



# Maintaining Oral Health with Parkinson's disease and Arthritis. L. Jones\*, C. Minett, P. Rettig Indiana University School of Dentistry, Indianapolis Indiana

## ABSTRACT

**OBJECTIVE:** To discuss the modifications of dental care for a patient with Parkinson's Disease.

**BACKGROUND:** A 72 year old Caucasian male presented to the dental hygiene clinic for a periodontal maintenance appointment. Significant findings in the medical history include current treatment of Parkinson's Disease, arthritis in hands and feet medications Clonazepam, Fluoxetine, Gabapentin, Gemfibrozil, Levedopa, and Omeprazole.

**ASSESSMENT:** Patient presents with generalized moderate plaque induced gingivitis as evidenced by reddish-pink gingiva, 60% BOP, bulbous, and spongy papillae. Clinically, the patient presented with generalized 4-8mm clinical attachment levels. Radiographically, the patient presented with generalized mild to moderate bone loss evidenced by 3-5mm from CEJ. The primary contributing factor to the gingival inflammation was the plaque score of 97%. The patient struggles with oral hygiene due to his Parkinson's Disease and arthritis in the hands.

**DENTAL HYGIENE CARE PLAN:** Patient received full mouth debridement, instructions on modified floss holder with clay, product recommendations of xylitol gum and toothpaste to reduce xerostomia.

**EVALUATION:** Oral health indicators showed minimal or no improvements due to the patient's medical condition.

**CONCLUSIONS:** Since the last recall a few sites had improved including probing depths by 1-2mm. Patient was referred to comprehensive care clinic for extraction of tooth number four, and an implant is treatment planned for replacement. It is recommended that the patient continue on a three month interval to monitor his oral health status and identify dental disease early.

## INTRAORAL PHOTOGRAPHS



## SIGNIFICANCE OF THE CASE

- Patient is currently being treated for Parkinson's Disease and arthritis of the hands and feet
- Patient has barrier to access of care
- Patient does not have care taker at home
- Early signs of dementia
- Plaque Control is difficult for the patient
- This patient is currently taking medications that cause xerostomia, taste perversion, esophageal candidiasis, mucosal atrophy, gingiva soreness, and coated tongue.

## REFERENCES

Cicciù, M., Risitano, G., & Bramanti, E. (2012, January 1). Parkinson's Disease. Retrieved March 4, 2015, from Periodontal Health and Caries Prevalence Evaluation in Patients Affected by Parkinson's Disease

## BACKGROUND

- 72 year old male with Parkinson's Disease
- Arthritis in hands and feet
- Hyperlipidemia
- GERD

### Medications:

- Clonazepam
- Fluoxetine
- Gabapentin
- Gemfibrozil
- Levodopa
- Omeprazole
- B12 Supplements
- Vitamin D
- Vitamin C
- Calcium
- Fish Oil

## DENTAL HYGIENE CARE PLAN

- Full Mouth Debridement
- Oral hygiene instructions on flossing with a modified handle
- Product Recommendations of xylitol gum, and toothpaste to treat xerostomia

## CONCLUSION

Since the last recall a few sites had improved including probing depths by 1-2mm. Patient was referred to comprehensive care clinic for extraction of tooth number four, and an implant is treatment planned for replacement. It is recommended that the patient continue on a three month interval to monitor his oral health status and identify dental disease early. After completing the full mouth debridement and comparing his previous periodontal assessment, it was clear treatment would continue to be unsuccessful. Considering the patient's current medical state, and no caregiver at home will result in oral hygiene to be difficult for the patient. Due to the tremors and lack of motor skills, the patient will continually struggle with daily oral hygiene tasks.