

To all Northern Ireland GDPs

Telephone: 02895 362560

Website : www.hscboard.hscni.net

Dear Colleague,

Most dental practitioners have a number of patients on their list who have been, or currently are, receiving oncology treatment from our medical colleagues. Some of these patients experience oral health problems during their treatment and may consult you for advice. The Board has been asked to provide GDPs with high level guidance on the management of this patient group.

You may find the following information useful:

- Patients should be encouraged to have a dental examination and complete any necessary treatment before starting cancer treatment. However, if patients need to have dental treatment during chemotherapy or radiotherapy, it is important that their cancer specialist is informed.
- Patients who have a true saliva deficit (xerostomia) are at high risk from dental caries and opportunistic infections. These patients should use topical fluoride preparations regularly (e.g. fluoride mouthwash, high-fluoride toothpaste) in addition to a saliva substitute or saliva-promoting medication (saliva lozenges, saliva oral spray, saliva-replacement gel). Saliva pastilles and saliva-stimulating tablets are also available for children and high-fluoride toothpastes (2800ppm) can be given to children aged 10 or older. Discourage the use of sugar-containing sweets and drinks but sugar-free chewing gum might be helpful.
- Patients sometimes discover that they cannot tolerate the flavour of their regular toothpaste. If this happens, patients should try another flavour that is less irritating to the oral tissues but the importance of using fluoride toothpaste should be stressed. Use of non-fluoride containing toothpaste during xerostomia will significantly increase the risk of caries. Advise patients to rinse out their mouth with warm water after vomiting episodes. They should also avoid alcohol, acidic drinks, tobacco, hot spices, garlic, onion, vinegar and salty foods as these may irritate the mouth.
- Ideally, patients should see a dentist shortly after their chemotherapy/radiotherapy treatment has been completed.

You will appreciate that maintaining oral health for oncology patients is a complex area and that the information above is intended only to highlight some of the

common issues. Those of you requiring more detailed guidance should consult the further reading list at the end of this letter.

Yours sincerely



Michael Donaldson
Head of Dental Services
HSCB

Further Reading

The Oral Management of Oncology Patients Requiring Radiotherapy, Chemotherapy and/or Bone Marrow Transplantation

http://www.rcseng.ac.uk/fds/publications-clinical-guidelines/clinical_guidelines/documents/clinical-guidelines-for-the-oral-management-of-oncology-patients-requiring-radiotherapy-chemotherapy-and-or-bone-marrow-transplantation

Macmillan, Cancer Information section, Living with and after cancer , Symptoms & side effects , Mouth care , Mouth care during chemotherapy

<http://www.macmillan.org.uk/information-and-support/coping/side-effects-and-symptoms/mouth-problems>

American Dental Association, Science and Research, JADA, *'For the Dental Patient'*

http://www.ada.org/~media/ADA/Publications/Files/for_the_dental_patient_july_2011.ashx

This letter is also available on the Dental section of the BSO website

<http://www.hscbusiness.hscni.net/services/2646.htm>