Oral Hygiene Care and the Stroke Patient

by Cindy Kleiman, RDH, BS

Evidence-based research on the oral, systemic connection, including the possible relationship between oral disease and cardiovascular disease, is ongoing. Included in the classification of cardiovascular disease is the cerebrovascular accident (CVA), commonly known as a stroke. CVA is the third leading cause of death in the United States, following heart attack and cancer. Of those who suffer a stroke and survive, a residual disability is a common sequela.

In the past, patients who experienced a stroke underwent weeks of rehabilitation, including occupational therapy. The occupational therapist would assist with regaining oral hygiene skills. As health-care benefits have become squeezed in recent years, time spent in rehabilitation has decreased. Patients may return to the dental practice having received little in the way of oral care instructions to compensate for any deficits. This potentially presents both challenges and rewards.

A post-CVA consultation with the patient's physician should be obtained prior to resuming dental treatment. Typically, a number of months' delay is indicated, due to the fact the patient's risk of another stroke is the highest within the first six months. A thorough medical history and the medication record must be assessed before clinical treatment is provided. It is vitally important that blood pressure be taken on a non-paralyzed arm at the onset of every appointment.

Common functional complications of CVA include: dysphagia (difficulty swallowing), dysarthria (difficulty articulating words), apraxia (loss of the ability to perform coordinated movements), and partial or complete hemiplegia (paralysis of one side of the body). Speech and communication disorders are very difficult for the patient and provider to deal with in these cases. Clinical oral complications may include gingival hyperplasia due to anti-convulsive drugs, excessive gingival bleeding due to anticoagulant drugs, and xerostomia due to multiple blood pressure medications.

Assisting the patient with oral hygiene skills is not only important for oral health, but in addition provides a sense of independence. Prevention is critically important to maintaining overall health. Request that all home use oral hygiene aids be brought to the appointment and have the patient demonstrate their use to you. Independence with flossing can be accomplished with the use of floss holders or single-use floss piks. Brushing with a power toothbrush such as the Philips Sonicare FlexCare is beneficial. If the patient now needs to use the non-dominant hand, simple tasks become more difficult. Not only does the FlexCare brush facilitate the removal of biofilm easier than a manual brush, the two-minute timer assists the patient in keeping on task. It is always a good idea to provide oral hygiene instruction for the patient in both oral and written form. If needed, be sure the appropriate family member or aide is observing.

Food pocketing due to facial nerve weakness may lead to increased incidences of periodontal disease and caries. Be sure patient can visualize the pocketed food in the mirror so it can be removed. There are times when unswallowed pills will be trapped inside the cheek without the patient's knowledge. This is due to oral dryness and sensory loss. Recommendations of products for xerostomia and remineralization are important and should be provided as needed.

Assisting the post-CVA patient in regaining independence in oral hygiene skills is not only rewarding for us as healthcare professionals, it is imperative for the patient's oral health and overall health. ■

Author's Bio

Cindy Kleiman, graduated from the University of Pennsylvania and has worked with medically compromised patients for more than 25 years. She lives near Phoenix, Arizona, with her husband Jeff and has two grown children.