

Oral Health and Homelessness

Guidance for Community Nurses







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Introduction

The experience of dental professionals suggests that children, young people and adults experiencing homelessness all have worse oral health than the housed population.

The multiple health problems encountered by homeless people are of increasing concern. People experiencing homelessness may struggle to access the dental services they need, and so frontline homeless workers should be confident that they know how to deliver basic oral health advice and link people to community dental and mainstream NHS services.

Standards governing the healthcare of people who are homeless, specifically reference oral care: *'All patients [should be] offered drop-in clinics with presenting problem addressed first, but offered health screening and access to treatment to include, physical health assessment and screening for dental/oral problems.'* ¹

Developed with dental professionals who have clinical and research experience working with homeless people, this guidance pack is intended as a resource for professionals and their clients during health appointments and meetings.

Supplementary materials are signposted in the guidance, which can help to reinforce learning in different settings. Although designed for community nurses and allied health professionals working with people who are homeless, this guidance can be used by other professionals such as hostel staff, daycentre staff and support workers.

It is acknowledged that not all of the listed help strategies in this guide will be practicable when working with people experiencing homelessness; however, it is important for workers to have an awareness and understanding of what helps. When the circumstances of clients change (i.e. moving from rough sleeping to hostels), there may be new opportunities to provide guidance commensurate with a clients' new environment.

In producing this guidance pack, The Queen's Nursing Institute aims to improve knowledge, confidence and practice relating to oral health care for people experiencing homelessness.

Oral health and disease

What is 'oral health'?

"Oral health is a standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and contributes to general well-being" ²

Health professionals can work together to tackle the inequality evident in the high prevalence of often avoidable oral diseases. Improving oral health contributes

to a person's overall health and wellbeing. The need is extensive - according to a study on the oral health of the homeless population in East London, over 99% required dental treatment. ³

Consequences of Oral Disease

If untreated or poorly managed oral disease can lead to:

- Pain from teeth
- Painful and swollen gums – a sign of gum disease
- Tooth loss
- Sepsis – if multiple infected teeth are left untreated
- Compromised airway – due to swelling from spreading infection

Psychosocial Impacts

Our oral health can have a big effect on how we feel about ourselves, and how others view us. This can impact on:

- our appearance
- our relationships - 'a person's tooth colour had an impact on how people perceived their social competence, intellectual ability, psychological adjustment and relationship status'. ⁴
- our ability to find employment
- our quality of life and mental wellbeing
- our dignity and communications - 'a healthy mouth gives a person dignity and should be valued. Poor oral health can affect the ability to speak, smile and kiss. A healthy mouth can encourage confidence.' ⁵

A simple denture to replace a missing front tooth can significantly boost patient's confidence, and can often be a useful way to build trust with a dentist again.

In a survey of people experiencing homelessness undertaken by Groundswell, participants were asked about the lack of confidence and sense of embarrassment that they felt was due to issues with their teeth. 63% said they has felt self-conscious at least occasionally in the last year, and 19% said this occurred 'very often' (compared to 4% in the general population).⁶

'[Poor oral health affects] Self-confidence with me like. Smiling. When you are with other people, keeping your head up. Impact on what you say and what you don't say, how you say it, what you say. It changes who you are. I just want to try and get over how important it is to look after your teeth, to eat the right thing most probably you know. When your teeth start dropping, your confidence goes doesn't it. There is nothing worse. I've found that's a worst pain than toothache.' – Focus Group Participant
Groundswell Health Mouths Report ⁶

Health inequalities and the system impact

The prevalence of oral diseases is much higher in low income groups. People who are homeless, people with poor mental health, and people with learning disabilities are among those who can struggle to get the treatment



they need without good access to community dental services. Access and availability of treatment often do follow the pattern of greatest need.

There are high costs associated with treating preventable diseases such as caries. Dental caries remains the world’s most common disease and its treatment is reported to consume 5-10% of healthcare costs in developed countries. ⁷

This guide focuses on three preventable and prevalent oral health conditions:

- Caries (Tooth Decay)
- Oral Cancer
- Periodontitis

Caries (Tooth Decay)

Caries (tooth decay) is a result of the oral bacteria processing sugars in our diet to produce acids. Over time these acids cause the breakdown of the hard-mineral surfaces of teeth (enamel and dentine).

The causes of caries include:

- the frequency of sugar consumed in the diet – the more frequently sugar touches the tooth surface the more opportunity the processes of decay to occur.
- poor oral hygiene – brushing teeth helps to remove sugar from the tooth surface
- inadequate fluoride – fluoride is a mineral found in certain foods (tea, fish), and added to the water supply and toothpaste. Fluoride changes the structure of enamel making it more resistant to acid attack and reduces plaque bacteria ability to produce acid.⁸
- inadequate saliva. The body makes up to two to four pints of saliva a day, which is made by six major and hundreds of minor salivary glands. Saliva contains important minerals that help to protect tooth enamel. Conditions such as dry mouth restrict the supply of saliva. Some drugs including Methadone and Methamphetamine can cause the salivary glands to stop producing saliva.⁹ If saliva production is hampered, this impacts on early digestion, cleansing and protection of teeth against decay.

Dentists have learned that people at higher risk of caries include those who:

- do not attend dentists at regular intervals
- have a low knowledge of dental disease
- are socially deprived. Studies have demonstrated that dental caries is most prevalent in schoolchildren from low socio-economic status families. – this is mainly due to reduced access to services ¹⁰
- have low dental aspirations
- have a learning disability or mental health condition

People can protect themselves from caries by:

- eating a low sugar diet
- using adequate fluoride toothpaste, mouthwash and varnish
- having a systematic self-care routine to clean teeth effectively – DAILY!!

Consequences of caries can include dental abscess and pain, discolouration, broken teeth and tooth loss.

The impact of Methadone

‘I’ve been back on methadone for six months and its rotting my teeth...when I went to the emergency place I got a lot of information on what toothpaste I should be using, what brushes, getting toothpaste and rubbing it over my teeth, stuff like that. I think brushing your teeth before methadone is probably the number one golden rule to preserve your teeth as long as you can, cos methadone’s like a syrup, it slips off your teeth more if you brush them before.’ In-depth interview participant, Smile4life Report ⁵

Myth Busting ‘Sugar Free Methadone’

Debate surrounds the effectiveness of the use of the sugar free methadone solution. A review carried out in 2014 confirmed there is no robust evidence linking sugar containing methadone to dental decay. ¹¹

Many factors go into why someone taking methadone may experience an increased rate of decay, including the reduction in saliva production, however the Methadone itself is not the only thing to blame. When speaking to patients who are taking Methadone, it is important to reinforce:

- Brush your teeth before going to take methadone
- Rinse only with plain water after finishing the dose
- The anti-cholinergic effect of drugs like methadone, can induce thirst, alongside the reduced saliva production. Drinking plain water helps with a dry mouth; it is best to avoid fizzy drinks as these may contain sugar - causing decay
- The importance of a thorough oral hygiene routine, using fluoride toothpaste.

Oral Cancer

Oral or ‘mouth’ cancer has a mortality rate of around 50% with early detection. This rises to 90% if the cancer is detected late. Unlike many other cancers, incidences are on the increase. Early detection is therefore critical to optimise the chances of survival.

Areas of the mouth at highest risk include the floor of the mouth (under the tongue), the lateral border of the tongue and the area behind molars.

Factors that increase the risk of developing oral cancer

- Smokers are 28 times more likely to develop oral cancer than non-smokers.





- Alcohol users are at 6 times greater risk.
- Smoking and drinking alcohol increases the risk more than either factor by itself¹²
- 91% of oral cancers result from lifestyle choices.
- 65% of oral cancers in the UK are linked to smoking.
- 56% of oral cancers in UK are linked to insufficient fruit and vegetables.

There are approx. 6,500 cases of Oral Cancer every year in the UK. There is 130% greater incidence of cases in the most deprived populations.¹³

Self-Check for Oral Cancers

All patients should be encouraged to regularly check the inside of their mouths for any lumps, bumps, red or white patches, sores or ulcers. These problems can't always be felt and are not always obvious – encourage patients to use a mirror to check the gums, tongue, and inside of the cheeks.

If any of these symptoms are found, and they last for more than 2 weeks without improvement, an appointment should be made to see the GP or Dentist.

If in doubt, get it checked out. Catching symptoms early may save lives.

For more information on mouth checks check out this website: <http://www.itamc.org/mouthcheck/>

When to seek emergency or immediate expert treatment:

In the following circumstances, it is important to get specialist intervention quickly, especially if the patient has high risk behaviours (tobacco and alcohol use):

- If an ulcer, lump or unexplained rough patch has been present for over two weeks
- If the person's voice is especially hoarse
- If the patient has difficulty swallowing
- If the patient has altered sensations in the mouth (either greater pain or numbness)
- If the patient has long-standing white or red patches in the mouth

Factors that can reduce the likelihood of developing oral cancer

The risk of Oral Cancer significantly drops with lifestyle changes. Clients should be encouraged wherever possible and feasible to:

- Adopt better nutrition including fruit and vegetables
- Reduce smoking
- Reduce the amount of alcohol they consume to safer limits

Suspected Oral Cancer requires an immediate referral and people who are homeless may need additional support to be accompanied to hospital and additional prompting to attend an appointment.

Gum Disease

Gum disease – Gingivitis and Periodontitis

- Gum disease is the body's response to collections of bacteria in the mouth called plaque
- This plaque builds up along the gums and teeth when areas are consistently missed during brushing
- This is known as gingivitis
- The gums become irritated by this plaque, and when it is removed it is common for the gums to bleed a little –this is normal.
- If the plaque is consistently removed from the area that is bleeding, the gum disease can be reversed and the bleeding will stop.
- If the plaque is allowed to sit next to the gums for a long period of time, the body reacts to the acids/ toxins released by the bacteria, and you start to lose the bony support around the tooth.
- This process is not reversible, as bone cannot be easily added back around the tooth. If left untreated the tooth becomes loose and can eventually fall out.
- This is called periodontitis

This is a gradual process, which explains why people lose more and more teeth to gum disease as they get older.

Factors that increase the risk of Gum Disease

- poor oral hygiene
- specific microorganisms
- smoking
- poor diabetic control
- stress

Consequences of developing Gum Disease

- bleeding when brushing
- bad taste in the mouth
- tender, sore or swollen gums
- wobbly teeth
- smelly breath
- change in the position of the teeth
- tooth loss
- risk of passing on blood borne viruses such as Hepatitis C, especially if sharing items which are used orally (cigarettes, toothbrushes, crack pipes risks the spread of infection)
- pneumonia - the causal organism often comes from the mouth – typically a mouth with sepsis and uncontrolled periodontal disease. Oral sepsis heightens the risk of potentially deadly pneumonia amongst people experiencing homelessness.

Factors that can protect against developing or worsening Gum Disease

- Health professionals can help protect patients by:
- reinforcing oral hygiene practices
- some medical attention/treatment re-antibiotics, mouthwashes
- ensuring diabetes is well-controlled
- offering smoking cessation advice



- offering stress management support
- encouraging regular dental examination
- Advise that using mouthwashes is beneficial, however only when used alongside effective brushing.¹⁴

The impact of having ‘bad teeth’

‘When I first got clean, you know like your self-esteem is low and you’re looking in the mirror and you’re seeing bad teeth, it’s not exactly the best thing for lifting that self-esteem to give you a bit of confidence and...once I got my teeth sorted, you know, I felt better myself and it did lift my self-esteem a lot, and boosted my confidence, I wasn’t self-conscious about smiling anymore.’ In-depth interview participant Smile4life Report5

How to Prioritise Commonly Presenting Dental Emergencies in Primary Care

Emergency dental treatment is needed if the following symptoms are present:

- difficulty talking
- very limited mouth opening (less than approximately 20mm)
- raised floor of mouth
- swelling in the anterior part of the neck
- difficulty swallowing saliva – drooling
- a compromised airway
- systemically unwell (raised heart rate, pyrexial and clammy).

A flow chart regarding dental emergencies is provided to the right. For further information see the Scottish Dental Clinical Effectiveness Programme’s ‘Emergency Dental Care Practice Guide.’ <http://www.sdcep.org.uk/published-guidance/emergency-dental-care/>

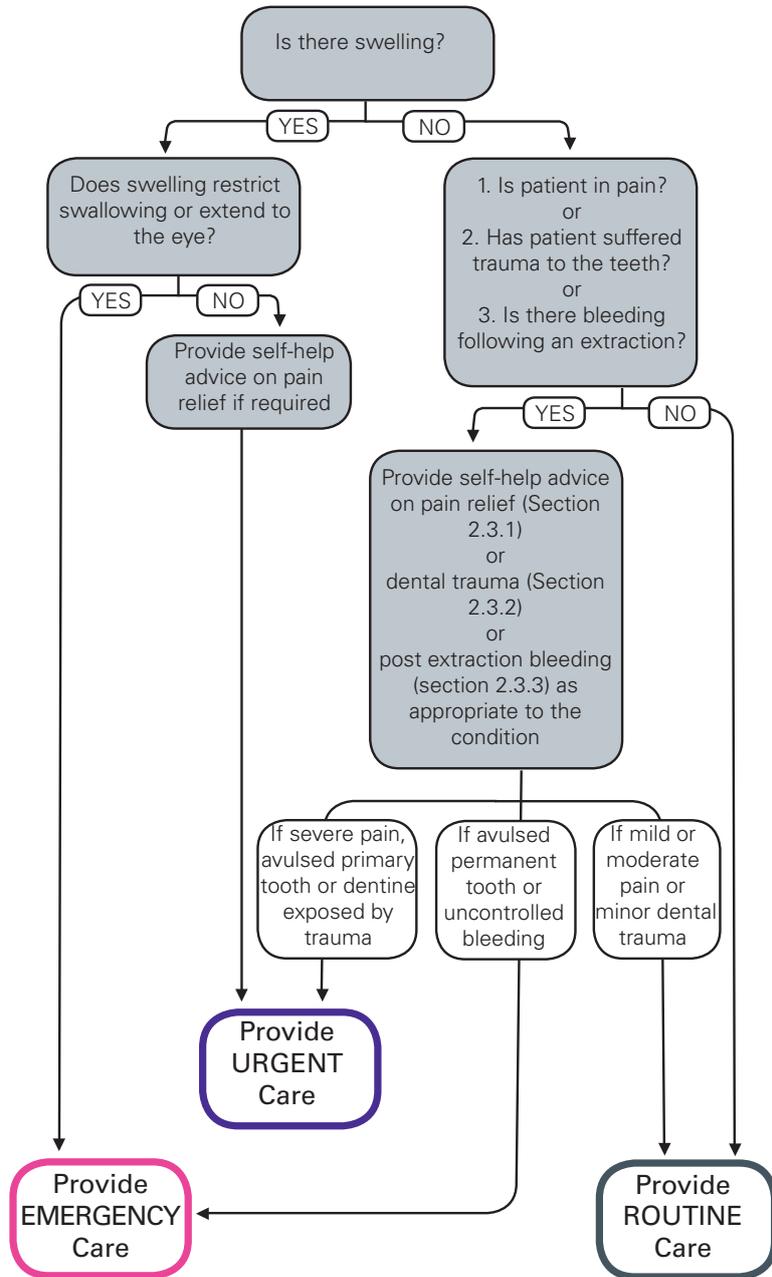
Self-Care Advice

Advice for patients in pain

Give the patient the following advice regarding self-help measures:

- Avoid stimuli that precipitate or worsen the pain, such as hot or cold foods or cold air
- Holding cooled water or crushed ice around the tooth can help SOME types of dental pain.
- Severe pain from the teeth or mouth sometimes feels worse when lying flat; therefore, try to prop yourself up as this might ease the pain
- Avoid taking aspirin as a painkiller if there is a bleed. Take Paracetamol 1gram QDS as the first line painkiller, and Ibuprofen 400mg TDS as the second line (if no contraindications). Both can be taken together.
- Ensure patients are reminded to follow the direction on the packet for advice on precautions with certain health conditions. For example, patients with asthma should avoid ibuprofen if this generates respiratory symptoms.

Flow Chart for Prioritisation of Commonly Presenting Dental Emergencies



‘Emergency Dental Care Practice Guide.’ <http://www.sdcep.org.uk/published-guidance/emergency-dental-care/>

Psychological Support

People experiencing homelessness have often experienced a history of psychological trauma. This in turn can present itself through poor mental wellbeing, self-neglect or diagnosed mental health conditions. Poor oral health can be an indicator of wider mental health issues (including dental phobia and depression), and these should always be considered when offering advice and support. ¹⁵

It is essential to address mental wellbeing when thinking about each individual’s ability and motivation to self-care during what may be a very difficult period for the individual



in their life. Attempts to work with the client on strategies and motivations to repair self-esteem, may be an important part of efforts to improve overall oral health.

Taking Care of your Mouth

A set of key self-care messages were developed through the Groundswell Healthy Mouths Report. These were:

1. Brush your teeth twice a day.
2. Brushing last thing at night is really important.
3. Do not rinse your mouth with water after you brush your teeth - Rinsing your mouth with water washes away the toothpaste.
4. If your gums bleed brush again.
5. Clean between your teeth every day using floss or small brushes.
6. Visit the dentist regularly to check that both your teeth and mouth are healthy, even if you don't have any natural teeth left.
7. If you use methadone, brush your teeth before and rinse your mouth with water after you take your methadone.
8. If you smoke or drink alcohol going to the dentist is even more important. Toothpaste must have fluoride in it. Only use the one meant for adults.
9. Cut down on sugary food and drinks and try to have them only with meals

'We asked survey participants whether they felt that issues with their mental health affected how often they brushed their teeth, 77% either agreed or strongly agreed that they brushed their teeth less often when they were having difficulties.' ⁶

'I could say for myself, I have spiralling bouts of depression. And when they come back around that is one the first things to go: my personal hygiene as a rule. But certainly brushing teeth. I mean I just don't think about doing it. Until I smile at myself in the mirror and realise oh my god.'
- Focus Group Participant Groundswell Healthy Mouths Report ⁶

Summary

The focus of this practice guide is to help nurses understand some of the difficulties experienced by homeless people, and to make them feel more confident in working with clients on oral health issues and advice. In children and young people, the chaos of homelessness can mean that teeth are neglected. A person's oral health is important to their overall confidence, esteem and ability to interact

and communicate with others. Regaining good oral health can be part of a journey to regaining self-esteem, confidence and a sense of control for people who have been homeless. This in turn can support the process of people getting their lives back on track. Poor oral health can also lead to a number of progressive and in some cases deadly diseases.

Ensuring people have easy access and regular contact with dental services is the key to addressing these issues. Suitably funded dentistry must be included in the package of care offered to people experiencing homelessness. As NHS Dentistry reforms towards a service that is commissioned on the basis of the quality of care and repair, as well as the ability to prevent poor oral health (alongside the amount of treatment given), this should create opportunities for earlier dental health treatment and advice for vulnerable people, such as those experiencing homelessness. ¹⁶

As a professional who is not a specialist in oral health there are some simple and very valuable actions you can take to help improve the oral health of your clients:

- Speak to clients or patients about their oral health at an appropriate time
- Offer brief and simple advice
- Offer toothbrushes and fluoride toothpaste as part of your service
- Encourage twice daily brushing without rinsing – at night and at one other time
- Encourage use of fluoride toothpaste
- Encourage limited sugar intake. Dentists recommend a maximum of 3 times a day at mealtimes.
- Encourage reduction of tobacco and alcohol intake
- Promote good nutrition
- Hold health promotion days informed by clients which feature dental health
- Encourage regular dental examinations
- Find out the details of your local NHS/community dental services. Explore ways of working collaboratively with them.
- Advocate for the specific needs of your clients
- Support your clients to attend dental appointments. They may initially find the experience daunting so having a friend/advocate with them may be important.
- Support clients to regain choice, control and self-esteem in their lives to improve their overall mental wellbeing, and motivations towards self-care.





Supporting Resources

Further information about oral health care for people experiencing homelessness is available via the following resources:

- Groundswell Healthy Mouths Report Groundswell <https://groundswell.org.uk/what-we-do/peer-research/healthy-mouths/>
- Delivering Better Oral Health: an evidence-based toolkit for prevention Public Health England Department of Health https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf
- Smile4life Leaflet – Patient Guidance for People Experiencing Homelessness http://www.healthscotland.com/uploads/documents/21100-Smile4LifeCard_1.pdf
- The Oral Health of Homeless People across Scotland Report University of Dundee <http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-homelessness-programme-smile4life>
- Smile4life Training Guide NHS Health Scotland and University of Dundee <http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-homelessness-programme-smile4life>
- Oral Healthcare for Homeless People, British Dental Association <https://www.bda.org/dentists/policy-campaigns/research/patient-care/homeless>
- Commissioning Standards for Professionals and Providers Faculty for Homeless and Inclusion Health <https://www.pathway.org.uk/faculty/standards/>
- Let's talk about Mouth Cancer <http://www.ltamc.org/the-team/>

The Queen's Nursing Institute welcomes feedback and professional evidence of how this guidance supports practice.

References

1. Standards for Commissioners and Providers, Faculty for Homeless and Inclusion Health, 2013 <https://www.pathway.org.uk/standards/>
2. Choosing Better Oral Health, An Oral Health Plan for England, Department of Health, 2005, https://webarchive.nationalarchives.gov.uk/20130124071526/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4123253.pdf
3. Developing dental services for homeless people in East London, Simons D1, Pearson N, Movasaghi Z., 2012, <http://www.ncbi.nlm.nih.gov/pubmed/23059693>
4. Kershaw S, Newton JT, Williams DM (2008) The influence of tooth colour on the perceptions of personal characteristics among female dental patients: comparisons of unmodified, decayed and 'whitened' teeth <http://www.ncbi.nlm.nih.gov/pubmed/18297050>
5. Smile4life Guide for trainers – Better oral care for homeless people, NHS Health Scotland, University of Dundee, 2012 <http://dentistry.dundee.ac.uk/sites/dentistry.dundee.ac.uk/files/Smile4lifeGuideforTrainers.pdf>
6. Groundswell Healthy Mouths Report, Groundswell (2018) <https://groundswell.org.uk/what-we-do/peer-research/healthy-mouths/>
7. Economic costs of Molar Hypomineralisation. The D3 Group <http://thed3group.org/economic-cost.html>
8. NHS Choices – Fluoride, 2015 <http://www.nhs.uk/Conditions/Fluoride/Pages/Introduction.aspx>
9. WebMD, Saliva and Your Mouth <http://www.webmd.com/oral-health/what-is-saliva>
10. French AD, Carmichael CL, Furness JA, Rugg-Gunn AJ (1984) The relationship between social class and dental health in 5-year-old children in the North and South of England, 1984, <http://www.ncbi.nlm.nih.gov/pubmed/6582893>
11. Tripathee S et al (2014) Is there a relationship between sugar-containing methadone and dental caries? A systematic review <https://oasisdiscussions.ca/2014/05/27/meth/>
12. Risk Factors, Oral Cancer Foundation, <https://oralcancerfoundation.org/understanding/risk-factors/>
13. Cancer Incidence Statistics, Cancer Research UK, <http://www.cancerresearchuk.org/cancer-info/cancerstats/types/oral/incidence/uk-oral-cancer-incidence-statistics>
14. Coles E et al (2011) Decayed and missing teeth and oral-health-related factors: Predicting depression in homeless people. *Journal of Psychosomatic Research* (2011). 10.1016/j.jpsychores.2011.01.004
15. European Federation on Periodontology, <http://www.efp.org/public/more-on-periodontitis.html>
16. Dental Contract Reform Prototypes, Department of Health, 2015, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/395384/Reform_Document.pdf



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