

ORAL CARE IN PATIENTS AT THE END OF LIFE

The act of speaking, the pleasure of eating, and the normal handling of saliva are taken for granted by most of us. Oral problems greatly impact on the quality of life for patients and may result in anorexia and malnutrition. Oral integrity is also important in communication and social interactions. Good oral hygiene is fundamental for oral integrity. As patients become progressively unwell they will need assistance with oral hygiene.

In end-of-life care examination of the mouth and re-examination of the mouth is a very important task. Careful assessment is necessary each day. Use a torch and tongue depressor to fully examine the oral mucosa, tongue and lips, removing dentures if necessary. A healthy mouth has an intact mucosa and is clean, moist and pain-free

Factors affecting oral integrity:

- Local
 - Oral hygiene
 - Dentures not fitting or cleaning methods
 - Infections such as candidiasis
 - Trauma
 - Tumours
 - Xerostomia
- Systemic
 - Medications (particularly anticholinergics and opioids)
 - Dehydration
 - Cachexia
 - Diabetes
 - Immunological disease e.g Sjogrens syndrome

The following questions may help your assessment:

- **Is oral health at risk?** (debility, poor oral intake, medications, local irradiation, chemotherapy)
 - Twice daily teeth or denture brushing if possible, overnight soaking of dentures, keep mouth moist – this may need to be done for the patient (see below)
- **Is the mouth painful, coated or ulcerated?**
 - Identify cause(s) and treat eg candidiasis– see Clinical Guidelines section ‘Dry Mouth’ for treatment
 - Clean mouth gently with jumbo swabs or soft toothbrush
 - Clean mucosa with gentle effervescent solution such as 1:1 cider/soda water
 - Chewing pineapple can be helpful, tinned, unsweetened
 - Ensure dentures are soaked overnight
 - Topical analgesia such as bonjela or xylocaine viscous may be helpful in reducing pain (take care with hot drinks for two hours after application). The xylocaine viscous can be mixed with mucaïne to aid adherence to the mucous membrane
 - If pain is severe morphine orally or subcutaneously via infusion may be necessary

- **Is the mouth dry?**
 - Treat underlying cause if appropriate - the subjective feeling of dry mouth is not always due to a decrease in salivation or to dehydration. Causes include:-
 - anxiety and depression
 - drugs: antimuscarinics, opioids, diuretics
 - mouth breathing, unhumidified oxygen, infection
 - dehydration, restricted diet/fluid intake
 - surgery, chemotherapy or radiotherapy to the head and neck region
 - injury to salivary glands or buccal mucosa
 - hypothyroidism, autoimmune disease, sarcoidosis
 - Use local measures
 - Frequent moistening of mouth with sips of fluid – have sipper bottle within patient reach at all times
 - Mouthwashes if patient unable to swallow fluids
 - Crushed ice if the patient likes this
 - Frozen tonic water, frozen pineapple juice or pineapple pieces
 - Ensure lips are kept moist with Vaseline/lip salves
 - Stimulate saliva flow with sugar free chewing gum/ acid drops
 - Artificial saliva is of little value
 - 1-2 hourly mouth swabbing if patient too unwell to keep mouth moist with above measures
 - If on oxygen - humidify
- **Is there too much saliva?** This can be very distressing/disabling for patients with motor neurone disease or patients with swallowing difficulties
 - Patient and family will need reassurance about the cause
 - Referral to the palliative care service is advisable as a number of treatments are available such as medications, radiation to salivary glands or Botulinum toxin A injections

Mouthwashes

There is little conclusive evidence to support the use of many of the proprietary mouth washes and much research remains to be done. **In end of life care it is more important that it is acceptable and palatable to the patient.**

- Water – usually acceptable, inexpensive but will not remove coating
- Normal saline – inexpensive, mildly antiseptic, may not be acceptable in altered taste
- Compound mouthwash tablets – pleasant, but of no proven benefit
- Chlorhexidine – antibacterial, antifungal (caution:competes with nystatin) and antiplaque properties, long lasting effects therefore should only be used 12 hourly **BUT** can be unpalatable, altering taste, exacerbating oral pain
- Sodium bicarbonate – mucolytic properties, can clean coated tongue, may correct pH **BUT** unpleasant taste and can be irritant
- Hydrogen peroxide – antimicrobial with mechanical cleansing action **BUT** unpleasant taste, can cause burning sensation
- Cider and soda water 1:1 – pleasant tasting and effervescence may help in loosening debris
- Over the counter mouthwashes – often too astringent and painful in sore mouths
- Glycerine and lemon - **INCREASE** dryness and may damage tooth enamel. **These should be avoided**

Adapted from Cambridge and Huntingdon Palliative Care Group

Oral Care for the Dying Patient

This is an important aspect of end of life care and is something that family members can be taught to do if they wish. This may help lessen their distress at not being able to feed their loved one.

- Find out from patient and /or family what fluids they like
- Mouth care should be done two hourly or more frequently if required
- Use maxi swabs (like oversize cotton buds), not the green sponge swabs as they are impregnated with sodium bicarbonate and this is unpleasant for the patient
- Use any fluids familiar to the patient to swab the mouth – cooled tea or coffee, fruit juice, carbonated drinks, alcohol, cooled clear soups, ice cream or yogurt. This will allow the family to provide special things for their loved one and the familiar fluids and touch of family will lessen the shock for the patient of having something placed in their mouth if they have altered consciousness
- Avoid iced water – this can be a shock for a semiconscious patient especially if they have sensitive teeth
- It is the act of moistening the mouth and **NOT** the fluid you use that is important
- Take care if the mouth is painful or ulcerated and bonjela or lignocaine viscous may be appropriate
- If a patient has a history of high alcohol intake, swabbing their mouth with alcohol may keep them more settled

References

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