



## Mouth care for people with dementia

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**This leaflet provides useful information about mouth care and is aimed at staff and carers working with people with dementia.**

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### Why is mouth care important?

Mouth care is important as poor oral hygiene can impact health, wellbeing and quality of life. Poor oral health has been associated with chest infections, heart conditions, stroke and diabetes. It can also impact people's ability to eat and drink and can lead to soreness, bad breath and social embarrassment. Evidence shows that hospital admissions are often associated with a deterioration in oral health so mouth care is particularly important during hospital stays.

### Mouth care and dementia

As dementia progresses, there is generally a decline in oral health due to difficulties completing and complying with mouth care. Declining oral health can lead to a change in eating habits due to pain (e.g. associated with dental decay). Also, common medications used in dementia have the potential side-effect of causing a dry mouth which can increase the risk of developing dental decay and gum disease. People with dementia can find it difficult to communicate. If you notice a change in eating and drinking or behaviour when completing mouth care, it may indicate a deterioration in oral health.

### How often should mouth care be completed?

Mouth care should be completed at least twice per day. Encourage patients to rinse mouth using mouthwash twice daily, but at differing points in the day to teeth cleaning. If the person with dementia has reduced oral intake or is approaching end of life, more frequent mouth care may be required – approximately every four hours.

### Oral health

A healthy oral cavity looks clean and moist. The lips, tongue and roof of the mouth should be pink. Signs of an unhealthy mouth include dryness, gum disease (redness, inflammation, bleeding), oral thrush/candida (a white coating), excessive drooling, mouth ulcers and dental decay. All these symptoms can be improved by stringent mouth care.

### Tips for completing mouth care in people with dementia

Create a routine and explain what you are going to do each time. Be patient and focus on the person, providing reassurance as necessary. Try distracting the person by giving them something to hold or engage in other tasks such as singing. If the person is resistant, consider coming back at another time when they are calmer.

## Mouth care: Step by step guide

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| 1. Explain to the person what you are going to do. Use objects/pictures to support understanding.  |
| 2. Use a pen torch and tongue depressor to inspect the mouth. Stroke the cheek in the direction of the mouth and/or place a small drop of cold water on the lips to stimulate opening the mouth.   |
| 3. Use a mouth sponge / MouthEze to remove excess saliva or food particles from the oral cavity. If dried, moisten with a mouth sponge before removing with the MouthEze / blue forceps as required. <b>Squeeze out excess water prior to use.</b><br><b>NB:</b> Mouth sponges are <b>not</b> effective at removing plaque and if left to soak in water can become a <b>choking risk</b> . |
| 4. To remove plaque, use a soft toothbrush with a small head and an SLS-free or low-foaming toothpaste (e.g. Sensodyne, Pronamel). Dip the toothbrush in water and apply a smear of toothpaste to the wet bristles.  |
| 5. <b>Do not rinse with water or mouthwash.</b> Use a mouth sponge / MouthEze dipped in diluted mouthwash to remove toothpaste. Ensure to squeeze out excess fluid before use.   |
| 6. Apply a small amount of saliva substitute / moisturising agent after mouth care, as required.   |
| 7. If lips are dry or cracked, apply Vaseline / Soft Paraffin as required.<br><b>NB:</b> Not indicated for patients on oxygen therapy.   |
| 8. Ensure dentures are in situ during the day and removed at night. Clean dentures with a denture brush / toothbrush and leave in a soaking solution overnight (if none available use mouthwash diluted in water).   |

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**Please ask if you need this information in another language or format.**

RBFT Speech & Language Therapy, January 2024  
Next review due: January 2026