

Oral problems

DR ANDREW DAVIES

Outline

- ❖ OASis study
- ❖ Oral hygiene
- ❖ End-of-life oral care
- ❖ Conclusion

OASis study

OASis study

- ❖ Observational study
- ❖ Cancer patients receiving specialist palliative care
- ❖ Oral Symptom Assessment Scale (≈ Memorial Symptom Assessment Scale)

OASis study

- ❖ Oral Symptom Assessment Scale

- 20 oral symptoms

- yes / no

- frequency

- severity

- distress

- other oral symptoms

OASis study

- ❖ 250 patients
- ❖ 12 centres (5 hospitals, 7 hospices)
- ❖ ECOG 0 – 1.6%
ECOG 1 – 21.6%
ECOG 2 – 26.4%
ECOG 3 – 44.8%
ECOG 4 – 5.6%

OASis study

- ❖ 244 (97.6%) patients reported ≥ 1 oral symptom
- ❖ Median number oral symptoms 5 (range 1-18)

OASis study

Symptom	Number patients (n = 250)
Dry mouth	209 (83.6%)
Taste disturbance	139 (55.6%)
Coating of tongue	117 (46.8%)
Lip discomfort	96 (38.4%)
“Dirty” mouth	87 (34.8%)
Difficulty swallowing	86 (34.4%)
Cracking of lips	85 (34.0%)
Oral discomfort	76 (30.4%)
Difficulty speaking	68 (27.2%)
Cracking of mouth corners	56 (22.4%)

OASis study



Symptom	Number patients (n = 250)
Difficulty chewing	56 (22.4%)
Sensitive teeth	52 (20.8%)
Oral ulcers	42 (16.8%)
Bad breath	41 (16.4%)
Jagged / sharp teeth	41 (16.4%)
Altered sensation in mouth	27 (10.8%)
Denture fitting problems	26 (10.4%)
Toothache	25 (10.0%)
Burning sensation in mouth	24 (9.6%)
Oral bleeding	19 (7.6%)

OASis study

Dry mouth (xerostomia):

209 / 250 patients (83.6%)

“Rarely” – 9.1%; “occasionally” – 18.7%; “frequently” – 38.8%; “almost constantly” – 33.5%

“Slight” – 23.1%; “moderate” – 40.9%; “severe” – 26.4%; “very severe” – 9.6%

“A little bit” – 36.8%; “quite a bit” – 23.4%; “somewhat” – 25.1%; “very much” – 14.6%

OASis study

Bad breath (halitosis):

41 / 250 patients (16.5%)

“Rarely” – 7.3%; “occasionally” – 29.3%; “frequently” – 46.3%; “almost constantly” – 17.1%

“Slight” – 22.0%; “moderate” – 53.7%; “severe” – 19.5%; “very severe” – 4.9%

“Not at all” – 4.9%; “a little bit” – 34.2%; “quite a bit” – 22.0%; “somewhat” – 26.8%; “very much” – 12.2%

Oral hygiene

Oral hygiene



Oral hygiene

Aetiology (poor oral hygiene):

- ❖ Physical problems
- ❖ Psychological problems

- ❖ Salivary gland dysfunction

- ❖ Lack of education
- ❖ Lack of training

Oral hygiene

Clinical features:

- ❖ Physical problems
 - primary, e.g. halitosis
 - secondary (local), e.g. periodontal disease
 - secondary (systemic), e.g. aspiration pneumonia
- ❖ Psychological problems
- ❖ Social problems

- ❖ Complications relating to anticancer treatment (e.g. oral mucositis, bisphosphonate-related ONJ)

Oral hygiene

- ❖ Toothbrushing – twice daily
- ❖ Interdental cleaning – once daily

- ❖ Appropriate toothbrush
- ❖ (Appropriate toothpaste)

- ❖ (Chlorhexidine – difficulties with mechanical control of dental plaque)

Oral hygiene

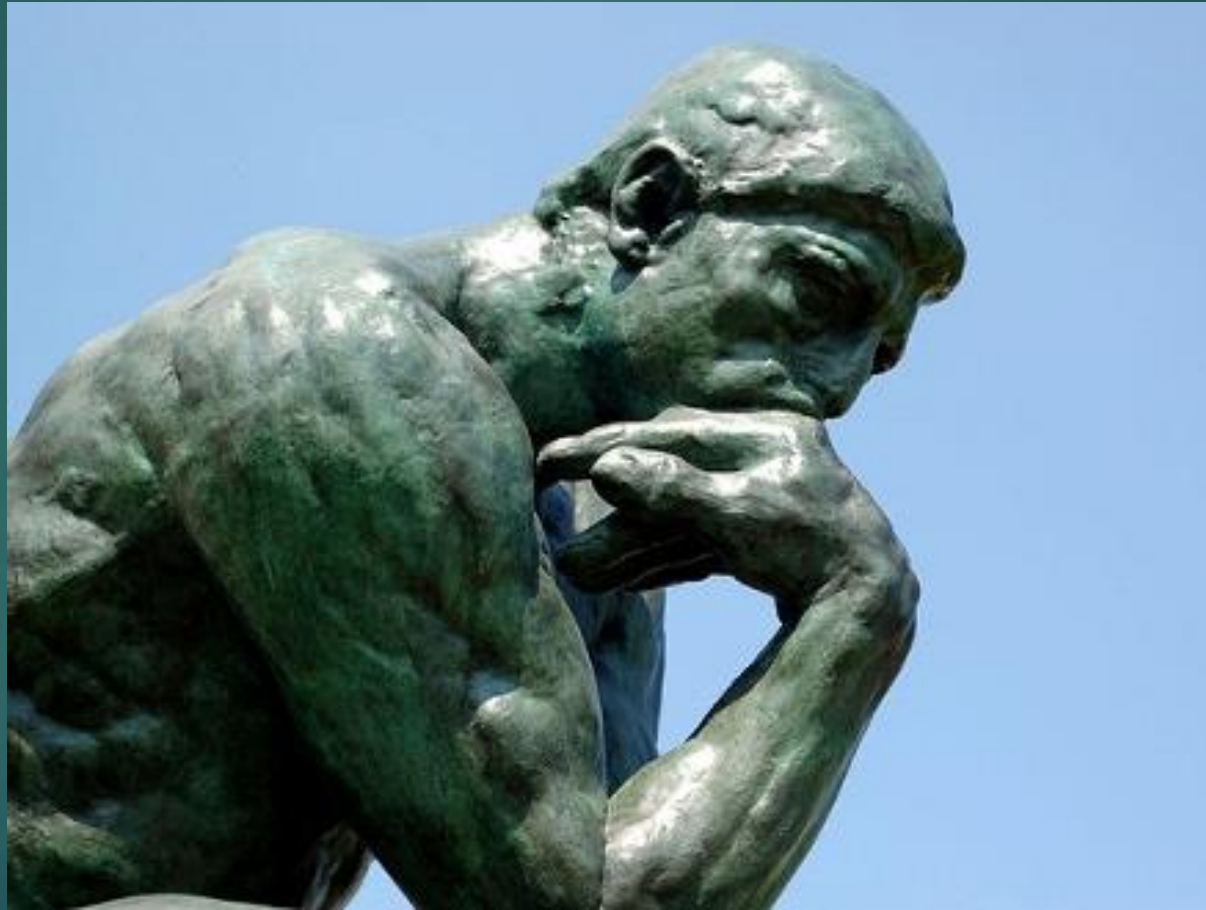
- ❖ Denture cleaning – once daily (night)
- ❖ Appropriate method
- ❖ Appropriate storage (overnight)
- ❖ Regular dental review

Oral hygiene

- ❖ Oral mucosa cleaning – after each meal
- ❖ (Tongue scraping)

End-of-life oral care

End-of-life oral care



End-of-life oral care

- ❖ What is the aim of oral care in the last hours / days of life?
- ❖ What are we treating?
- ❖ Who are we treating?
- ❖ Should we be treating?

End-of-life oral care

- ❖ What should we be doing?
- ❖ Who should be giving oral care?

End-of-life oral care

Conscious patients:

- ❖ Oral care regimen determined by patient's symptoms
- ❖ [Oral care requires patient's consent / cooperation]
- ❖ Oral care is not a treatment for thirst (but may be a sub-optimal treatment for dry mouth)

End-of-life care

Unconscious patients:

- ❖ Minimal intervention
- ❖ ? No intervention

End-of-life care

Dry oral mucosa:

- ❖ May be a source of discomfort in conscious patient
- ❖ Unlikely to be a source of discomfort in unconscious patient
- ❖ Water ineffective lubricant (short lasting)
- ❖ Water based products may be more effective (“longer” lasting) – KY jelly, Oral Balance gel

End-of-life care

Dry lips:

- ❖ May be a source of discomfort in conscious patient
- ❖ Unlikely to be a source of discomfort in unconscious patient
- ❖ Water ineffective lubricant (short lasting)
- ❖ Water based products may be more effective (“longer” lasting) – KY jelly, Oral Balance gel

End-of-life care



Petroleum jelly



Petroleum jelly

No case reports in MEDLINE!

Petroleum jelly



Ignition temperature –
minimum temperature
at which substance will
ignite spontaneously

Petroleum jelly: ~ 540°F
/ 282°C

(similar to plastics used
in oxygen equipment)

Petroleum jelly



Flash point – minimum temperature at which substance will ignite in presence of ignition source

Petroleum jelly: ~ 400°F
/ 204°C

(similar to plastics used in oxygen equipment)

End-of-life oral care

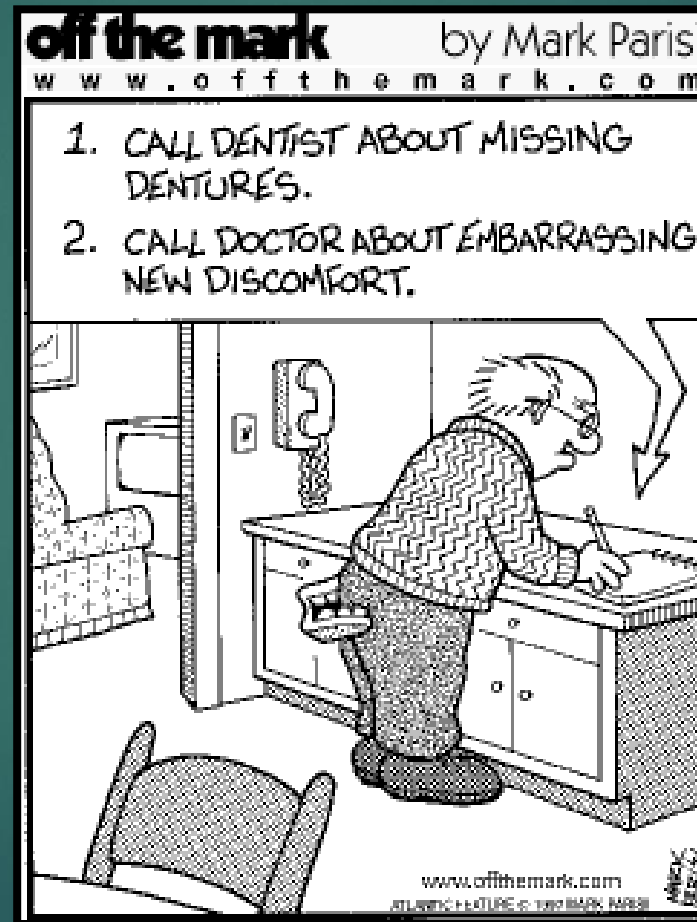


Conclusion

Conclusion



Conclusion



Conclusion

“We believe that this logical approach to mouth care is more effective than the anecdotal remedies suggested by Regnard et al. Was the recommendation to use gin a misprint*?”

Lucas & Roberts, 1998

*“Semifrozen tonic water and gin” recommended for treatment of dry mouth

Conclusion

