



Oral Health Guide

**For Care Partners of People Living
with Dementia Mate Wareware**



**University
of Otago**
ŌTĀKOU WHAKAIHU WAKA

Disclaimer:

This document is intended as a resource to support care partners and family/Whānau members of people living with dementia mate wareware. It is not a substitute for professional dental care or advice. As each individual presents unique oral health needs and behaviours, the guidelines provided may not be applicable in all cases.



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Understanding Dementia Mate Wareware and Oral Health

How Dementia Mate Wareware Affects Oral Hygiene and Health

Dementia mate wareware (including Alzheimer's) is a condition that affects thinking, memory, and decision-making¹. These changes can make everyday tasks harder.

In New Zealand, about 70,000 people are living with dementia mate wareware, and this number is rising as the population ages. Māori and Pasifika communities are especially affected and often face more challenges with oral health².

As dementia mate wareware progresses, people usually need more help from care partners and whānau, including support with brushing their teeth and caring for their mouth.

Research shows a definitive link between poor oral health and dementia mate wareware. People with dementia mate wareware often have more plaque, gum disease, and tooth decay³. This can be due to difficulty brushing, less saliva, trouble opening their mouth, or using their hands.

Common Oral Health Issues and Challenges

People living with dementia mate wareware may experience several oral health problems, such as:

- Dry Mouth (Xerostomia): Dry mouth is common in older adults due to medications, health conditions, or aging¹.



- Difficulty Brushing or Flossing: Irregular toothbrushing is common in people living with dementia, as declining motor skills and memory make using a toothbrush or floss difficult^{3, 4}.
- Oral care-related distress: Behavioural expressions, like turning away or refusing help, can significantly hinder oral health care⁵.
- Limited Mouth Opening: Some patients may have restricted mouth opening, making cleaning and dental exams difficult. Pain may also cause reluctance to open the mouth⁶.
- Tooth Decay and Gum Disease: Poor oral hygiene leads to plaque buildup, infection, and pain.

Oral Health and Overall Health

Maintaining good oral hygiene is essential for overall health. Infections that begin in the mouth can spread to other parts of the body, potentially leading to more serious health issues⁷. Oral pain, which is often overlooked, can interfere with eating and proper oral care.

There is growing concern that gum disease may contribute to the progression of certain systemic conditions, and vice versa.

Supporting oral health in people with dementia may significantly enhance their comfort, nutritional intake, and overall quality of life.



Daily Oral Care Routines

8-Step Guide to Supporting Oral Hygiene for a Person Living with Dementia Mate Wareware^{8; 9}:

1. Establish a comfortable and calm environment for these tasks with good lighting.
2. Gather materials. Make sure to also have water, a towel and a bowl/sink
3. Introduce yourself to the person. Even if you are familiar with the person, introduce yourself again each time to reorient them.
4. Utilise the “tell-show-do” method, first informing the person that you are going to help them and explaining the process using simple language, visual cues and a calm and reassuring tone.
5. Ask for permission before proceeding.
6. Position the person, sitting or standing, in such a way that you can see as many surfaces in the mouth as possible.
7. Approach them from the front or side.
8. Assist the person with the task at hand in a gentle manner.

Specifics for Brushing⁹:

- Only use a pea sized amount of toothpaste. Use a soft bristled toothbrush. Put the toothbrush in their mouth at a 45-degree angle to the gum line.
- Gently brush teeth and gums in short circular motions.
- Avoid rinsing after brushing.
- Repeat twice daily.



Specifics for Flossing⁹:

- Wrap the piece of floss around your middle fingers and grip the floss tightly between your thumbs and index fingers.
- Gently slide the floss up and down between the teeth, curving it around the surfaces of each tooth.
- Once daily.

Specifics for Mouthwash⁸:

- Use just 20mls.
- Encourage them to swivel it around their mouth for 30 seconds.

Specifics for Denture care⁹:

- Brush the denture using soft bristled brush and non-abrasive denture cleaner.
- After cleaning, rinse with water and return to the mouth.

Daily brushing is a must!

End-of-day soaking prevents a crust!

Always leave them out at night!

Do these 3 things and you'll be right!

Note that not all people living with dementia may be able to adhere to this ideal routine. Assist the person in maintaining their oral hygiene to the best standard possible FOR THEM and praise their efforts.



Choosing the right Dental Products

Toothpastes



Make sure the toothpaste has at least 1450 ppm of fluoride (this will be listed on the packaging). The brand doesn't matter, as long as it has the right amount of fluoride.

For people with sensitive teeth, using a sensitive toothpaste (such as Sensodyne) can help. Brushing with warm water instead of cold can also make brushing more comfortable.

Both manual and electric brushes can be equally effective if used properly. Electric toothbrushes can be especially helpful for people who have trouble using their hands. Many electric toothbrushes have a built-in timer to help with keeping to 2 minutes. For those who find the vibrations uncomfortable, a manual toothbrush may be a better choice.

Toothbrushes



Flossing



While plain floss works well, it can be tricky to use between back teeth or for older adults with reduced hand movement. Easier alternatives include interdental brushes, which have small handles, or floss picks. Both are widely available at pharmacies and supermarkets.



Mouthrinse



Mouthrinse isn't required for daily use and should never replace brushing and flossing. However, it can help with bad breath or assist those who find brushing difficult. If used, limit it to twice a day and typically before brushing.

Mouthrinse alone won't address bad breath if poor hygiene is the cause.

Chlorhexidine mouthrinse (e.g., Savacol) is typically for short-term use only, as it can stain teeth and alter taste. It is available by prescription and may be recommended by a dentist after dental procedures or for denture wearers to help manage gum infections.

Antibacterial mouthrinses, like some Listerine varieties (available at most supermarkets), can help manage gum disease and freshen breath, especially for denture users.

For people with dentures, it's important to clean them twice a day using a denture brush or a soft-bristled toothbrush. A gentle liquid soap can be used, but toothpaste should be avoided as it can damage the denture. The gums should also be cleaned twice daily with a soft toothbrush and water. Dentures should always be taken out at night and left to soak in warm water with a denture cleaning solution, such as Polident.

Denture Care





Nutrition and Oral Health

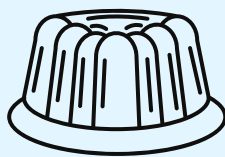
People living with dementia may often develop a preference for sweet foods. However, frequent consumption of sugary items can lead to tooth decay. To manage this, it's best to limit foods high in sugar, particularly between meals. Keeping sugary foods out of sight or serving only small portions can also help reduce sugar intake.

Many drinks including fruit juice, squash, and fizzy beverages are high in sugar too. Encouraging water as the main drink is ideal. Other strategies include offering milk instead of sugary drinks, using diet or zero-calorie versions, and limiting fruit juice to 150ml a day. Gradually reducing the amount of sugar added to tea or coffee can also help manage overall sugar consumption and support dental health¹⁰.

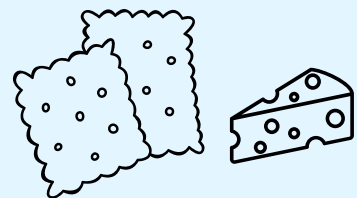
Some Healthier food alternatives:



Fruit and Vegetables



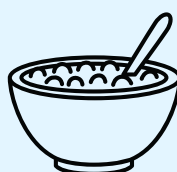
Sugar-free Jelly



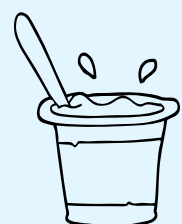
Cheese and Crackers



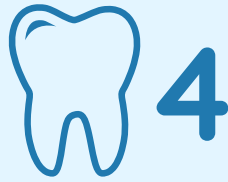
Low sugar Bread Spreads



No-added sugar Breakfast Cereal



Plain Yogurt



People living with dementia may experience changes in swallowing, including delays or forgetting to swallow. In the later stages of dementia, they may chew food but leave it in their mouth without swallowing. This is called food pocketing and can increase the risk of choking¹¹.

To support safer eating and drinking, try these strategies¹¹:

- **Cueing:** Remind them to swallow by suggesting a few bites of food followed by a sip of water.
- **Use a smaller spoon:** Helps control how much food is in their mouth at once.
- **Remove distractions:** Keep the environment calm and focused during meals.
- **Offer their favourite drink after meals:** Encourages hydration and helps clear any leftover food in the mouth.

People living with dementia are more prone to vitamin deficiencies - including Vitamin D, so maintaining a balanced diet rich in vitamins and minerals is essential. Supplements may help in some cases but should not replace a healthy diet.



Identifying Signs of Oral Discomfort and Their Possible Causes

People living with dementia may often have difficulty expressing and communicating their discomfort, which leads to missed or misdiagnosed dental diseases¹².

1. Dental Decay (Caries)

The gradual process of tooth destruction caused by the combination of bacteria (dental plaque) and sugar¹³.

2. Gum Disease (Periodontitis)

Infection of the tissues supporting your teeth caused by buildup of plaque (sticky layer of bacteria) due to inadequate brushing and flossing. Mild forms of this disease is called **gingivitis**, however if left untreated can develop into a more severe destructive form called **periodontitis**¹⁴.

3. Dry Mouth (Xerostomia)

Condition where saliva production is reduced leaving the mouth feeling dry¹⁵.

4. Oral Ulcers

Small painful spots that can appear on the gums, lips, tongue, inner cheeks, or the roof of the mouth. Should be checked by a health professional if the ulcer has not healed in 2 weeks¹⁶!

5. Oral Thrush (Candidiasis)

Type of infection caused by overgrowth of a type of fungus, called *Candida*, affecting the mouth and throat¹⁷.



Issue	Dental Decay	Gum Disease	Dry Mouth
Signs and Symptoms	<ul style="list-style-type: none">· Holes in teeth· Broken teeth· Brown or discoloured teeth· Toothache or sensitivity· Bad breath· Swellings	<ul style="list-style-type: none">· Red, swollen or tender gums· Bleeding while brushing/flossing· Bad breath· +/- [Periodontitis signs:]· Receding gums· Pain on chewing· Loose/sensitive teeth	<ul style="list-style-type: none">· Chewing, swallowing, and speaking difficulty· Sticky, Dry feeling in mouth· Bad breath· Discomfort/irritation of the soft tissues on wearing denture· (Dry mouth can contribute to an increased risk of tooth decay, periodontal disease, and oral infections)
Causes	<ul style="list-style-type: none">· Poor brushing/flossing technique· Lack of cleaning· High sugar diet· Dry mouth	<ul style="list-style-type: none">· Poor and lack of brushing· Lack of cleaning in between teeth· Untreated gingivitis = periodontitis	<ul style="list-style-type: none">· Certain medications (e.g. painkillers, antihistamines, antidepressants, high blood pressure medications, diuretics, and others)· Medical conditions (e.g Sjögren's disease, HIV/AIDS, and diabetes)· Radiation and Chemotherapy
Prevention	<ul style="list-style-type: none">· Brush twice daily with fluoride toothpaste· Clean in between teeth (floss/interproximal brushes)· Reduce sugar in diet· Attend regular dental check-ups and cleaning		



Issue	Oral Ulcers	Oral Thrush
Signs and Symptoms	<ul style="list-style-type: none">· Red, white, or yellow sore spots· Multiple or single sore spot· Painful making eating, drinking, and speaking uncomfortable	<ul style="list-style-type: none">· Creamy white patches that cannot be wiped· Small red inflamed dots on the tongue· Inflamed/redness and soreness on roof of the mouth· Generalised redness in the area beneath the denture (Denture Stomatitis)
Causes	<ul style="list-style-type: none">· Trauma (e.g. cheek biting, sharp teeth/denture, ill fitting dentures)· Viral infections<ul style="list-style-type: none">· Cancer· Side effects of some medications (NSAIDs, Beta Blockers, Nicorandil)· Vitamin deficiencies (such as Vitamin D)	<ul style="list-style-type: none">· Weak immune system· Certain medications (Corticosteroids, antibiotics)<ul style="list-style-type: none">· Dry mouth· Prolonged denture wear without adequate hygiene (Denture Stomatitis)



Professional Dental Care: When and How

Oral health should be assessed when an older person moves into a new residence, with ongoing monitoring to support a personalised care plan. This includes checking the lips, cheeks, gums, tongue, teeth, and any prostheses to identify changes early and provide timely professional care.

When Should a Person Living With Dementia Mate Wareware Attend The Dentist?

Regular check-ups are vital due to the high rates of oral health issues in people living with dementia mate wareware. It's also important to recognise signs of dental pain in those who can't express discomfort¹⁸.

Refer to the section on identifying oral diseases.

Noting when symptoms begin and whether behaviour improves after pain relief can help the dentist diagnose the issue¹⁹.

Morning or shorter appointments may be better, as the person may be more alert and less overwhelmed. Care partners can advise dentists on the most suitable time for appointments²⁰.

What to expect?

Effective communication with dental professionals helps them manage care better. Share details about the person's condition, behaviour, communication ability, and any signs of dental issues you've noticed²¹.



Your role is to support both the person and the dentist. While some living with dementia may be able to manage simple procedures, this becomes harder as the condition progresses. Reassurance and clearly explaining each step can help reduce stress in an overwhelming dental environment.

If clinic visits are too distressing, options like sedation, anaesthesia, or home domiciliary dental care visits may be considered²².

Treatment decisions depend on the person's ability to give informed consent, and awareness of risks and benefits of treatment. Dementia may not automatically remove this right. The dentist will assess this and if they're unable to consent, a legally appointed person (like an EPOA or welfare guardian) will decide on their behalf²³.



Special Needs Grant²⁴

- Through Work and Income
- Covers immediate and essential dental treatments like fillings, root canals (excluding molars) and treatment of infections
- **Eligibility** - New Zealand citizen or permanent resident, residing in New Zealand and meeting the income and asset limit
- \$1000 in a 52 week period that does not need to be repaid
- Further assistance may be available

Disability Allowance²⁵

- Weekly payment for those with ongoing costs related to their condition
- **Eligibility** - have a disability likely to last at least 6 months leading to regular and ongoing costs, not fully covered by another agency. New Zealand citizen or permanent resident, residing in New Zealand and meeting the income and asset limit
- Up to a maximum of \$80.35 a week depending on individual circumstance

Publically Funded Services²⁶

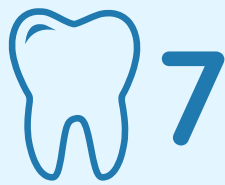
- Public hospitals and community dental services offer services to those with specific needs
- **Eligibility** - adults with a community services card, disabilities or medical conditions complicating dental care
- Offers emergency dental care, extractions and treatment of infections

Community Services Card²⁷

- A community services card can provide subsidised dental treatments at certain clinics
- **Eligibility** - individuals receiving income tested benefits or low incomes

Transport/Accommodation Assistance²⁸

- Through Work and Income
- Support for travel and accommodation expenses related to medical or dental appointments
- **Eligibility** - return journey of at least 8 km to attend treatment, assessment or services
- Up to \$300 per year depending on individual circumstances



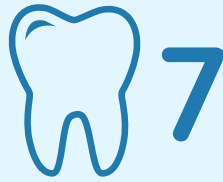
Managing Behavioural Symptoms during Oral Care

Caring for a person living with dementia may be challenging, especially when it comes to tasks like oral care. It can be physically and emotionally exhausting. We want to reassure you: any attempt is better than none at all. Even small efforts make a difference, and there's no need for perfection. You're doing a great job simply by trying.

Behavioural expressions associated with dementia may make oral care difficult. These expressions may be caused by discomfort, pain, or communication challenges. This includes communication through non-verbal signs of pain such as weight loss and changes in appetite. These strategies can be used in both home care and rest home settings to support consistent, safe, and compassionate care²⁹.

Helpful Communication Strategies²⁹:

- Build trust and comfort between you and the person you're caring for.
- Simplify the environment.
 - Reduce background noise, music can aid with the prevention of refusals.
 - Make sure they're seated comfortably.
- Keep routines and care partners consistent.
- Be calm, patient, and reassuring.
- Use clear, positive body language.
 - Approach at eye level and maintain gentle eye contact.
- Use simple, clear verbal cues to empower the persons living with dementia may be
- Ask one question at a time, use their name, speak slowly, give time to respond, and offer praise.



Behaviour Techniques to Support Oral Care^{18; 29; 30}:

1. Rescuing

- Another care partner gently steps in to help if the person becomes distressed.

2. Distraction

- Use calming talk, touch, or items like a stress ball to shift their focus.

3. Bridging

- Let them hold the same item you're using, like a toothbrush, to guide understanding and cue the action.

4. Chaining

- You start the task, and they continue (e.g. you put toothpaste on the brush and hand it to them).

5. Hand-over-hand

- Gently guide their motion by placing your hand over theirs.

6. Task breakdown

- Break the task into smaller, manageable steps.

Note that even if things don't go perfectly, your efforts matter. Showing up with patience and care is already a success.



Care Partner Self-Care and Support

Being a care partner can be emotionally and physically tiring, and it's normal to feel stressed or burnt out. These feelings are valid. The strategies below can help manage stress and support your wellbeing:

1. Practicing Mindfulness^{7; 31}

- Practicing yoga or breathing exercises
- Focus more on the present instead of worrying about the past or future
- Write in a journal to let out your thoughts and feelings
- Try Tai Chi for gentle movement and calmness

2. Physical Activities and Enjoyable Activities

- Make time for things you enjoy like seeing friends, reading, or hobbies

3. Management of the Situation

- Setting realistic goals and don't try to do everything
- Take time to reflect on what's working and what needs to change

4. Ask for Support

- Talk to family/Whānau or friends
- Seek help from professionals when needed



There are support groups and services in New Zealand that can help you with advice and guidance. These include:

1. Alzheimers New Zealand

- Can help guide you to find local support groups and find the right information you are seeking out.

PN: 04 387 8264

Website: <https://alzheimers.org.nz>

2. Dementia New Zealand

- Can help you reach out for support and provide resources to help.

Website: <https://dementia.nz>

3. Carers New Zealand

- Gives you specific information and has support groups and more forms of support to access.

PN: 0800 777 797

Website: <https://carers.net.nz>

4. Healthify New Zealand

- Phone numbers and more links to support services.

Website: <https://healthify.nz>

5. Anxiety New Zealand

- Helpline, support services and appointments for how to manage stress and anxiety.

PN: 0800 ANXIETY

Website: <https://anxiety.org.nz>

References

1. Gao SS, Chu CH, Young FYF. 2020. Oral health and care for elderly people with alzheimer's disease. International journal of environmental research and public health. 17(16):5713.
2. Cheung G, To E, Rivera-Rodriguez C, Ma'u E, Chan AHY, Ryan B, Cullum S. 2022. Dementia prevalence estimation among the main ethnic groups in new zealand: A population-based descriptive study of routinely collected health data. BMJ open. 12(9):e062304-e062304.
3. Rao RN, Abdul NS, Bhandary S, Shivakumar GC, Russo D, Marrapodi MM, Cicciù M, Minervini G. 2025. How does oral health status correlate with cognitive decline in individuals with dementia and alzheimer's disease: An umbrella review. The open dentistry journal. 19(1).
4. Hamza S, Asif S, Bokhari S. 2021. Oral health of individuals with dementia and alzheimer's disease: A review. Journal of Indian Society of Periodontology. 25(2):96-101.
5. Willems MS, Hollaar VRY, Maarel-Wierink CD, Putten GJ, Satink T. 2023. Care-resistant behaviour during oral examination in dutch nursing home residents with dementia. Gerodontology. 40(3):299-307.
6. Delwel S, Scherder EJA, Perez RSGM, Hertogh CMPM, Maier AB, Lobbezoo F. 2018. Oral function of older people with mild cognitive impairment or dementia. Journal of oral rehabilitation. 45(12):990-997.
7. Chacko E, Ling B, Avny N, Barak Y, Cullum S, Sundram F, Cheung G. 2022. Mindfulness-based cognitive therapy for stress reduction in family carers of people living with dementia: A systematic review. Int J Environ Res Public Health. 19(1).
8. Supporting a person with dementia to keep a healthy mouth. Alzheimer's Society [accessed]. <https://www.alzheimers.org.uk/get-support/daily-living/supporting-person-dementia-keep-healthy-mouth>.
9. Dental care. 2019. Alzheimer's Association; [accessed]. <https://www.alz.org/help-support/caregiving/daily-care/dental-care%E2%81%A9>.
10. UK D. 2023. Mouth care and oral health for a person with dementia. <https://www.dementiauk.org/wp-content/uploads/dementia-uk-mouth-care-oral-health.pdf>.

11. Voyzey George A. 2010. Feeding and swallowing strategies for the individual with dementia. *Perspectives on Gerontology*. 15(2):48-53.
12. Communicating and dementia. 2021. [accessed]. <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/communicating-and-dementia>.
13. Tooth decay 2019. National Institute of Dental and Craniofacial Research; [accessed]. <https://www.nidcr.nih.gov/health-info/tooth-decay>.
14. Periodontal (gum) disease. 2018. National Institute of Dental and Craniofacial Research; [accessed]. <https://www.nidcr.nih.gov/health-info/gum-disease>.
15. Dry mouth | national institute of dental and craniofacial research. 2024. National Institute of Dental and Craniofacial Research; [accessed]. <https://www.nidcr.nih.gov/health-info/dry-mouth>.
16. Mouth ulcer. 2023. [accessed]. <https://my.clevelandclinic.org/health/diseases/21766-mouth-ulcer>.
17. Thrush 2018. [accessed]. <https://my.clevelandclinic.org/health/diseases/10956-thrush>.
18. Association NZD. 2010. Healthy mouth, healthy ageing: Oral health guide for caregivers of older people. https://www.nzda.org.nz/assets/resources/Order_Resources/Healthy_Mouth_Healthy_Ageing.pdf.
19. Dental and mouth care. 2024. [accessed]. <https://www.alzheimers.org.uk/get-support/daily-living/dental-mouth-care>.
20. Stoenelova A. 2024. Navigating dental care for patients with dementia. <https://www.dentistryiq.com/dental-hygiene/clinical-hygiene/article/55134579/navigating-dental-care-for-dental-patients-with-dementia>
21. Dental care for patients with dementia or alzheimer's. 2024. [accessed]. <https://www.executivedentistry.com/blog/dental-care>.
22. Dental treatment and dementia. 2024. [accessed]. <https://www.alzheimers.org.uk/get-support/daily-living/dental-treatment-dementia>.
23. Consent for consumers who are not competent. 2018. [accessed]. <https://www.hdc.org.nz/education/online-learning/consent-for-consumers-who-are-not-competent/>.

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24. Development MoS, Association NZD, Health Mo. 2023. Information guide | special needs grants for dental treatment. <https://www.workandincome.govt.nz/documents/providers/health-and-disability-practitioners/information-guide-for-dentists-special-needs-grants-for-dental-treatment.pdf>.
25. Disability allowance - work and income. 2025. Ministry of Social Development; [accessed]. <https://www.workandincome.govt.nz/products/a-z-benefits/disability-allowance.html>.
26. Government NZ. Financial help for people with a disability or illness. New Zealand Government.
27. Community services card - work and income. 2022. Ministry Of Social Development; [accessed]. <https://www.workandincome.govt.nz/products/a-z-benefits/community-services-card.html>.
28. Travel and accommodation costs - work and income. Ministry of Social Development; [accessed]. <https://www.workandincome.govt.nz/eligibility/health-and-disability/travel-costs.html>.
29. Chalmers JM. 2000. Behavior management and communication strategies for dental professionals when caring for patients with dementia. *Special care in dentistry*. 20(4):147-154.
30. Lewi A, Manuel E. 2014. Building better oral health communities.
31. Varvogli L, Darviri C. 2011. Stress management techniques: Evidence-based procedures that reduce stress and promote health. *Health science journal*. 5(2):74.

Acknowledgements

Content Creators (University of Otago):

Khatijah Shariff, Alice Le, Michelle Chung, Emma Goodwin-Loughton, Makaela Fowlie, Rhea Bhide

Acknowledgements:

Dr. Yvonne Golpak, BDS (PNG), DClinDent (Otago)

Dr. Daniel Sundaresan, BDS, GCHPEd, DSCD, DCD, MFDTEd, MSCD, FRACDS (SND)



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