Oral Care for People living with ALS

As ALS progresses, daily routines frequently change for people with ALS and their caregivers. Activities, those that were once automatic, may require either extra time and/or physical help. Oral care is one routine that can be easily forgotten.

Why keep the mouth clean?

- Maintain comfort
- Reduce likelihood of bad breath
- Reduce your risk for gum disease, which can further endanger your health
- Reduce the risk of pneumonia (infection in the lungs from bacteria in the mouth)
- Maximize the pleasure associated with chewing foods and drinking liquids
- Help manage saliva which can reduce drooling or stimulate saliva flow

Physical changes that may occur with ALS might make it difficult to keep the mouth clean. These include:

1. Changes in hand/arm function may make it difficult to
   a. Hold a toothbrush and brush with it
   b. Turn a faucet on and off
   c. Squeeze toothpaste from a tube
   d. Hold floss and move it between teeth
   e. Open a container of mouthwash
   f. Hold a cup to use for rinsing
   g. Use a towel to wipe the mouth
   h. Put dentures in and/or take them out

2. Changes in function of the mouth, lips, cheeks, and tongue may make it difficult to
   a. Clear food stuck in the mouth after swallowing a bite
   b. Spit after brushing
   c. Swish or hold water/mouthwash in mouth
   d. Close mouth to avoid drooling
   e. Keep inside of mouth moistened
3. Changes in function of the swallowing muscles may make it difficult to
   a. Clear mouth of saliva
   b. Eat/drink to help stimulate saliva

4. Changes in mobility may make it difficult to
   a. Receive care in a traditional dental clinic exam chair
   b. Perform daily oral care while sitting upright

5. Changes in breathing may make it difficult to
   a. Keep mouth moist during use of breathing equipment (such as a BiPAP®)
   b. Close mouth to avoid drooling

Things to do:

**Daily dental hygiene**

1. Brush, using a soft-bristled toothbrush, with a fluoride toothpaste (twice per day) to prevent plaque buildup and clean mouth of bacteria build up, nighttime or care is important to avoid bacteria entrance into the upper airway during sleep. Bacteria in the airway can lead to respiratory infections
   a. Replace your toothbrush every three to four months (Replace sooner if the bristles start to wear out or you are recovering from a cold or illness.)

2. Floss between the teeth (once per day) to remove food and plaque that the toothbrush may miss

3. Watch for good fit of dentures- with weight loss, dentures may not fit as snug

4. Other tools that may help:
   a. Toothpaste dispenser (pump or hands-free)
   b. Dental wipes
   d. Electric toothbrush
   e. Floss holder
   f. Tongue scraper
   g. Dry mouth oral rinse
   h. Mouth Swabs (ex. Toothette®- for moisture relief)
   i. Portable oral suction device
   j. Suction toothbrush (ex. Plak-Vak®)
   k. Other adaptive equipment (ask for an evaluation by an Occupational Therapist)
Get regular check ups

1. Continue visits to the dentist once every six months
2. Update your medical history with the dentist’s office
3. Discuss physical accommodations with the dentist’s office
   a. For instance, can the dental office space accommodate a wheelchair?
      -Often wheelchairs that recline or tilt may be used for exams and cleanings
      instead of having to transfer to the traditional exam chair
   b. assure that the dentist can adapt for swallowing impairments to avoid water
      entering the throat and causing coughing or choking.

Figure 1: Plak-Vac® Suction Toothbrush, Trademark Medical

Resources

- Mouth Healthy website from the American Dental Association  [www.mouthhealthy.org](http://www.mouthhealthy.org)
- Special Care Dentistry Association  [http://www.scdaonline.org/?Referral](http://www.scdaonline.org/?Referral)

For additional resources or support, please contact an ALS Association  Chapter, Certified
Treatment Centers of Excellence  or Recognized ALS Clinics.

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