

Dental care in patients with dementia

Statement of the problem: Dementia is a concern in the ageing population. Approximately 5% of the population live with dementia. This progressive neurological condition negatively impacts on the person's ability to remember, communicate, understand and reason. The rate of progression of dementia is individual to the person, although comorbidities such as heart disease and diabetes can increase the rate of decline.

Purpose of the study: This literature review aims to enable the dental profession to better understand dementia in order to improve the provision of oral and dental care for this patient group. Patient-centred approaches to aid effective disease prevention and management strategies for patients with dementia are discussed.

Conclusion: Dentists and dental hygienists can support patients living with dementia by establishing an oral care programme as early as possible following diagnosis to ensure continuity of care as dementia progresses. Maintaining oral and dental health improves patients' self-esteem, social integration, nutrition, and overall well-being, as pain and infection can lead to increased confusion in patients with dementia.

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The perils of “phantom bite syndrome” or “occlusal dysaesthesia”

Abstract

Occlusal dysaesthesia is a clinical disorder characterised by persistent occlusal discomfort in the absence of obvious occlusal discrepancies. Typically this is associated with significant emotional distress. This condition was first described by Marbach in 1976 as a subgroup of temporomandibular disorder patients, and he coined the phrase ‘phantom bite syndrome’. The term occlusal dysaesthesia was introduced in 1997 by Clark *et al.* and currently this is the most widely used term in the literature. In keeping with the psychiatric literature of the time Marbach suggested that these patients had a ‘mono-symptomatic hypochondriacal psychosis’.

Recently the psychiatric hypothesis has been challenged and alternative explanations have been proposed. It is postulated that the condition might be an intraoral sensory disorder, which can occur: a) spontaneously; b) in conjunction with an underlying autoimmune disorder; or, c) with trigeminal neuropathic pain. Although our understanding of this condition has improved, it remains a real challenge for clinicians to recognise the symptoms and provide appropriate treatment.

In the absence of controlled studies and agreed diagnostic criteria, the literature is largely based on descriptive reviews. This article describes the clinical characteristics, diagnosis, aetiology and some management strategies for this disorder. Two case studies are provided, which serve to illustrate both the diagnosis and management of this condition. Importantly, clinicians are advised that inadvertently providing further occlusal treatments can intensify the disorder.

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