

Fact Sheet



National
Scleroderma
Foundation

Dental Care in Scleroderma

People living with scleroderma face unique challenges while trying to maintain their oral health. They are more likely to have dental conditions such as small mouth, dry mouth, jaw pain, gum disease, and dietary issues. Many people living with scleroderma have hand involvement, making it difficult to brush and floss. Please speak with your dentist about adaptive devices and tools that can help. More frequent check-ups are important for people who have scleroderma.

For more thorough information on Oral Health and Scleroderma, please visit www.scleroderma.org and search for Oral Health.

How can my dentist, my rheumatologist, and I work together to improve my oral health?

Dentists know a lot about oral health, medications, and systemic health. However, just like primary care physicians, dentists do not know as much about scleroderma as your rheumatologist. Here is a list of scleroderma related oral health issues about which you may ask your dentist.

Microstomia (small mouth) and Tightness of the Mucosa (the lining of the mouth)

Problems:

- Difficult for patients and professionals to clean teeth.
- The tight mucosa pulls the gingiva (gums) away from the teeth.
- Hard or impossible to draw lips together to kiss.
- Limitation of tongue movement.

Treatments:

- Exercises and devices to improve the flexibility of the lips and jaw muscles.
- Periodontal (gum) surgery to improve mobility of the tongue and cheeks.

Xerostomia (dry mouth)

Problems:

- Uncomfortable
- Hard to swallow and digest food
- Increased incidence of fungal infections
- Increased risk of tooth decay & gum disease
- Less taste sensation

Treatments:

- Thorough brushing and flossing
- Drink plenty of water
- Sugar free hard candies, lozenges, and gum
- Artificial saliva
- Medication to increase production of saliva (cevimeline and pilocarpine) prescribed by your dentist or physician.
- Prescription fluoride toothpaste.
- Calcium paste for nighttime use.

Gastro-esophageal Reflux Disease (GERD or acid reflux)

Problems:

- Chest and throat pain
- Dramatic increase in tooth decay and erosion
- Esophageal lesions that may lead to cancer

Treatments:

- Diet: limit alcohol, spicy and acidic foods
- Acid reducing and antacid medication

- No smoking

Myofacial (muscular) Pain and Temporomandibular (jaw joint or TMJ) Pain Problems:

- Pain which may be confused with toothache
- Affects ability to chew

Treatments:

- Medications – muscle relaxants and anti-inflammatory
- Exercises and devices to improve the flexibility of the lips and jaw muscles .

Loosening of the Teeth – may be due to Scleroderma

Problem:

- Discomfort - teeth feel loose

Treatments:

- No treatment necessary when due to scleroderma
- Traditional treatment for periodontal (gum) disease which may include surgery and extraction

Dysgeusia (change in taste sensation) – Medications and dry mouth can cause taste changes

Problems:

- Reduction in quality of life
- May cause loss of appetite and weight

Treatments:

- Change medications if possible
- Treat xerostomia when appropriate

Sclerodactyly (tightening of the skin on the fingers)

Problem:

- Difficult to use hands and fingers to clean teeth

Treatments:

- The dentist and dental hygienist works with the patient to develop accommodations for brushing and flossing
- More frequent professional care
- Assistance from a helper

Depression

Problems:

- Hard to perform activities of daily living and make dental appointments
- Many anti-depression medications have oral health side effects

Treatment:

- Seek mental health counseling
- Discuss this issue with your dentist and your medical doctor
- Adjust medications when there is a side effect
- Avoid the spiral of depression. Depression causes worse oral health and poor oral health worsens depression.

Suggestions for your dental appointments:

- Tell the dentist you have scleroderma
- Schedule short exam and care appointments for one area at a time or one tooth at a time
- Schedule appointments for the best time of day for you and for your dentist
- Do your physical therapy right before
- Wear gloves and bring a blanket in case the office is cold
- Carry a list of prescription and over the counter medications, purpose, dosage, and prescribers and prescribers' contact information

Suggestions for your dentist:

- Mouth prop.
- Rubber dam.
- Patience of both parties.
- Short appointments and/or breaks.
- Be creative.
- Child size equipment and pediatric sized bite blocks

Fluoride

Today, most people drink fluoridated water and brush with fluoride toothpaste. Dentists may prescribe or recommend more fluoride for those with scleroderma.

Topical fluoride strengthens teeth by replacing calcium on the surface of teeth. There are

fluoride rinses available and prescription strength fluoride gels and toothpastes that make teeth even more resistant to decay. Regular professional applications of fluoride varnish are a relatively convenient and inexpensive way to ensure better dental health. Ask your dentist if prescription fluoride toothpaste or fluoride treatments are appropriate for you.

Professional Care

Living with scleroderma can be overwhelming. Even so, it is important to maintain oral health 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 medical doctor, calling the state or local dental society, calling the local chapter of the National Scleroderma Foundation, and asking others who live with scleroderma for the name of their dentist.

If you have a dentist who knows little about scleroderma, refer them to the Foundation at www.scleroderma.org for information.

When you visit your dentist or dental hygienist, follow these simple recommendations:

Working cooperatively with your dental care professionals and, if necessary, having your dentist speak with your physician about your overall condition as it relates to your oral health, will help to ensure that your dental care will be the best possible for your unique situation.

The patient and the dentist need to be patient with each other. Treating patients who have scleroderma can be challenging. Sometimes, it is hard to treat a patient who has microstomia. The patient may be more comfortable with more short appointments than fewer long appointments. As with any patient, sometimes the best treatment is not to treat.

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Please note that the National Scleroderma Foundation provides this brochure for educational purposes only. It is not a substitute for professional medical advice.

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