The Good Teeth Guide

A Guide for Parents and Carers of Children with Additional Needs

Manchester NHS
Primary Care Trust

NHS
Mid and South Essex
Integrated Care Board

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Start as you mean to go on

This booklet is to help those looking after children with additional needs, to use simple routines that will limit or prevent dental problems, and to help them deal with any dental issues that may arise.

It is important that good habits start early - it is far more difficult to change things later on. Keeping the teeth and mouth healthy can help avoid tooth decay and the need for extensive dental work in the future.

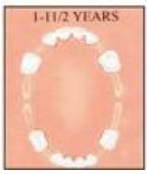
Why is the mouth important?

We use the mouth for breathing, eating and communication. Small children use the mouth as a tool for discovery.

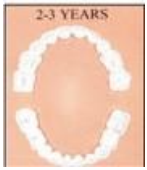
An unhealthy mouth can cause pain, discomfort and infections. From the moment teeth arrive in the mouth they are at risk of becoming decayed so it is vital that teeth, gums and the mouth are looked after, as well as possible, right from the start.

When do teeth usually appear?

A baby may get their first baby tooth anytime between the ages of 4-6 months and 1 year.



Most children will get all 20 first teeth in by the age of 3 years but for some it may be later.



Between 6 and 8 years of age the front baby teeth start to loosen and second teeth come into the mouth - this change over may not finish until teenage years.

Tooth Decay

If foods and drinks that contain sugar are given lots of times during the day or night the chance of the teeth decaying increases.

Why?

Because sugar in the mouth turns into an acid which attacks the teeth. The acid takes calcium from the teeth which makes them weaker. If sugar is eaten/drunk often the teeth continue to get weaker until a hole is formed.

How does dental decay happen?

Sugar + bacteria = acid

Acid + tooth = decay

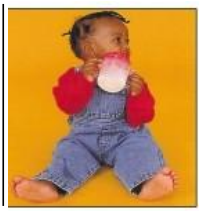
The chance of decay increases if:

- Your child is given sugary food, drinks, medicines or diet supplements often during the day.
- Your child is given sugary food, drinks, medicines or diet supplements last thing at night.
- Your child doesn't use fluoride toothpaste at least twice a day.
- Your child has a dry mouth.
- Your doctor prescribes non sugar-free medicines.
- Your child has dietary supplements.
- Your child carries on with bottle feeding for a long time – especially if this happens through the night.

If diets cannot be changed then additional types of fluoride should be considered

How to limit or prevent tooth decay

- If giving a food high in sugar, keep to mealtimes only.
- Try to avoid giving a sugary snack before bedtime. If a snack is needed choose one that is low in sugar for example bread, or cheese, milk or water.
- Change from a bottle to a trainer cup as soon as you can, ideally by 12 months of age. Only ever put milk or water in a bottle.
- Keep to drinks with no sugar in them – milk and water are best.
- If giving juice or squash, dilute one part juice/squash to 10 parts water.
- Try to avoid thickening agents that have maltodextrin in them as they can cause decay. A dietician can help to limit how often they are given or suggest if a different type could be used.
- If a high calorie diet is needed ask your dietitian about ways of reducing the chance of tooth decay.
- Ask your dentist about fluoride varnish.
- Ask the medical team if sugar free medicine can be prescribed. If only sugared versions are available ask if the medicine can be given at mealtimes.
- Start to visit the dentist regularly, as soon as teeth appear.



Brushing Basics – Why should we brush?

- To brush away a colourless sticky film of bacteria which forms on everybody's teeth and gums every day.
- If left on teeth and gums plaque may cause the gums to be red, swollen and bleed on brushing
- To bring fluoride into the mouth and control decay
- To minimise bad breath
- To minimise the risk of chest infections if a child is tube fed or has a poor swallow reflex

Start brushing as soon as the first tooth appears

Use a small, soft headed, toothbrush.

Use a family toothpaste. It contains more fluoride and is best at controlling decay.

Teeth and fluoride

Fluoride helps to strengthen the outer surface of the teeth against acid attacks.

Fluoride in toothpaste

Use a small amount of family fluoride toothpaste (not a children's toothpaste) - just a smear for children under 3 years and a pea sized blob for those 3-6 years.

Smear

Pea-size

Dentists can prescribe fluoride tablets or rinses for those who need extra protection. Children over 10 with high risk of decay can be prescribed a higher fluoride toothpaste.

When brushing is a struggle - Tips that may help

Choose a small, soft toothbrush. Start brushing as soon as your child's teeth appear so that your child is used to having something in their mouth. Use a smear of family fluoride toothpaste for under threes, only a pea-sized blob for those aged 3-6 years.

Position:

- A small child may be laid into a lap.
- Brushing can be done standing behind the child with the head supported or from a seated or kneeling position.
- It takes two to toothbrush sometimes - one to brush while the other distracts, holds hands or encourages.

You can make some simple aids for brushing:

- A bicycle handle grip or foam tubing placed on a toothbrush handle, or a piece of elastic wrapped around it can make it easier to hold.
- Two toothbrushes taped back to back make a good prop to keep the mouth open.
- A three-headed toothbrush may help to clean several tooth surfaces at once.
- Pump operated toothpaste dispensers and tube squeezers may help a child put toothpaste on the brush.

If brushing causes distress:

- A different area can be brushed at different times.
- Distractions such as music, TV or a brushing app can be used.
- Try brushing teeth in a different location e.g. the bath may be easier.

Gagging, retching or clamping

- Changing the body position, brushing at a different time of day, or using a smaller brush may reduce these problems.

- Start brushing from the front and clean as much at the back of the mouth as the child will allow.

- If your child clamps on the toothbrush leave it as a prop and use a second brush to clean the teeth you can reach.

- Applying pressure as in the pictures below can reduce the gag reflex in some cases.

A strong tongue or tight lips

- Massaging the lips and cheek before toothbrushing may relax the child's lips.

- A flannel or handkerchief wrapped around the forefinger to gently retract or hold back the tongue/lips may be used.

For times when toothbrushing feels impossible

As a short term alternative to brushing, chlorhexidine spray or mouthwash may be used to reduce plaque bacteria. The mouth and tongue may be cleaned by a gloved finger wrapped in gauze soaked in chlorhexidine mouthwash.

Problems with swallowing and mouth sensitivity

When the mouth is sensitive

- Massage around the mouth and cheeks to improve muscle tone, mobility and saliva flow and desensitise the area.
- Introduce a small, soft toothbrush gradually to reduce hypersensitivity ready for proper brushing.
- Play activities can help mouth function, for example mouth toys, blowing instruments or using a straw.

When swallowing is difficult

- To help prevent aspiration when toothbrushing, tilt the head forwards.
- Use a low-foaming toothpaste e.g. Sensodyne Pronamel, Biotene
- An aspirating toothbrush which is attached to suction may be needed.

Children who are non-orally fed

There is still a need to think about the health of the mouth for children who are non-orally fed.

- Tooth brushing is just as important for children who are tube fed because:
  - it makes the mouth feel comfortable, mouths only feel comfortable if they are clean
  - the plaque bacteria can cause chest infections
  - bad breath is often caused by stagnation
  - brushing stimulates the mouth and reduces hypersensitivity
  - if the tube is temporary, the good habit is already in place for when oral feeding starts again.

- Gentle stroking of the face and cheeks when feeding is taking place makes saliva flow better.

Grinding

This problem is very difficult to stop and can lead to tooth wear.

- Massaging of the mouth and cheeks for relaxation may be successful
- Soft or hard acrylic splints may be suggested by your dentist

Sore mouths

Mouths may be sore because of poor oral hygiene, viral, fungal or bacterial infection or trauma. This can lead to distress and poor eating.

- Keep the mouth as clean as possible as dirty mouths can lead to more discomfort.
- The cause of the soreness needs to be identified. Consult your child's dentist.

- Chlorhexidine spray or mouthwash on a sponge can reduce secondary infection.
- Difflam can be prescribed to numb the mouth before eating.
- Anti-fungal treatment can be prescribed if this is the cause of the problem.

Seeing the dentist

It is very important for children with extra needs to see a dentist regularly, starting from the time teeth first appear.

The NHS have specialist dental services for children with additional needs. They can help to provide specialist advice regarding preventing dental problems as well as specialist treatment, if necessary.

Further help and useful websites

- **Disabled Living Foundation**: www.dlf.org.uk – Personal care aids
- **Scope**: www.scope.org.uk
- **Community Dental Services**:

  www.communitydentalservices.co.uk
- **NHS – Oral health advice:**
- https://www.nhs.uk/live-well/healthy-teeth-and-gums/take-care-of-your-teeth-and-gums/
- **Government Advice:**
  https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities

Getting the best from toothbrushing:

- Start brushing with a fluoride toothpaste and a soft-headed toothbrush, as soon as the first tooth appears.
- Brush gently twice a day - in the morning and last thing at night. The bedtime brush being the most important.
- Use family fluoride toothpaste - just a smear for those under 3 and just a pea-sized blob for those aged 3-6 years.
- Stay with your child when they brush to help and make sure they do not eat or lick the toothpaste from the tube. Support your child until they are at least 7 years old or older if required.
- Encourage spitting out of the bubbles at the end. Do not rinse; just wipe the face clean if needed.

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