

IN BRIEF

- Compared to the general population, a higher proportion of people with multiple sclerosis report being registered at a dental practice.
- People with multiple sclerosis experience difficulties in attending a dental practice and in maintaining oral health.
- Initiatives are required in order to increase awareness of the importance of oral health to the quality of life of people with multiple sclerosis and ensure access to dental services for individuals with physical disabilities.

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CPD PAPER
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Dental attendance and oral health for MS patients

Factors that influence the dental attendance pattern and maintenance of oral health for people with multiple sclerosis **W. O. Baird,¹ C. McGrother,² K. R. Abrams,³ C. Dugmore⁴ and R. J. Jackson⁵**

ABSTRACT

Objective

To determine the impact of multiple sclerosis (MS) on patient attendance at dental practices and maintenance of oral health.

Design

A cross-sectional postal questionnaire-based study.

Setting

Leicestershire, United Kingdom.

Subjects and methods

People with MS in Leicestershire identified from local health authority records ($n = 476$).

Main outcome measures

Number registered at dental practice, frequency of attendance, issues and perspectives relating to attendance and maintenance of oral health.

Results

A response rate of 61% ($n = 289$) was obtained. When compared to the general population, a higher number of people with MS were registered with a dentist (49%:88%) and displayed more frequent practice attendance (71%:81%) in the past year. People with MS reported difficulties in attending a dentist and maintaining oral health, which were exacerbated by deterioration in general health. Problems relating to reduced personal mobility had the greatest impact on attendance.

Conclusions

MS has a negative impact on perceived patient attendance and maintenance of oral health. Patients with a progressive disability could benefit greatly from the provision of preventive oral health care. The importance of seeking care earlier rather than later needs to be emphasised to both professionals and patients alike. Further efforts are required to increase awareness of the importance of oral health to the quality of life of people with MS and ensure that individuals with physical disabilities receive the same access to dental services as the able-bodied.

EDITOR'S SUMMARY

It is estimated that there are around 85,000 people in the UK with multiple sclerosis (MS), making it the most common disabling neurological disease affecting young adults. It is therefore likely that many GPs will see a patient with MS during the course of their careers. Sufferers can show a wide variety of symptoms, some of which can have an impact on dental hygiene, for example by affecting the patient's ability to brush their teeth. Patients may also have difficulties accessing dental health services.

Although the oral health problems that may result can have a significant effect on the individual's quality of life, dental care for people with MS has until now been poorly co-ordinated. In this paper, Baird *et al.* show that people with MS consider their oral health to be important, but they may face barriers to dental care, particularly as their disability increases. In addition, many people with MS are unaware of services such as the CDS that are available to help them with these problems, and many do not consider the possibility that their dentist may offer domiciliary care.

By heightening awareness of these issues, the paper should help dentists to provide relevant, useful information to people with MS that will enable them to improve their access to dental care and ultimately their quality of life. It is hoped that by raising awareness within the dental profession and the wider community, a dental health service can be provided for MS patients that takes into account the variation in their symptoms and needs and recognises the importance of oral health to their quality of life.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 202 issue 1.

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FULL PAPER DETAILS

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AUTHOR QUESTIONS AND ANSWERS

Why did you undertake this research?

This research arose from anecdotal evidence that oral health is rarely considered when pathways of care are being established for people with multiple sclerosis. This is despite evidence that the symptoms of multiple sclerosis (MS) and the medication used to treat the symptoms can have a detrimental impact on the individual's oral health. The resulting negative impact on quality of life may not be considered a priority by those who plan or provide care for this patient group.

Although a higher proportion of people with MS reported being registered at a dental practice, decreases in levels of personal mobility were associated with difficulties in accessing dental care. This study demonstrates that oral health is important to people with MS but that individuals may have difficulty in maintaining their oral health and report the need for assistance in their dental care as their condition deteriorates.

What would you like to do next in this area to follow on from this work?

Increased awareness of how the symptoms and medication used to treat MS affect oral health is required amongst MS patients, dentists, GPs, MS nurses, neurologists and commissioners of services.

This study suggests that dentists are not providing MS patients with sufficient information relating to the availability of services such as the CDS or domiciliary care. People with MS reported structural issues, such as suitable parking, access and toilet facilities, as being the main barriers to dental care. In a parallel study, GPs reported a lack of time and financial constraints as the main barriers to the provision of care to physically disabled patients.

The next step would be to assess how subsequent developments such as the Disability and Discrimination Act and the new dental contract impact on both the availability and provision of dental care to vulnerable patient groups such as those with a physical disability.

COMMENT

Since the implementation of the Disability Discrimination Act (DDA, 1995) and requirements in 2004 for service providers to take 'reasonable steps to remove, alter or avoid physical barriers', the barriers to health-care experienced by disabled people are justifiably receiving a higher profile. Multiple sclerosis (MS) is the commonest neurological disorder affecting young adults. Although the course of MS is variable, infections can worsen symptoms; it is important in self-management to avoid oral infection which may precipitate a relapse by maintaining oral health and regular contact with dental services.

This paper based on a geographic sample provides an interesting insight into the oral health experiences of people with MS. Reported registration (88%) and dental attendance within the last year (81%) are high compared with the general population. Advice on self-management to avoid infections may as the authors suggest be a contributory factor. However it is not surprising to find that deteriorating health and personal mobility are factors that reduce regular attendance.

Under DDA legislation, service providers should make reasonable adjustments or provide services by alternative means such as domiciliary care. However only 5% had received a domiciliary visit and only 17% were aware of Community Dental Services. Improvements in practice accessibility, better parking facilities and the availability of transfer aids are essential; this should be included in service information together with the availability of domiciliary care.

Although people with MS have similar oral and dental problems to the general population, ability for self-care deteriorates with progressive neurological impairment. Respondents were less likely to be edentate, more likely to wear a partial denture and reported cleaning their teeth less frequently than the general population. If self-care skills are diminished, regular access to a hygienist for preventive care and treatment, aids for oral hygiene and training for care-givers should also be available.

The experiences of people with MS reported here reflect the wider concerns of disabled people, concerns that must be addressed by the profession and commissioners to ensure that disabled people have equitable access to dental services, and the resources to maintain oral health and quality of life.

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