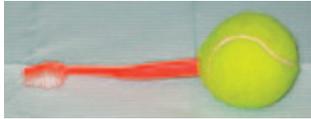


MAINTAINING ORAL HEALTH AND HYGIENE

For Limited Dexterity

- Use electric toothbrush with wide handle.
- Use water pik.
- Use tennis ball on handle of small headed soft tooth brush.



- Use a floss fork to clean between teeth.

Fluoride

In some provinces the water is not fluoridated so it is important to reduce decay by using fluoride tooth paste. Professional application of fluoride varnish to the enamel of teeth is an inexpensive way to reduce decay. Check with your dentist if the treatment is appropriate for you.

Professional Care

Living with scleroderma is a very demanding challenge. Even so, it is important to maintain good oral hygiene and to minimize oral health care problems.

Not all dentists are familiar with scleroderma. Search for a dentist who will meet your needs by asking your doctor, or calling your local or provincial Scleroderma Society. If you are in a support group and you interact with other people living with scleroderma, you might ask the name of their treating dentist.

If you have a dentist who knows little about scleroderma, refer them to the Scleroderma Society of Canada website at

www.scleroderma.ca

When you visit your dentist for a cleaning or examination, follow these simple recommendations:

- Tell the dentist you have scleroderma. Discuss the extent of your condition, how it affects you and how it affects your oral health.
- Keep your lips lubricated with Vaseline and ask to take short breaks to rest your jaw during the intervention.
- Schedule short appointments more often, or long appointments with breaks at the best time of the day and year for you.
- Ask your dentist to use children's instruments if necessary.

Because your situation is unique, ensure that you have good communication with your oral care provider. If necessary, have your physician speak with your dentist to discuss your condition.

Please note that this brochure is provided for educational purposes only. It is not intended to substitute for informed medical and dental advice.

The Canadian Scleroderma Research Group (CSRG) is a group of Canadian rheumatologists and researchers working towards better understanding Systemic Sclerosis (or scleroderma) in order to treat the people suffering from it.

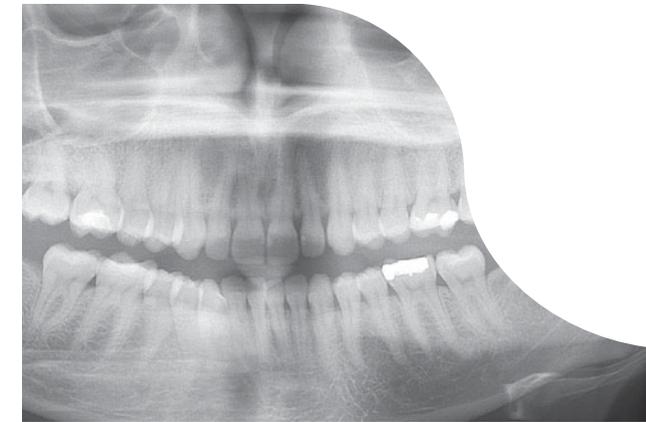
In order to achieve its objectives, the CSRG has created a registry of adult patients suffering from scleroderma in Canada. The group received a grant from the Canadian Institutes of Health and Research (CIHR) to create this database, and as of today there are more than 1000 patients in the registry. The CSRG have received support from private donations, the Cure Scleroderma Foundation, Scleroderma Society of Canada, Scleroderma Ontario, as well as several Canadian pharmaceutical companies. This has allowed researchers from across Canada and from various disciplines to study the specificities and manifestations of the disease, looking for commonalities in the data. Since the CSRG started in 2004, more than 85 scientific papers on Scleroderma have been published.

ABOUT SCLÉRODERMIE QUÉBEC

The mission of Sclérodemie Québec is to assist people suffering from scleroderma by offering them moral or medical support. It raises funds to finance scleroderma research. It develops information tools for the general population as well as those who work in the medical field. Your donations to Sclérodemie Québec will help finance critical research and provide much needed services to support patients suffering from scleroderma.

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DENTAL CARE IN SCLERODERMA

EFFECTS OF SCLERODERMA ON ORAL HEALTH

People living with scleroderma often have difficulty in maintaining adequate oral hygiene. Dental decay (caries) and gum disease (gingivitis /perio-dontitis) may be aggravated by reduced mouth opening (microstomia) and dry mouth due to lack of saliva (xerostomia). Reduced dexterity due to hand and finger involvement may also impair oral hygiene. Pain on chewing may be present caused by changes in jaw function or temporomandibular joint (TMJ) involvement. There are methods available to overcome these difficulties.

Small Mouth (microstomia)

One of the effects of scleroderma is the appearance of a small mouth caused by the tightening of the skin on the face and lips. This prevents adequate home care such as tooth brushing and flossing. Even professional tooth cleaning and scaling may be uncomfortable. Dental treatment for decay control and placing restorations, especially in the posterior teeth such as molars, may be difficult or painful.

What to do

Exercises to increase the mouth opening may be tried. This would involve pressure either with your thumbs or using tongue depressors between the teeth to gently force the mouth open. This will cause pressure between the upper and lower teeth to stretch muscles, skin and ligaments. This is to be done 4-5 times daily. It is important to note if any pain occurs or teeth become mobile, these exercises are to be stopped. Also make certain that the lips and corners of the mouth are kept well lubricated with Vaseline.

For professional treatment of decay and placement of fillings, besides the use of Vaseline to keep the lips and corners of the mouth lubricated, have the dentist use children's dental equipment. These are hand pieces and drills to fit the smaller oral opening.

Dry Mouth (xerostomia)

Scleroderma may have an effect on the salivary glands in the mouth reducing the amount of saliva and causing dry mouth. Saliva has many functions in the oral cavity. It has substances to control bacteria, fungus and viruses, as well as to digest and lubricate food to help in swallowing.

Loss or reduction of saliva may lead to tooth decay, gum disease, bad breath, yeast infection and burning mouth.

What to do

Although dry mouth cannot be cured after the salivary glands are affected, there are methods to reduce the effects. These include artificial saliva (available at the pharmacy), having water with you at all times and tablets of salagen (pilocarpine) 5 mgs taken before meals and at bedtime with regular milk or yogurt to reduce possible stomach cramps.

Pain on Chewing

Scleroderma can change the proper functioning of the mandibular joint (TMJ) and muscles due to tightening of the skin of the face and neck as well as the muscles and ligaments. This is referred to as myofascial pain and can be very debilitating.



What to do

Often there is a trigger point that can be felt in the cheek which can be anaesthetized. This will often eliminate the pain almost immediately to be followed by the use of diazepam 5 mg once daily before sleep for 2 weeks. As well a soft diet is indicated.

This type of pain may also be produced by a malocclusion or misaligned bite and by grinding or clenching of teeth. A malocclusion may be corrected by removing a small amount of tooth enamel to eliminate premature contacts or high spots during tooth contact. Grinding and clenching may be eliminated with the use of a mouth or bite splint to be worn at night.

Gum disease (gingivitis and periodontitis)

Gingival and periodontal health may be affected by scleroderma because of lack of saliva, tightness of tongue, lips and lining of mouth as well as impaired oral hygiene.

What to do

Lack of saliva has been discussed. Oral hygiene is the most important method in reducing and eliminating gum disease. If there is difficulty in brushing and flossing, establish dental appointments more often for cleaning, possibly 4 times annually. If there is difficulty in handling a tooth brush because

of dexterity, add a tennis ball to the handle of the brush to allow for a better grip. Use a water pik to spray water at increased pressure against the teeth and gums, and an electric tooth brush for easier access and more complete cleansing.

Oral effects of medication

Living with scleroderma results in the taking of many medications. These may cause side effects which can impact on oral health including dry mouth, taste changes, ulcers and infections of the mouth and jaws.

What to do

Question physicians, dentists and pharmacists as to the side effects of the medications. Often there may not be alternatives other than to accept them, and try to reduce the adverse effects. If there are choices, those that will have the least impact on oral health would be best.



This brochure has been produced by Mervyn Gornitsky, DDS of the Department of Dentistry at SMBD Jewish General Hospital, Montreal, Quebec and Sabrina Gravel, M.Sc., of the Canadian Scleroderma Research Group.

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