine and alcopops, fruit juices and fruit, in particular citrus fruits. If you are regularly taking larger portions of any of these you are at risk of tooth wear. When the diet isn't very acidic, the source of acid could be from acid reflux. Often this can be silent reflux

with none of the normal unpleasant symptoms of heartburn, but the acid is reaching the mouth and causing damage. People who vomit a lot are also at risk of acid wear.

How can I avoid any further wear on my teeth?

Identifying the cause of your tooth wear and trying to eliminate should be attempted first. If this is clenching or grinding, be aware of when you are doing it and try to stop yourself. However, a lot of people will clench or grind at night subconsciously. Usually a biteguard helps and can be provided by your dentist. If there are signs of acid erosion, then the source of this needs to be identified by dietary assessment. Cutting down on acid will help to prevent future wear.



Are there other ways to care for worn teeth?

Even after the cause is eliminated, the teeth are still weaker and at a higher risk of wear because the outer hard enamel layer will be reduced. There are specific low-abrasive toothpastes for worn teeth e.g. Sensodyne Pronamel. GC Tooth Mousse is a white paste which is placed onto teeth and left for a period of time which helps to strengthen the teeth. It also helps with sensitivity which can be a problem with worn teeth. It is good to regularly use a fluoride mouthwash as this will strengthen teeth too.



Can anything be done to build worn teeth back up to normal?

There are two main options to build teeth back up:

- The easiest and cheapest method is simply to build the teeth up with white filling. This can be very effective, and the big advantage of this treatment is that it doesn't damage the teeth and you can remove them if you wish. The downside is that this method has its limitations and if you try to replace too much tooth or if the patient is still grinding their teeth the white filling can break off. They are easily replaced but this is usually a sign that they won't last well.



- The more traditional method is to cap or crown the worn teeth. This involves drilling more of the tooth away to give space to place the crown. The advantages of this method are that the result is very natural looking and that they are stronger than white filling caps. The disadvantages are the same with any crown- you are drilling more off an already worn tooth, weakening it and getting closer to the nerve in the centre of the tooth, meaning





that there is a risk that the nerve will die and cause pain in the future. Root canal treatment may then be required.

Normally dentists try the method which is least harmful to the tooth first, meaning that you can always still move onto the more harmful methods if necessary.

Want to know more?

Check out our pages 'Tell me about... crowns' or 'Tell me about... jaw pain' for more on the subjects covered here.

Scroll to the bottom of this NHS page and click on 'tooth wear' for a patient information leaflet:

<https://www.leicestershospitals.nhs.uk/aboutus/departments-services/dental-services/restorative-dentistry/>

#6 Tell me about...

How to look after my teeth

Why should I bother looking after my teeth?

The reason it is important to look after your teeth is to stop decay from forming! There are two main ways to do this- removing the bacteria from your teeth often and limiting the sugar that you expose your teeth too which is the food source of the bacteria.



How do I remove bacteria from my teeth?

This is primarily done through toothbrushing. The toothbrush removes the clumps of bacteria called plaque which build-up over time. The other helpful aids to toothbrushing are mouthwash and interdental cleaning- floss or interdental brushes.



I've heard lots about fluoride, what does it do and is it safe?

Fluoride is a tooth's best friend! It has numerous roles, but you could summarise by saying it helps teeth to prevent decay. It strengthens the outer layer of teeth to prevent the acid created by bacteria from breaking the tooth down and actively reduces the activity of bacteria! Also, if children use fluoride toothpaste when their adult teeth are still growing, the fluoride is incorporated into the growing adult teeth to make them

stronger. Finally, is fluoride safe - in the doses found in toothpaste, absolutely! Obviously if you were to consume it in larger doses it can be harmful, but the small amount found in oral health products is well within the safe limits.

How do I effectively brush my teeth?

Toothbrushing doesn't have to be complicated but it is important to get the right technique. Here's a few pointers:

- **Electric toothbrush or manual?** Electric toothbrushes are usually better as they are easier to use, and the circular movement of the head gets in every nook and cranny! However, it is definitely possible to brush effectively with a normal, manual toothbrush as long as your technique is good.
- **How often and how long does good toothbrushing last?** Twice a day is usually ample, however there's no harm in sneaking in another time throughout the day. The important times are morning and night- always last thing at night and either before or after breakfast. This should last 2 minutes each time.
- **What about technique?** The technique dentists recommend is called the Bass Technique. Using light pressure brush the teeth in small circles, angling the head of the toothbrush to 45 degrees to gently push the bristles up towards the gum. Brush all surfaces of the teeth- the biting surfaces, the side beside the teeth and the side beside the tongue/roof of the mouth.



- **What toothpaste should I use?** It doesn't really matter as long as the toothpaste contains around 1450ppm fluoride, which most of the main brands do. There are some specialty toothpastes for certain problems you may have e.g. sensitivity or tooth wear.
- Lastly, **don't rinse your mouth out after brushing!** Spit as much toothpaste out as you can but no rinsing with either water or mouthwash. Rinsing your mouth out after brushing washes all the fluoride away which helps teeth to stay strong. Mouthwash is best used at a different time from toothbrushing e.g. after your meals.

I brush my teeth every day, why do I still get holes?

If you are doing all this and still needing fillings, ask your dentist if he or she can see any plaque on your teeth, because you may be missing areas. If there is no visible plaque then it is probably your diet causing your decay- most of us consume a lot more sugar than we realise.



What can I do about my diet to help my teeth?

The sugar we eat is also the food source for the bacteria in our mouths. The sugar is converted to acid which breaks down the teeth. Naturally reducing the sugar available to bacteria will reduce the damage done!



The main sources of sugar are confectionary products like sweets, cakes and sugary drinks. You don't need to cut all sugar out- it's mainly about how many times in the day you take sugar. Keep your sugary foods to the main mealtimes and cut out sugary snacking. This allows the



bacterial activity to reduce in between eating so that the teeth aren't getting a constant acid attack.

Want to know more?

If you want to know more about the science of fluoride, try

<https://www.scientificamerican.com/article/how-does-the-fluoride-in/>

and for more on how to brush your teeth check out these two:

<https://www.youtube.com/watch?v=4ilGhqi57es>

<https://dentagama.com/news/tooth-brushing-techniques>

#7 Tell me about...

Tooth decay

What is tooth decay?

Tooth decay is when the tooth starts to 'rot' or be broken down by bacteria. The tooth might look normal or might be stained black or brown, sometimes you might feel a hole.



What causes tooth decay?

There's a simple equation for tooth decay-
bacteria + sugar = decay.

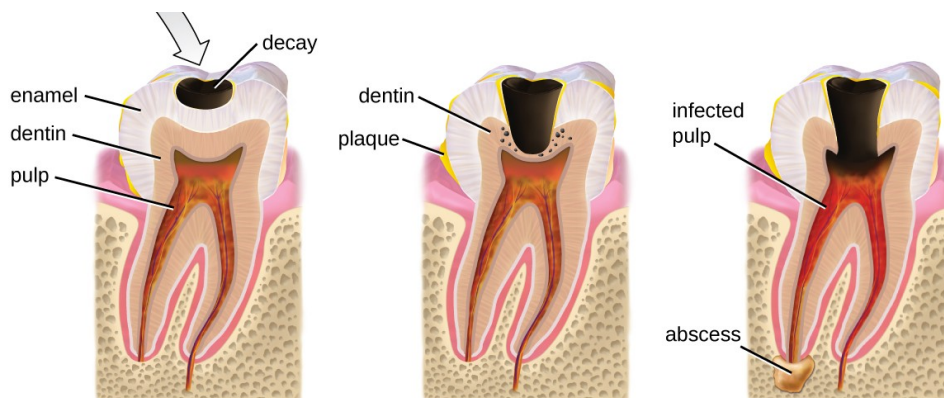


It really is that straightforward. We all have bacteria in our mouths and we will never be able to get rid of it completely- the only thing we can do about this is brush as efficiently as possible at least twice a day to reduce the clumps of bacteria that forms throughout the day on our teeth called plaque. This bacteria feeds on sugar found in our diets, allowing the

bacteria to replicate and produce acid which causes damage. If we limit sugar, then we limit how much damage can be done.

Does tooth decay hurt?

Not necessarily- in fact it is a good sign if it doesn't hurt, because that probably means your dentist is picking it up early! A lot of the time there is no pain with small areas of decay. The reason for this is that the outer hard layer of the tooth (enamel) is stronger than the inside layer (dentine), so can stand against decay for a long time. This is seen in the first picture. But eventually when the decay has spread enough this will break and form a hole (cavity) which is seen in the second picture, and this can be sore or sensitive.



Usually when you have a visible hole in your tooth the decayed part is quite large. The other time when decay hurts is when the decay has spread deep enough to reach the nerve inside the tooth (pulp) and irritates the nerve, causing it to die, as seen in the third picture. This can result in a dental abscess and feels like classic toothache pain e.g. throbbing, sore to touch or sore to hot and cold. When you are experiencing these symptoms often more drastic treatment is required to remove the pain.

What happens if I leave the tooth decay untreated?

The tooth decay will continue to spread slowly into the tooth. As it spreads the tooth gets weaker and commonly the tooth might break until there isn't much left, and at this point the tooth may be lost altogether. Sometimes this can happen painlessly but often when the decay reaches the nerve and causes it to die toothache will occur which can lead to infection and dental abscess which is very painful.



What can I do about tooth decay?

Tooth decay needs to be removed as soon as possible in order to save the tooth and keep the nerve unaffected. In smaller areas of decay this can be easily done by removing the soft decayed tooth with a drill and placing a filling in the hole.



With larger holes comes more difficulty, as even if you aren't yet having pain from the tooth, the decay may be close to the nerve and it could have already damaged it. If this is the case and the decay has already started to irritate the nerve, then a simple filling won't be enough because the tooth will become sore from the dying nerve. More radical steps will need to be taken to remove the dying nerve through root canal treatment or removal of the tooth itself.

Want to know more?



Check out this handy YouTube video-

<https://www.youtube.com/watch?v=zGoBFU1q4g0>



The Team

We show that the best patient experience comes from a genuine care and concern. Our goal is to ensure every housebound patient has access to dental care in Northern Ireland.

If you can't make it in to one of our practices, we'll come to you.

- o 11 dental practices across NI
- o Over 50 experienced dentists in our group
- o Over 63,000 registered NHS patients
- o 1 / 20 registered patients in Northern Ireland attend one of our practices
- o Provide over half of all domiciliary visits in Northern Ireland
- o Awarded Investors in People Gold 2019
- o Ranked 1st in UK in Healthcare sector at Gold Level 2019
- o No requirements or recommendations with RQIA



Domiciliary Dental Lead

Dr. Leonard J Maguire

**BDS LL.M MBA PG Dip Med Ed. FDTFEd FICD CMgr FCMI AFFMLM
MFDS RCSEd MFFLM MICR MFCI**

As you might have guessed, Leonard is Derek's eldest son!

Despite having had a 'gentle nudge' in the direction of dentistry as a child, Leonard confirms it has always been his ambition to be a dentist and work in the family business.

Leonard also qualified from Queen's University Belfast, where he ranked 1st in UK out of 1200 applicants during the Dental Foundation Training National Recruitment process.

He now divides his time between being a General Dental Surgeon and an Operations Director within our dental group.

He has studied extensively since dental school, and amongst other things gained a Master of Business Administration from the University of Liverpool and a Master of Medical Law and Ethics from the University of Edinburgh.

Further, Leonard holds Fellowships with the Faculty of Dental Trainers with the Royal College of Surgeons of Edinburgh, as well as being a Fellow of the International College of Dentists.

He is the All-Ireland Early Career Ambassador with the Royal College of Surgeons of Edinburgh and enjoys all aspects of teaching, lecturing, training dentists and dental nurses.

Leonard is also the dental representative of the Local Commissioning Group (Southern Area).

He enjoys the variety that comes with general practice and family dentistry.

He is happily married to his wife Lauren and they have two young children together, Sophia and Leo.



Leonard receiving the Faculty of General Dental Practice Community Contribution Award 2020 (Royal College of Surgeons of England) in recognition of our domiciliary care.

Get in Touch:

To arrange a dental visit for a resident, or further training of your care home team, simply email us at: support@domiciliarydentalcareni.com and we'll be in touch.

For further tips and guidance on domiciliary dental care, visit our website at:
www.domiciliarydentalcareni.com