

Dementia and Oral Care

NIMDTA Study Day 17th October 2025

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(BDS, MFDS, DSCD, MSCD)

Aims and objectives

Raise awareness of the challenges that may present when caring for patients living with dementia and strategies to help address them

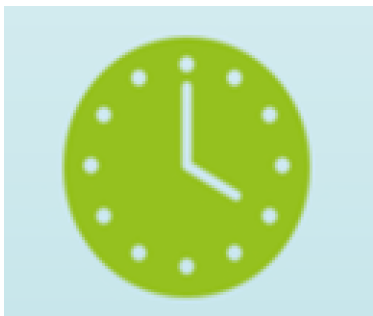
- ❑ Be aware of what dementia is and how it may impact on oral health
- ❑ Discuss the oral risk factors for patients with dementia and considerations for management including consent
- ❑ Understand how dental teams can support and provide good oral health care for people living with dementia
- ❑ Learn how practices can be made more 'dementia friendly'



What is Dementia?

Umbrella term used to describe a set of symptoms of deteriorating mental function significant enough to impact on daily living

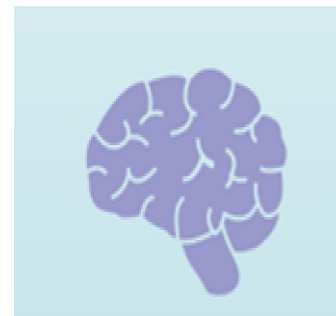
Symptoms of Dementia



Memory
loss



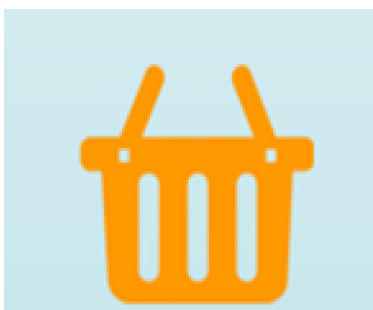
Communication
difficulties



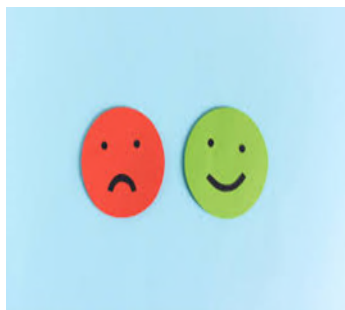
Disorientation
to time



Confusion and
disorientation



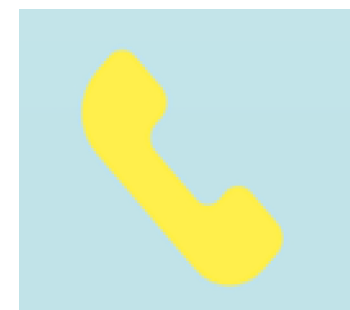
Difficulty with
daily tasks



Mood and
personality
changes



Problems with
thinking or
reasoning

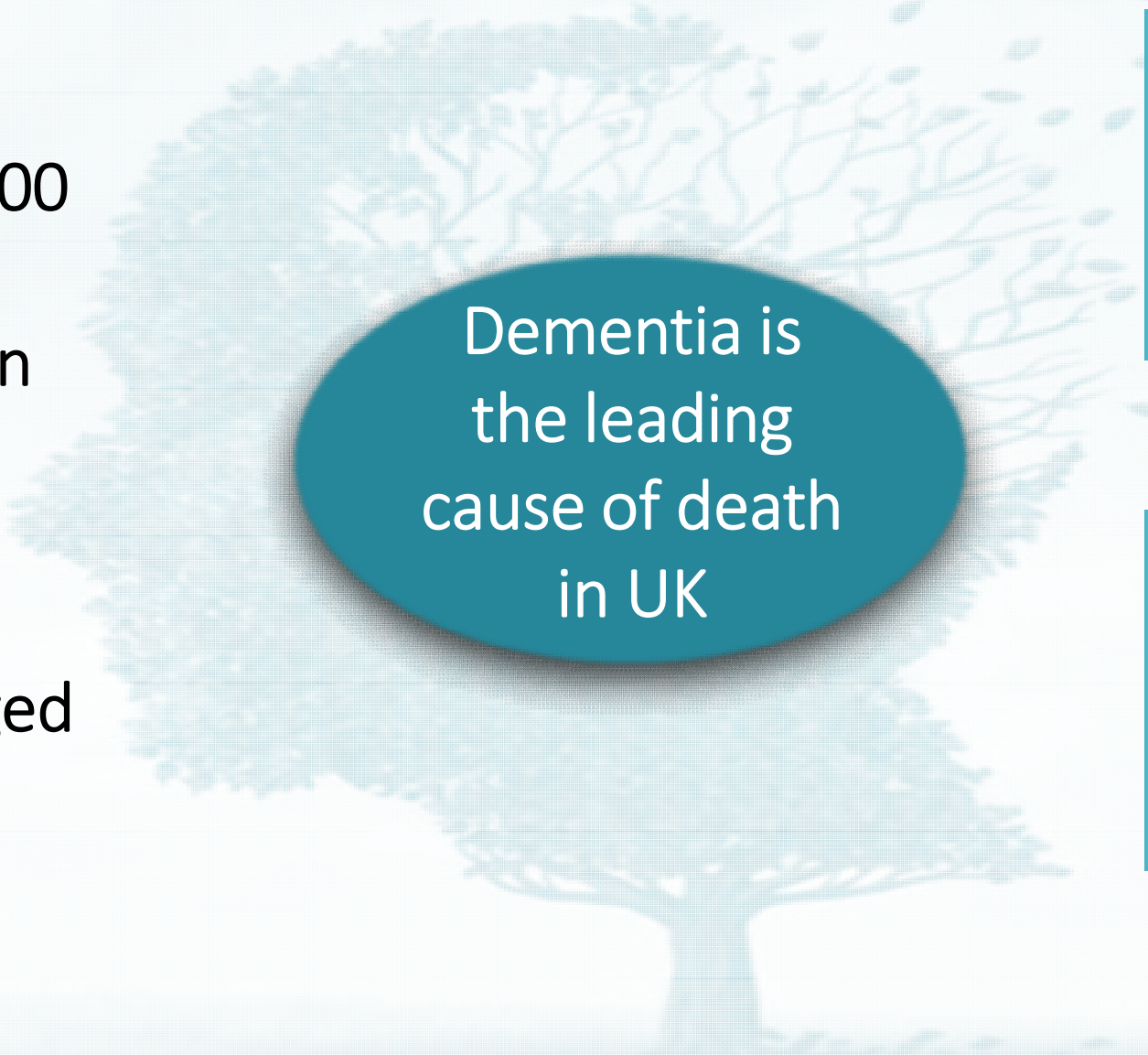


Reduced social
functioning

Prevalence

Estimated 982,000
in the UK
57% are women

1 in 14 adults aged
over 65 years



Dementia is
the leading
cause of death
in UK

Every 3 minutes
someone in the UK
develops dementia

1 in 3 people born
in the UK today will
develop dementia
in their lifetime

Higher risk of developing dementia:

Women

Lower socioeconomic background

Black, Asian and minority groups

Down's Syndrome

An illustration featuring several diverse elderly individuals. At the top, a Black man with a white beard and a Black woman are smiling. On the left, a Black man stands with his hand on his head. In the bottom left, a woman with grey hair is riding a red scooter. In the bottom right, a Black woman is smiling and talking to an elderly man with white hair. The background is split into blue and dark blue sections.

Dementia Inequalities Game



MYTH:

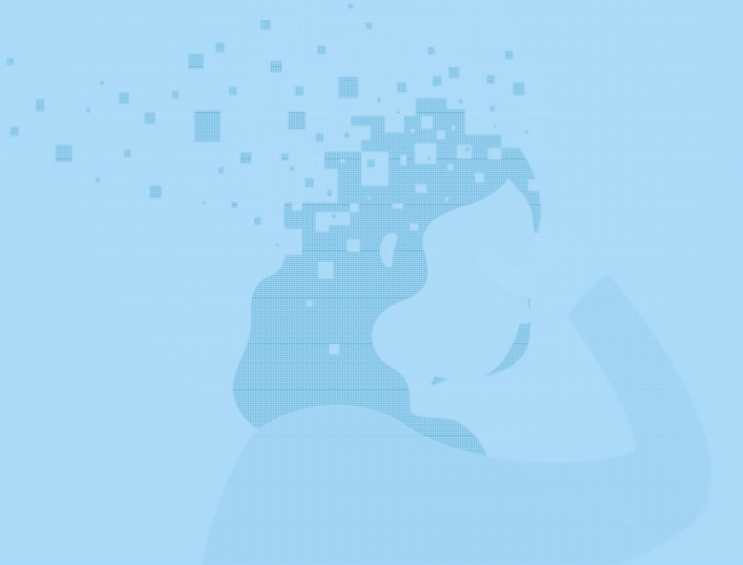
Dementia is a normal part of ageing

Young onset dementia < 65 years
Over 70,800 people in the UK

More likely to have rarer forms of dementia

Less likely to have memory loss as first symptom

Genetic link more likely



Types of Dementia	
Reversible Causes	Irreversible Causes
Drugs (e.g., Korsakoff's Syndrome = Excess Alcohol Consumption)	Alzheimer's Disease
Emotional Disturbances and Depression	Vascular Dementia / Cerebrovascular Disease
Metabolic (e.g., Pernicious Anaemia)	Lewy Body Dementia
Endocrine Conditions (e.g., Addison's Disease, Hypo- and Hyperthyroidism)	Frontotemporal Dementia (including Pick's Disease)
Infections (e.g., TB, HIV)	Mixed Dementia
Nutritional Deficiencies (e.g., Vitamin B12, Folic Acid)	Rarer Causes (e.g., Parkinson's Disease, Huntington's Disease)
Tumours and Brain Injuries	

Irreversible

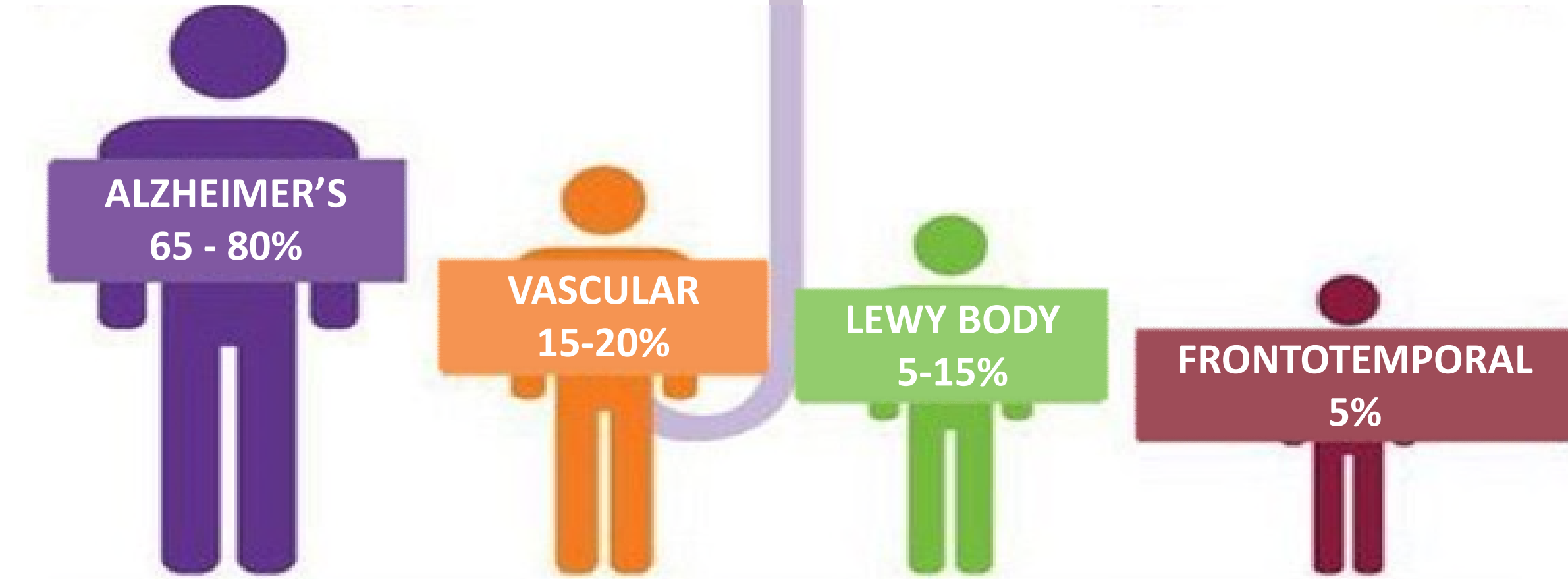
ALZHEIMER'S
65 - 80%

VASCULAR
15-20%

LEWY BODY
5-15%

FRONTOTEMPORAL
5%

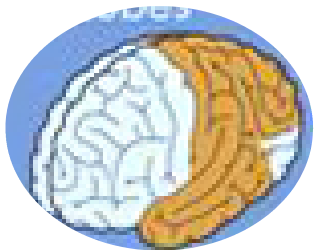
MIXED DEMENTIA
> 1 NEUROPATHY. Prevalence Unknown.



Alzheimer's Dementia

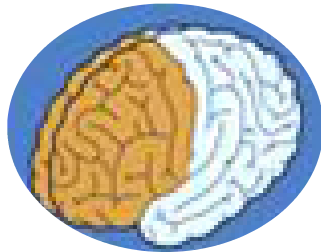
Mild

Duration: 2 years
Lateral, temporal, parietal lobes
Symptoms:
Reading problems
Poor object recognition
Poor direction sense



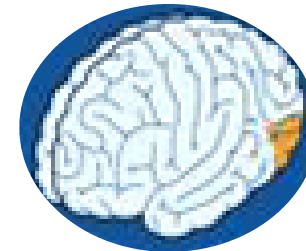
Moderate

Duration: 2 years
Frontal lobe
Symptoms:
Poor judgement
Impulsivity
Short attention



Severe

Duration: 3 years
Occipital lobe
Symptoms:
Visual problems



Amyloid plaques
(abnormal β amyloid protein)

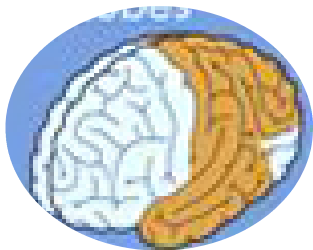
Neurofibrillary
tangles

Cerebral cortex
atrophy

Alzheimer's Dementia

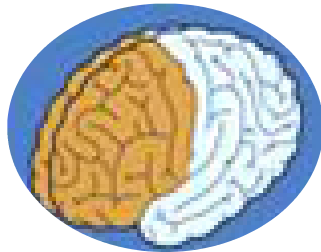
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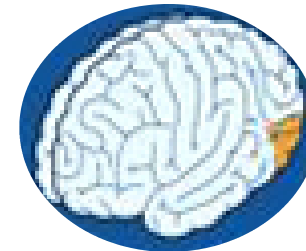
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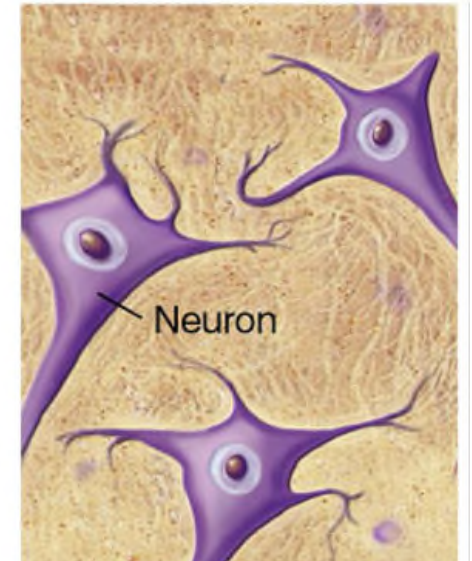


Severe

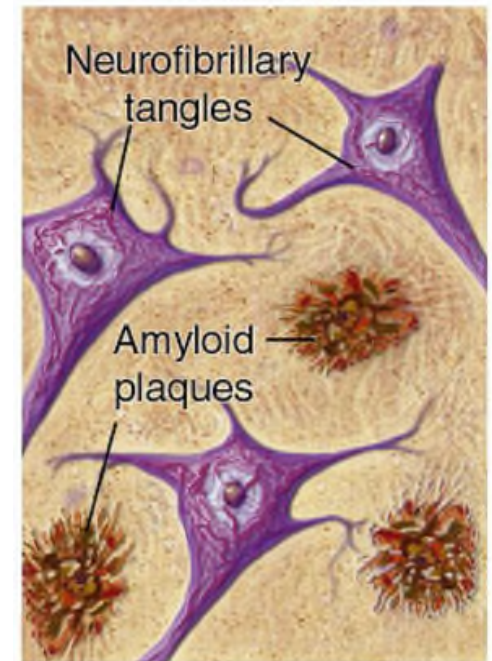
Duration: 3 years
Occipital lobe
Symptoms:
Visual problems



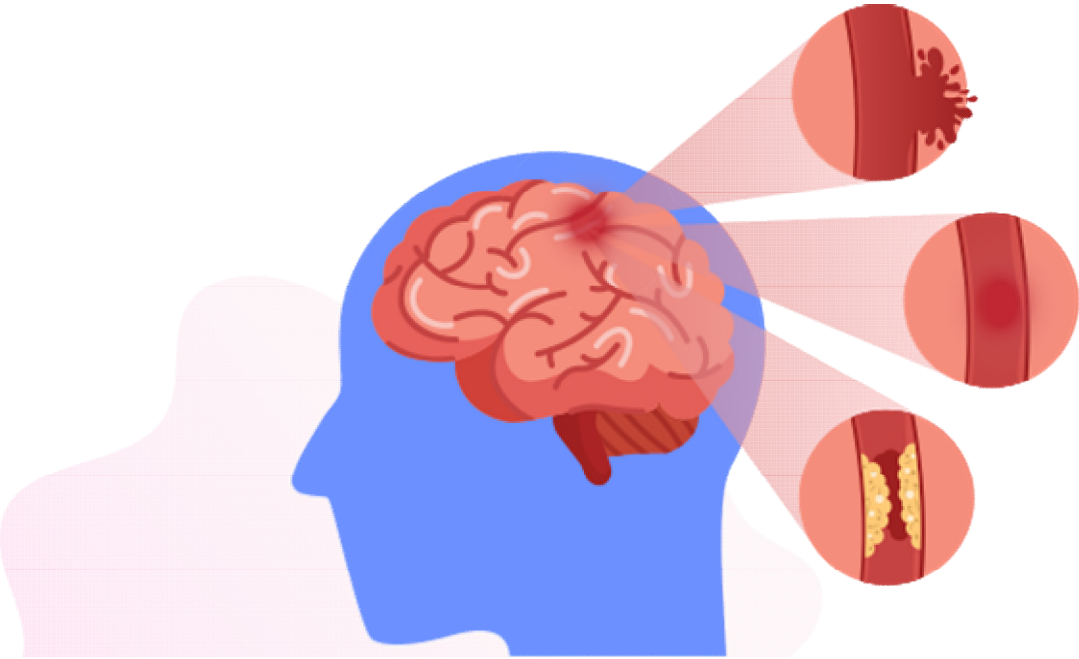
Normal



Alzheimer's



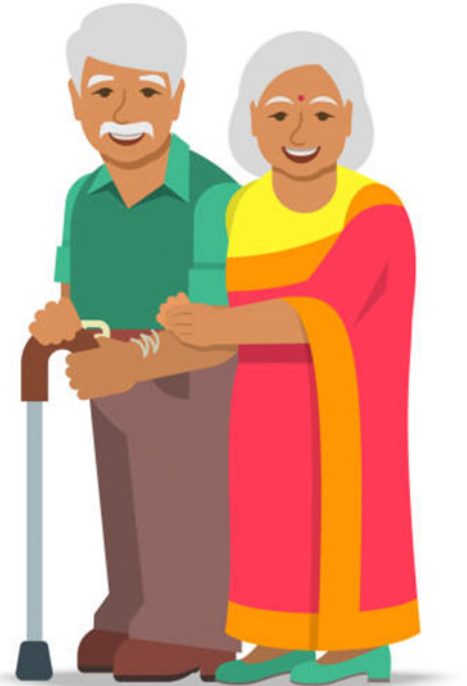
Vascular Dementia

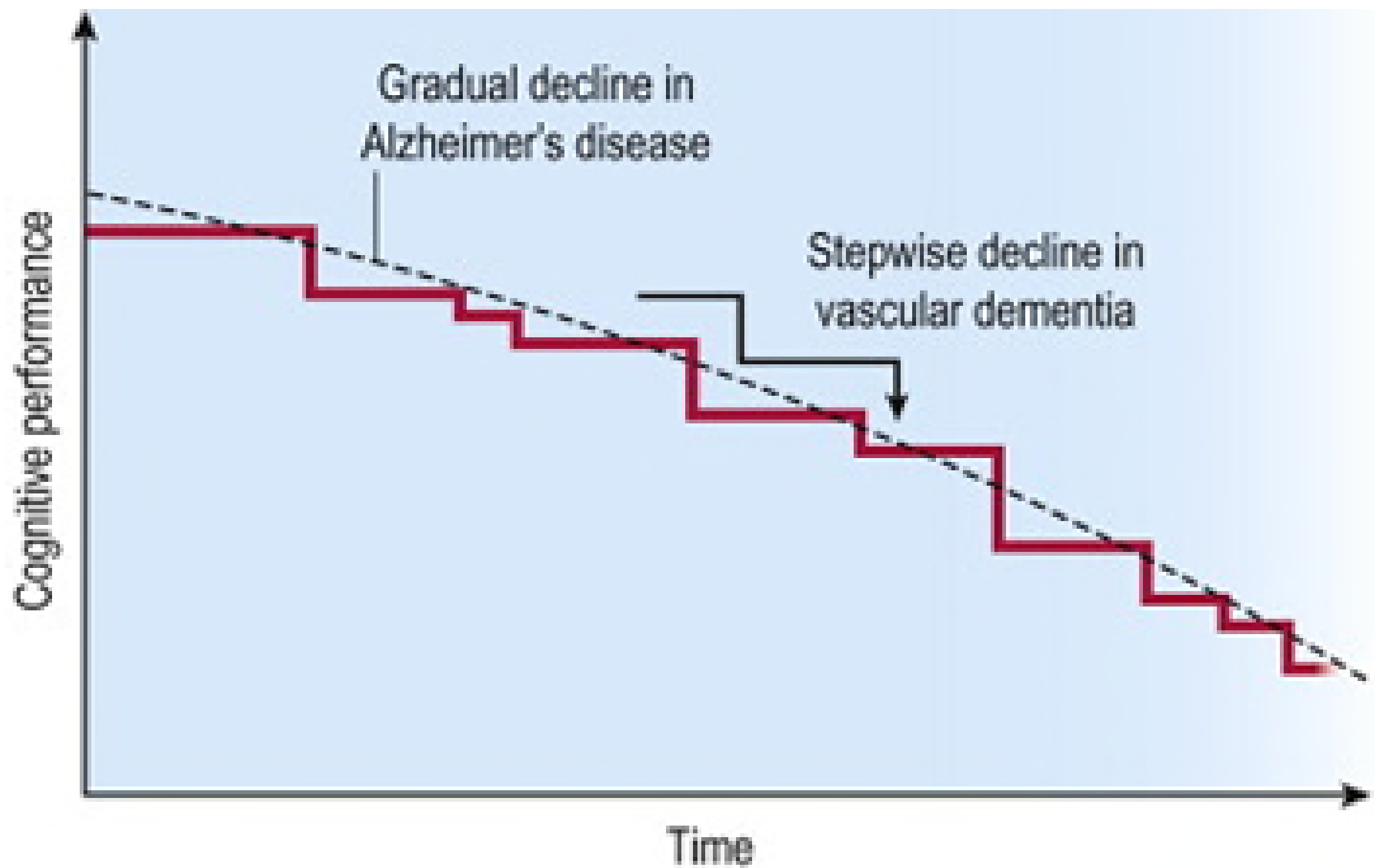


Caused by decreased blood flow to the brain
e.g. infarct

- Stroke, TIA
- Small vessel disease

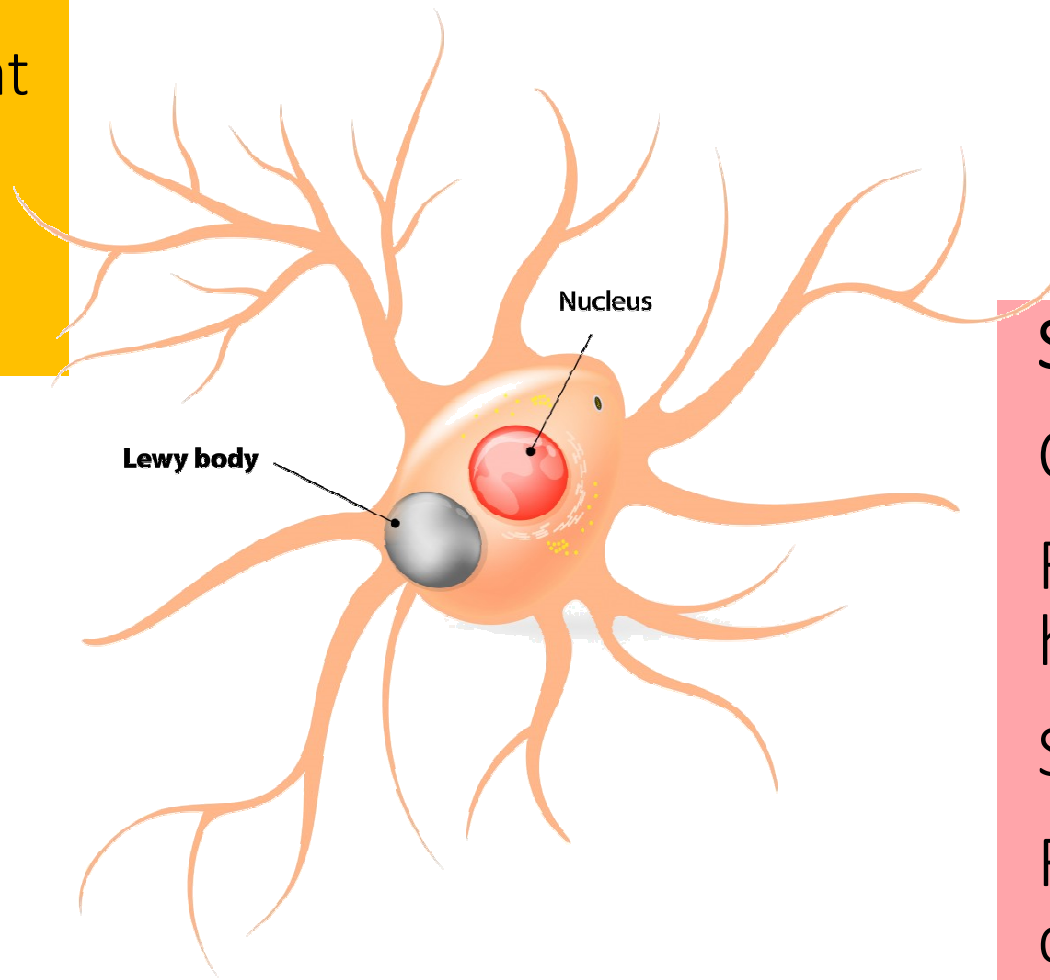
More common in Indian, Bangladeshi, Pakistani, Sri Lankan, African and Caribbean ethnic backgrounds.





Dementia with Lewy Bodies

Buildup of Lewy Body proteins in the brain that control thinking, visual perception and muscle movement



Symptoms include:

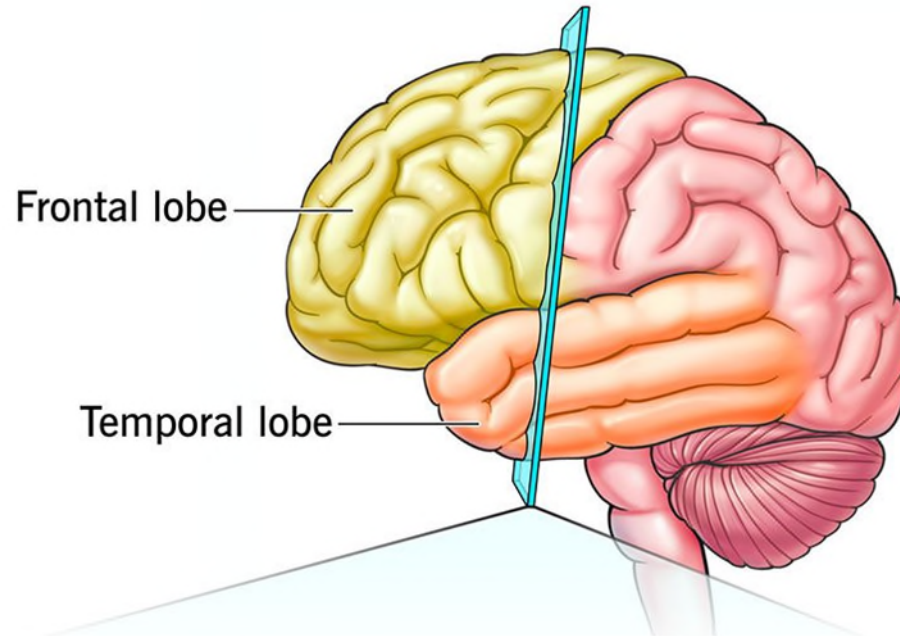
Cognitive decline

Recurrent visual hallucinations

Sleep disorders

Features of Parkinsons disease

Fronto-Temporal Dementia



More common in <65-year-old
1/3 is inherited
Link with motor neurone disease



Mild Cognitive Impairment

- ❖ Describes early thinking and memory problems
- ❖ NOT dementia
- ❖ Can be early stages of Alzheimer's disease or another form of dementia
- ❖ Can occur in isolation and symptoms may return to 'normal' without leading to dementia
- ❖ Can be caused by other health problems



Risk Factors

Age, Gender and
Ethnicity

Genetic
Predisposition

Depression

Brain Injury

Type 2 Diabetes

Smoking/Excess
Alcohol
Consumption

Coronary Heart
Disease

Down's
Syndrome

Poor Diet/Being
Inactive

50% of people with
Down's Syndrome will
develop dementia



DEMENTIA WORKBOOK LAUNCH

Second edition

Keeping people who have
Down's Syndrome well before
and during Dementia

Workbook for families and staff

**ALZHEIMER'S
RESEARCH UK** **FOR A
CURE**

Dementia Statistics Hub

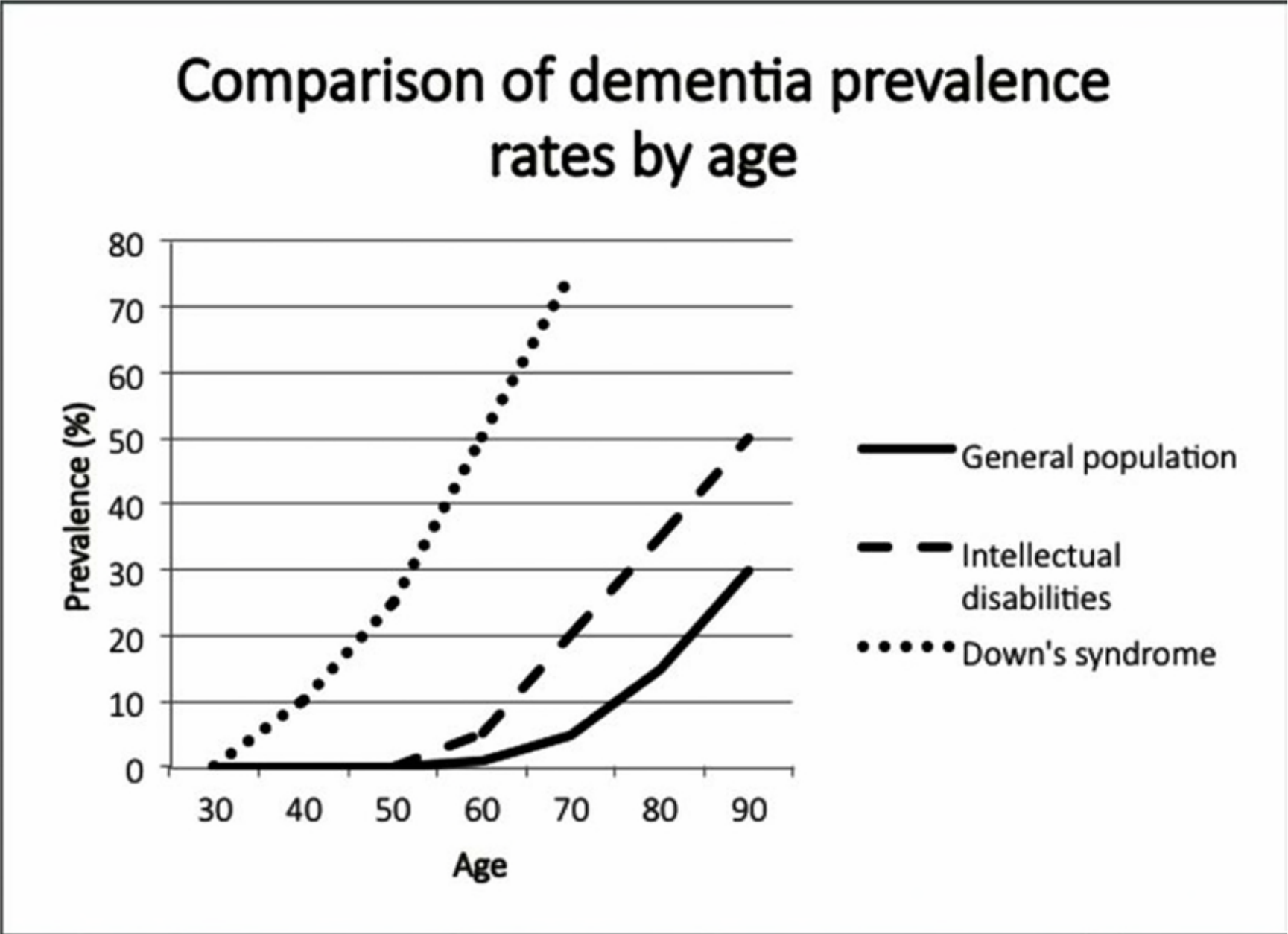
People with
Down's
Syndrome
should have
baseline
health check
at 30 years old

FIGURE 1: COMPARISON OF DEMENTIA PREVALENCE RATES BY AGE



Dementia and people with intellectual disabilities

Guidance on the assessment, diagnosis, interventions and support of people with intellectual disabilities who develop dementia



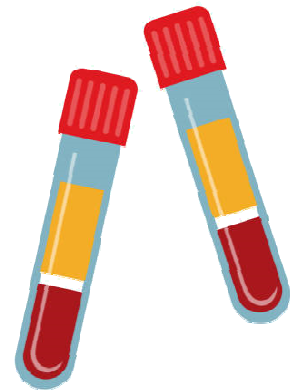
Management of Dementia

Early diagnosis is key

- Memory clinics, physical examination, blood screening and imaging
- MDT approach

Management

- Treatment of underlying health conditions
- Cognitive stimulation
- Medication
- Dementia friendly communities



Management of Dementia

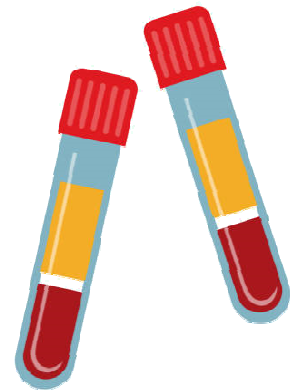
Early diagnosis is key

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Management

- Treatment of underlying health conditions
- Cognitive stimulation
- Medication
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Long term antipsychotics
should not be routinely
used in the treatment of
dementia








Regional Dementia Care Pathway


Supporting Each Person's Individual Journey

1	Improving Public Awareness and Healthy Active Ageing
2	Finding Out if its Dementia
3	Living Well with Dementia
4	Coping with Changes
5	End of Life Care




Your family, your keyworker or an advocate can help you




Dementia Care Pathway NI - Animated Guides

 by Health and Social Care

Playlist · 6 videos · 190 views

This series of short animated films are designed to explain the Dementia Care Pathway. The Pathway documenter ...more

 Play all

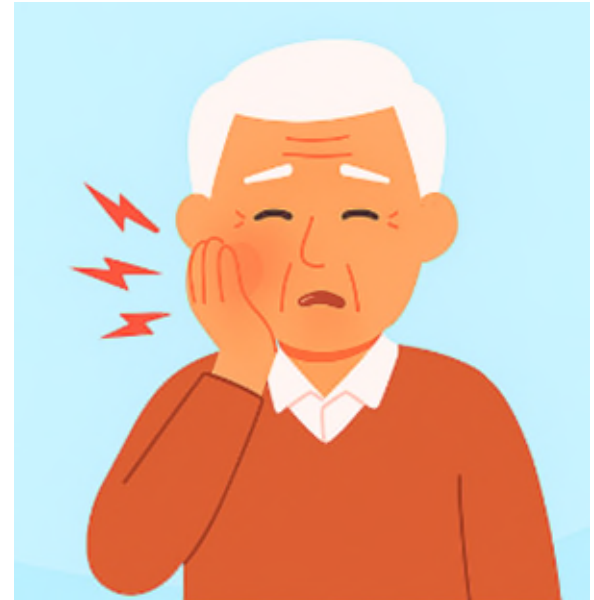
Oral Health and Living with Dementia

Benefits

- ✓ Quality of Life
- ✓ Benefit general health
- ✓ Reduce behaviours associated with pain and infection

People are
maintaining natural
teeth

Prevalence of oral
health problems is
increasing

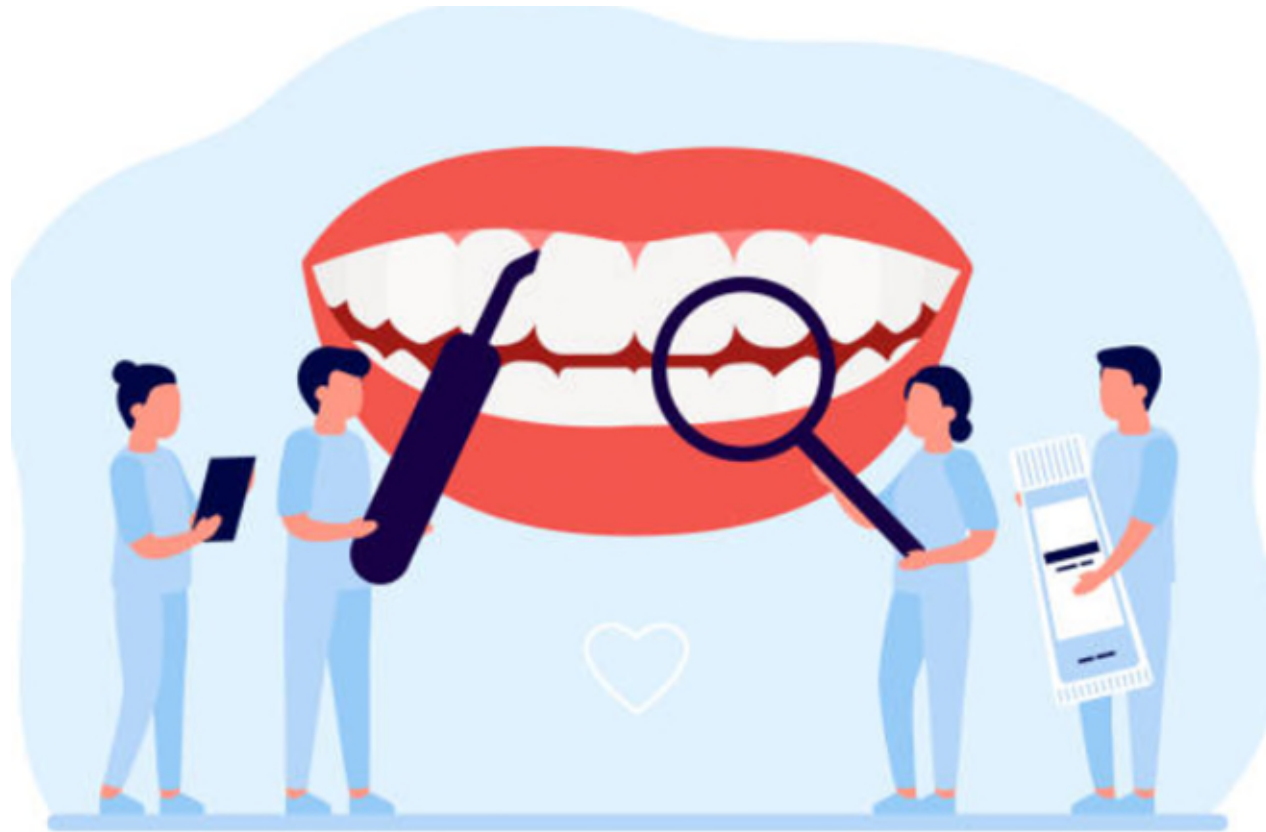


Forget me not – the role of the dental team in dementia awareness

Regular appointments

Continuity of care

Long period of care



Changes in behaviour

Changes in oral health

May be the first to notice changes

Oral Signs of Cognitive Decline



Decline in oral hygiene

Increase in caries

Increase periodontal disease

Pouching of food (Dysphagia)

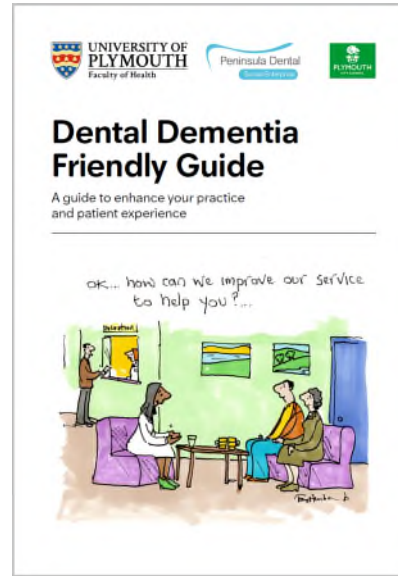
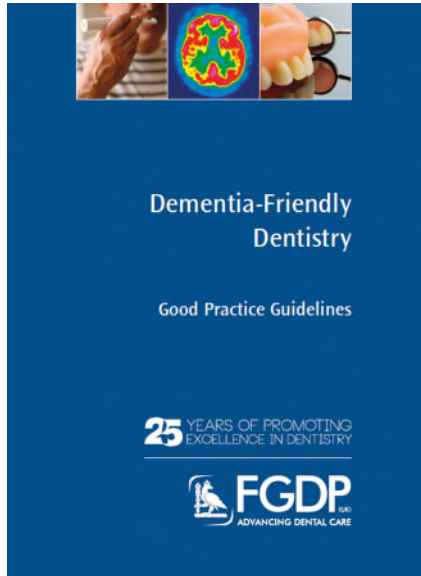
Increase in tooth loss

Problems wearing dentures

Dementia can impact on oral health with progression

Dry Mouth can attribute to oral disease

Treatment Planning



Dependent on:

- ☐ Stage of disease
- ☐ Level of independence
- ☐ Cooperation
- ☐ Cognitive impairment
- ☐ Frailty
- ☐ Physical disability

- ✓ Prevention
- ✓ Dental intervention early stages
- ✓ Regular dental review
- ✓ Provision of support
- ✓ Carer information
- ✓ Dentures are 'marked', cleaned and copied
- ✓ Skill mix
- ✓ Appropriate setting

Stages of Dementia

Early / Mild Dementia

Forgetting recent events

Struggling to find right words

Lose track of day/date

Assistance in choosing clothes

Disorientation to time or place

Decreased recall of names

Moderate Dementia:

Need frequent reminders and help to carry out basic tasks

Forgetful of names

Repeat questions / conversations

May not recognise familiar people

Needs supervision for eating and toileting

Severe Dementia

More dependent on others

Profound memory loss

Unable to recognise family / familiar objects

Dysphagia

Incontinence

Loss of speech

Treatment Planning in Progression

Early / Mild Dementia

Most types of dental care are possible

Identify and restore key teeth

Extract unrestorable teeth

Shortened dental arch

Capacity may fluctuate

Moderate Dementia:

Change from restorative to maintenance and prevention

Conscious sedation or general anaesthesia may be required

Atraumatic Restorative Technique, Silver Diamine Fluoride

Lack of capacity or fluctuating capacity

Severe Dementia

Focus on comfort and emergency treatment

May be uncooperative

Non-invasive dental interventions

May need conscious sedation or general anaesthesia in cases of emergency treatment

Domiciliary care

Challenges Providing Dental Care

- Communication
- Capacity and consent
- Co-operation
- Medical and oral risk factors
- Access to appropriate services
- Safeguarding



Communication

- ☐ Address by preferred name
 - ☐ Approach from the front
 - ☐ Maintain eye contact
 - ☐ Sit at the same level
 - ☐ Give time
 - ☐ Use familiar words and terms
 - ☐ One question at a time
 - ☐ Reassuring touch
 - ☐ One person talking at a time
 - ☐ Nonverbal
- Include carers and family



easy read



What not to say to a person with dementia

Don't Say	Instead Try
"Remember when...?"	"I remember when...."
"I've just told you that"	Be patient. It's important for a person with dementia to feel they're being listened to and understood.
"What did you do this morning...."	"Do you want a tea or coffee" Closed questions/2-3 options
"Do you recognise me?"	"Hello....my name is...."
" today we are going to check you teeth, then take some xrays and then some cleaning and then we will book another appointment..."	Short, Simple sentences Avoid talking in loud environments Wait until you have the person's full attention.
"love, honey, dear"	Use preferred name as often as appropriate. This helps keep their dignity intact and aid concentrations.

VERA Approach to Communication

Validate	Emotion	Reassure	Activity
Accept the person's reality, avoid correcting the person or not listening to their concerns even if you believe them not to be true.	Acknowledge the emotion, what feeling is driving the person's behaviour? Are they anxious, scared, what do they need?	That you are here to help, by listening to the person and trying to meet their need... if they feel scared help them to feel safe.	Use meaningful distraction, what can be done in the moment to take the person's mind off their concern?

This is me®

This leaflet will help you support me in an unfamiliar place.

My full name is _____



Please attach a favourite photo of yourself here.

You can also attach a recent photo of yourself on the next page.

■ See the notes on page 4 to help you complete **This is me**, including examples of the kind of information to include.

■ Keep this leaflet with you and put it in a suitable place so that all the people caring for you can see and refer to it easily.

Partnership with



Someone who has dementia, delirium or other communication difficulties, can find changes, such as moving to an unfamiliar place or meeting new people who contribute to their care, unsettling or distressing. **This is me** provides information about the person at the time the document is completed. It can help health and social care professionals to build a better understanding of who the person really is.

This is me should be completed by the individual(s) who know the person best and, wherever possible, with the person involved. It should be updated as necessary. It is not a medical document.

Refer to the notes on the back page to help fill in the categories below.

My full name _____

Name I like to be called _____

Where I live (list your area, not your full address) _____

Carer/the person who knows me best _____

I would like you to know _____

My background, family and friends (home, pets and any treasured possessions) _____

Current and past interests, jobs and places I have lived and visited _____

The following routines are important to me _____

Things that may worry or upset me _____

Non - Verbal Indicators of Pain

- Change in behaviour
- Challenging behaviour
- Change in eating patterns – refusing food
- Sleep disturbance
- Refusing oral hygiene
- Holding/hitting their face
- Fingers in their mouth
- Not wearing previously worn dentures
- Drooling



Abbey Pain Scale

- Q1. **Vocalisation**
eg. whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3 Q1
- Q2. **Facial expression**
eg: looking tense, frowning grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3 Q2
- Q3. **Change in body language**
eg: fidgeting, rocking, guarding part of body, withdrawn
Absent 0 Mild 1 Moderate 2 Severe 3 Q3
- Q4. **Behavioural Change**
eg: increased confusion, refusing to eat, alteration in usual patterns
Absent 0 Mild 1 Moderate 2 Severe 3 Q4
- Q5. **Physiological change**
eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3 Q5
- Q6. **Physical changes**
eg: skin tears, pressure areas, arthritis, contractures, previous injuries.
Absent 0 Mild 1 Moderate 2 Severe 3 Q6

Total Pain Score

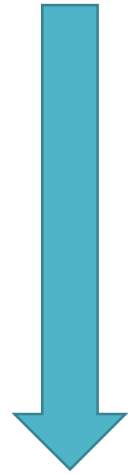
0 – 2 No pain	3 – 7 Mild	8 – 13 Moderate	14+ Severe
Chronic		Acute	Acute on Chronic

Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B.
Funded by the JH & JD Gunn Medical Research Foundation 1998 – 2002

Capacity Assessment and Consent

Mental Capacity Bill 2015 (Northern Ireland)

Follow the principles of Mental Capacity Act
2-stage test of capacity



Understand
Retain
Weigh up
Communicate



TIME AND
TASK
SPECIFIC

Fluctuating capacity

Best interest decisions

Enduring power of attorney (Property and Finance)

Advanced directives



Date completed:

Let your dentist know about your dental care preferences

Before your dental visit it can be useful to think about what matters to you with your dental care. This form helps you to think about your preferences and expectations. You can discuss your answers with your dentist at your appointment.



You can fill this out on your own, with a friend, family member, carer or with your dentist

Your full name:

Your preferred name:

Date of birth:

Your dental practice or service:

Who supports you with decision making:

Do you have a Lasting Power of Attorney for health? ☐ Yes, please provide their name ☐ No

Please tell us about any problems you have with your teeth or mouth:



Please tick one box for each statement:

	Disagree	Agree	Unsure	I'd like to discuss with my dentist
It's important to me that my teeth look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want my teeth to be left alone if they are not causing me pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to sit in the dental chair for as long as it takes to fix a broken tooth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting the dentist makes me scared or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't mind having teeth removed if it means I have less pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would want dentures to replace missing teeth if possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to eat whatever I want is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to tell us more about your answers above or write any questions you have for the dentist:

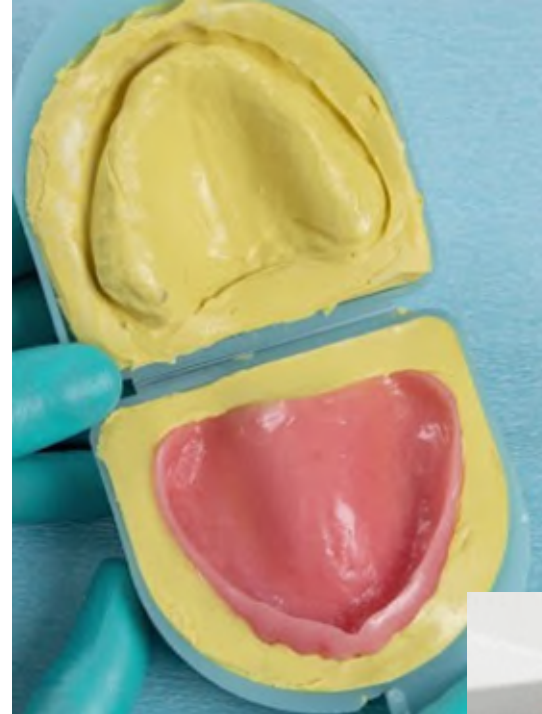
<https://dentaldecisions.uk>

Please return this form to your dentist or bring it to your next visit.

You can talk to the dentist about these answers and anything else concerning your treatment during your next visit.

Dentures

- Risk vs Benefits



Dysphagia



Nutritional Supplements = high sugar

- Unable to stop with dietary advice
- Encouraged not to be sipped throughout the day
- May not be on medication list



Fortisip Compact
Sugars: 18.75g

Fortisip Bottle
Sugars: 13.4g

Fortisip Yoghurt
Sugars: 21.6g

Fortisip Extra
Sugars: 18.0g

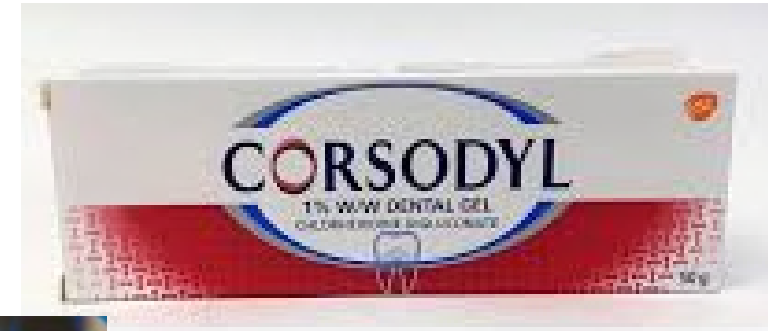
Fortisip Multi Fibre
Sugars: 14.0g



Prevention



Delivering better oral health: an evidence-based toolkit for prevention





Teepa Snow's
Hand Under Hand
Technique

Develop routine
Distraction
Reminders
Tell show do
Sit upright
Quadrant brushing



Bridging
Mirroring
Sensory connection
'Cuddle position'
Standing in front



Dry Mouth

Encourage regular hydration
Sugar free unsweetened drinks

Available on prescription

- Biotene gel
- BioXtra dry mouth gel
- Oralieve gel
- Saliveze mouth spray
- Glandasone artificial saliva spray
- Xerotin oral spray
- Salivix pastilles
- Saliva stimulating pastilles



Hydration Jelly Drops



Not recommended for patients with dysphagia







Dementia Friendly Design

Use contrasting colours for walls, floors, chairs
Avoid busy patterns
Avoid mirrors or reflective surfaces near entrances
Use matte surfaces

Calming
Room larger
Dark blue appetite suppression

Dementia friendly signage

Colour in room -
Temper

Warming
Increases appetite
Painted on wall can indicate urgency

Lime green can be used as a visual cue

Holes or voids
Scary, intimidating

Dementia Friendly Dentistry – Practical Considerations

People	<ul style="list-style-type: none">• Use of 'This is Me'• Assistance completing medical history• Dementia training for all staff• Ask patients/carers what would make visits easier• Identify support for patient
Processes	<ul style="list-style-type: none">• Appointment reminders• Flag/ marker on notes• Continuity of care, familiarisation visits• Flexible appointments – time, duration• Accessible information• Signpost patients to dementia services
Place	<ul style="list-style-type: none">• Simple, clutter-free layout• Dementia friendly signs (yellow background, black text).• Dementia friendly clocks (display time, day and date).• Background noise kept to a minimum.• Wheelchair accessible and disabled parking

**Bathroom
and toilet**



Way Out →







Choose how you would prefer to join

Video



Watch a short video about dementia to become a Dementia Friend

-  Quick and easy (5 minutes)
-  Hear from people living with dementia and learn how you can help

[Watch video](#)

Information Session

Attend an in-person or virtual Information Session run by one of our volunteer Ambassadors.

-  More in-depth (45 minutes)
-  Attend a friendly and interactive Session or join from the comfort of your home.

[Find your Information Session](#)

Mouthcare matters in end-of-Life care

Mouthcare is a priority at end-of-life care not only for the individual but their families and loved ones.

Mouthcare helps to keep the mouth moist, hydrated and comfortable supporting the person at end of life to eat ,drink, swallow, and communicate, reducing pain and soreness

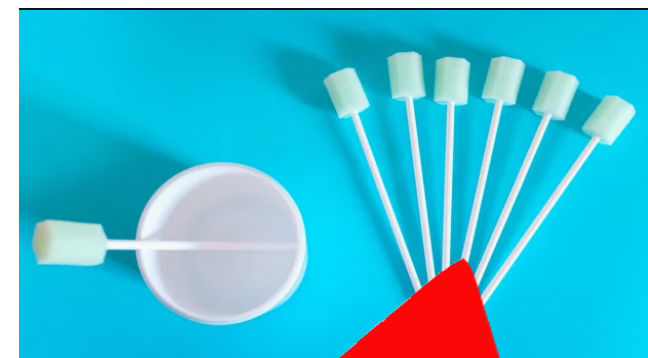
Allen's Story

- Thank you to Paula for permission to use this video
- Allen was admitted to hospital during covid restrictions
- He had a diagnosis of Lewy Body Dementia



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



Lemon and Glycerine swabs



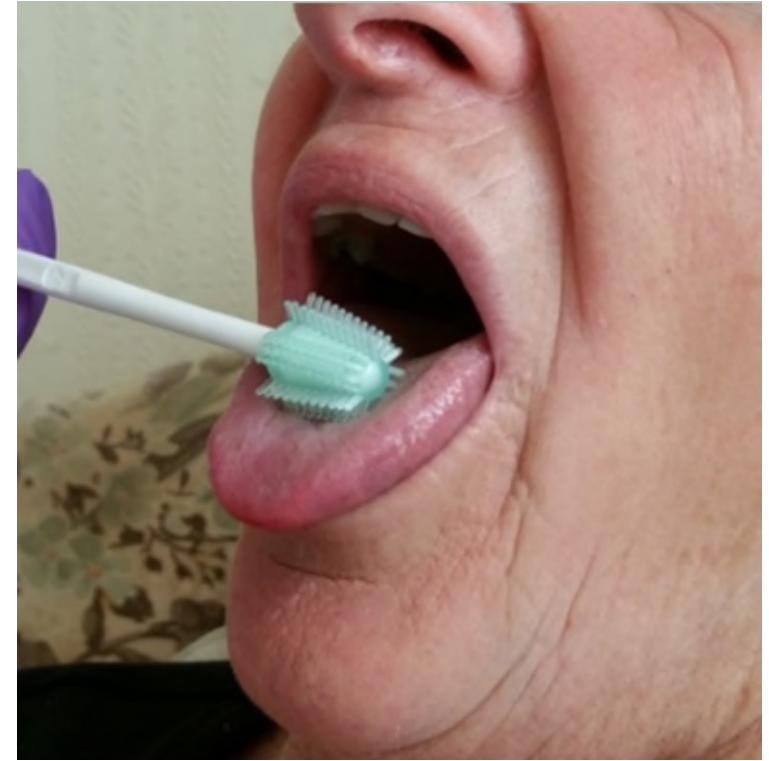
Sponge swabs

Recommended products





MC6 Mouth Hydrator



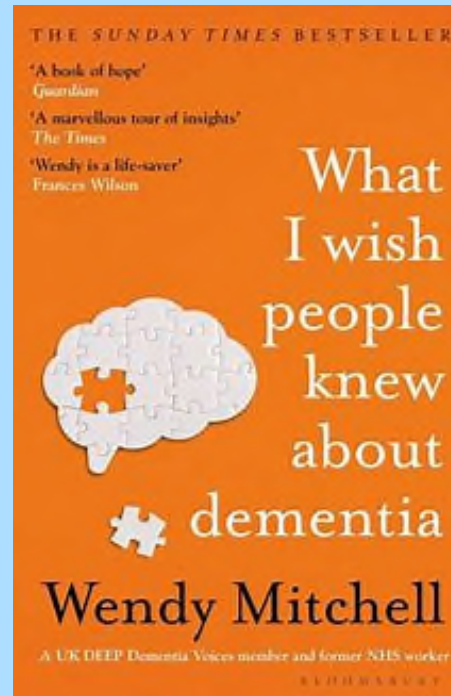
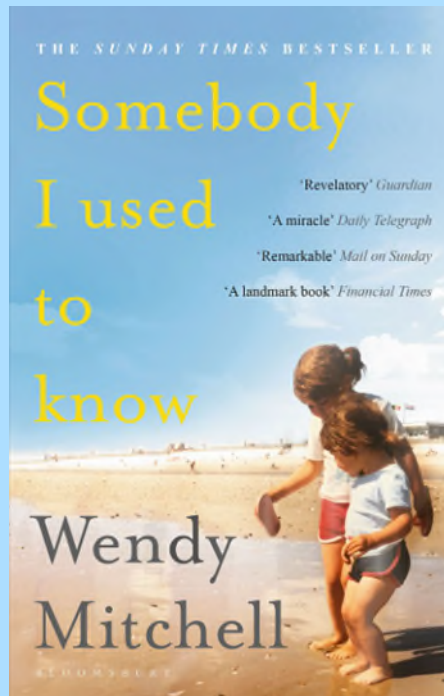
MC3 Mouth Eze





Which me am I today?

One person's experience of living with dementia



<https://whichmeamitoday.wordpress.com>

Which me am I today?

A photograph of a person with short grey hair, wearing a striped shirt and a red backpack, standing on a rocky shore and looking out over a calm lake. In the background, there are green mountains under a clear sky. The person is seen from the back, looking towards the water and the distant hills.

One person's experience of living with dementia

“We will forget the detail as soon as we’ve left your surgery but we will never forget how you made us feel. We may not remember you but something inside us will tell us whether we like you, whether you were kind last time or whether you made us feel rubbish. So make a lasting impression on your patients but make it a good one. If you get it right for people with dementia you get it right for so many others.”

<https://whichmeamitoday.wordpress.com>



Dementia Diaries

www.dementiadiaries.org



“We need to educate society that dementia touches many people in many different ways. We need to dispel the myths... Dementia is everyone’s business.”

Agnes on the joys of dental hygiene. You’ll be dazzling us all some time soon Agnes.

Take Home Messages

- Dental teams are in an ideal position to spot signs and symptoms of dementia in patients who they provide long-term continuing care for
- All dental team members can play a vital role in maintaining a patient's quality of life and promoting a dementia-friendly environment
- Oral health should be integrated into dementia care pathways
- Individualised patient centred approach is key



Thank you for listening

Any questions?