



MANAGEMENT FILE

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MEA membership costs £18 a year for people living in the UK/BFPO.
For contact details, see foot of this page.

the ME association



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What is the best way to look after my teeth?

You should visit your dentist at the frequency you are advised; brush your teeth twice a day using fluoride toothpaste; use dental floss/tape or inter-dental brushes once or twice a day; reduce your exposure to sugar-containing food and drinks to three or four times a day.

When and how should I clean my teeth?

You should brush last thing at night and one other time – usually first thing in the morning. This should be with a manual brush with a small head and rounded end filaments, a compact angled arrangement of long and short filaments and a comfortable handle, or a powered toothbrush with an oscillating/rotating head.

It should take about two minutes to brush your teeth and you are advised to spit out excess toothpaste rather than rinse.

What kind of toothpaste should I use?

Consider using toothpaste with triclosan and co-polymer or zinc citrate. This will keep the plaque levels down. Also, think about using a higher fluoride concentration (5000ppm), if prescribed by your dentist. This would be appropriate if you have a high decay rate/risk, which he/she will be able to assess.

I understand that a few people have concerns about the safety of fluoride in toothpaste, mouthwashes and drinking water.

DENTAL CARE

Your questions answered

Recent reviews of the evidence, however, show no links between fluoride in water and the incidence of bone fractures or cancer.

Sometimes I feel too ill to get out of bed. What can I do to clean my teeth?

If you are having a difficult day and feel unable to get out of bed, please don't neglect your teeth. It may be possible to ask a member of your family or your carer to help, or failing that, to use a chlorhexidine mouthwash (0.2 – 0.12%) twice a day.

It is important to follow any instructions given to you by your dentist or hygienist. This would be sufficient for a short period of time.

I thought mouthwashes were used to freshen breath. How can they help my teeth?

Mouthwashes can be used to freshen breath. However, more importantly, they are useful in a role to prevent cavities, e.g. by containing fluoride, and to prevent gum disease, eg by containing anti-bacterials. Gum

disease and dental decay are the most common causes of bad breath (halitosis). There are also mouthwashes designed specifically to deal with halitosis. As with any unexplained symptoms, it is best to seek professional advice if they persist for longer than a couple of weeks.

What else should I think about to help care for my teeth?

It is useful to bear in mind that people with ME/CFS who take medication (eg anti-depressants) or natural remedies for anxiety may suffer from a dry mouth. This in turn will increase the risk of tooth decay and gum disease.

Take frequent sips of water and consider chewing sugar-free xylitol-containing gum for 20 minutes after eating to increase the flow of saliva. Xylitol has been shown to have plaque-inhibiting properties. Artificial saliva can also be prescribed and is sometimes useful.

In the case of a dry mouth, high fluoride toothpastes (2800-5000ppm) might be advisable. In addition, the

Medical information contained here is not intended to be a substitute for medical advice or treatment from a GP or dentist. Availability of any drugs cited in this leaflet will depend on general availability and the type of syringes and other equipment used by the dentist or dental surgeon.

use of a fluoride mouthwash at a time other than when you brush your teeth is helpful. This can be daily (0.05%) or weekly (0.2%) and should be rinsed for one minute before spitting out. Your dentist or hygienist can also apply topical fluoride varnish to your teeth when appropriate.

Will diet also help?

A healthy balanced diet is good for everyone – especially a diet that includes complex carbohydrates and avoids too much caffeine.

Try to avoid sugar as much as possible and drink water rather than sugary drinks where you can. Decay-causing foods are usually more heavily processed and manufactured – eg confectionery, cakes and biscuits, buns, pastries, fruit pies, sugared cereals, jams, honey, ice-cream, fruit in syrup, fresh fruit juices, soft drinks and dried fruits.

The two most healthy elements of a healthy diet are:

- Eating the right amount of food depending on your activity levels.
- Eating a range of foods as advised by the Food Standards Agency (2001)

Try not to eat snacks but – if you must – try to avoid the examples given above.

Your teeth can also be damaged if they are exposed to acid in your diet, eg acidic fruit and fruit juice, carbonated drinks, wine, sports drinks, pickles, vitamin C tablets. This can be managed by limiting acidic intakes to mealtimes and not brushing immediately after an intake. High fluoride toothpastes are also useful.

My dentist doesn't understand ME and that I am not really well enough to undertake very much treatment without feeling poorly. What can I say to him?

It is important with any health care

professional that you develop a sufficiently good relationship so that you are able to discuss your concerns and problems with regard to treatment and your health management.

Most dentists will be sympathetic to your needs if you explain your problems to them. If they don't have sufficient information and understanding, then simply let them have copies of the booklets and leaflets you have obtained and details of relevant websites. Dentists take their continuing education very seriously.

What else does my dentist need to know?

Always tell your dentist about your general health, previous dental history, any allergies you might have and most importantly, any medication you might be taking. You are most likely to be asked for regular updates already, when you attend for routine visits.

I suffer from severe ME and I am mainly bed-bound. This means that I cannot visit the dentist. Would the dentist visit me?

It might be possible for you to arrange a home visit through your current dentist. Unfortunately, however, NHS funding is not available for dentists to provide this service, and it will probably be necessary to do this through your local Community Dental Services by referral.

This will require research locally or via the NHS choices website at www.nhs.uk by clicking on NHS dental services. We understand that eligibility criteria are quite strict and treatments may be limited to simple measures, eg extractions to provide pain relief.

You might already have a dentist who will be prepared to do this under private contract or, if you are lucky, and have been a long-standing

patient, as a good will service. There will be a limit to treatments available to you in your home.

I have heard that, if I have my mercury fillings removed, this may help my ME. Is this true?

For many years there have been concerns about the safety of mercury fillings (dental amalgam). This concern relates to the possibility that toxic metal could be slowly absorbed into the body.

Mercury toxicity has sometimes been linked to certain medical conditions including ME/CFS. However, in the opinion of the ME Association and the British Dental Association, there is no consistent evidence to support this view.

At the moment it is not advised to elect to have sound amalgam fillings removed. However, if you need to have a defective filling removed – eg one that's fractured or leaking – it would be perfectly reasonable to consider alternative materials for the replacement filling, such as composite resin, porcelain or gold.

What about antibiotics for tooth abscesses or severe tooth/mouth infections?

It may be necessary, on occasion, for the dentist to recommend a course of antibiotics if you are showing systemic symptoms, such as feeling ill, increased temperature, swollen lymph glands. It is unlikely that this will be recommended unless absolutely essential.

Sensitivity to drugs is common in people with ME/CFS but, where there is a serious infection, it is best to take antibiotics rather than risk the infection causing more health problems for you.

Some people with ME/CFS do react badly to antibiotics. If you have had a bad reaction or an allergy to an antibiotic in the past, please be sure that you have told your dentist.

I suffer a lot with mouth ulcers. What can I do?

Mouth ulcers are very common and usually heal within a couple of weeks. There are many possible causes and they are rarely serious.

As with any condition if you are worried, or the ulcers persist for longer than three weeks, it is important to seek professional advice.

Usually, treatment is aimed at giving relief of symptoms by prescribing mouthwashes like hot salt water or chlorhexidine. Sometimes ulcers can be caused by sensitivity to sodium lauryl sulphate (SLS) a common ingredient in many brands of toothpaste.

If you get recurrent ulceration try an SLS-free toothpaste, like Sensodyne, Corsodyl daily, Rembrandt.

Your dentist will refer you for a second opinion if there is any doubt over the diagnosis or the management of the condition, eg oral cancer, celiac disease. It may be necessary for you to have blood tests or a biopsy for example, to obtain the diagnosis.

In general terms, if you observe any changes to the lining of your mouth it is important that you seek advice. Dentists are trained to pick up early signs of oral cancer and oral signs of systemic disease. They will carry out an examination of the mouth lining every time you attend for an examination.

And finally...

Look after your teeth and gums, eat a healthy balanced diet, don't smoke and visit your dentist and hygienist regularly. Follow these simple guidelines and your likelihood of needing extensive treatment will be reduced.

Dental Anaesthetics

The purpose of anaesthetics is to allow your dentist to make your dental treatment as comfortable as possible. He will select the most appropriate anaesthetic and mode of application taking into account the procedure being carried out and your own medical history.

Our experience is that, it is not uncommon for people with ME to be particularly sensitive to local and general anaesthetic drugs. Your dentist will take a thorough medical history before providing you with any treatment at which time you must tell him if this applies to you.

LOCAL ANAESTHETICS

These drugs are placed as gently as possible in the area to be treated and produce the 'numbing' feeling that most of us are familiar with. It is possible to carry out the majority of dental work without any discomfort by using local anaesthetics.

Your dentist will probably avoid the use of the anaesthetic solutions containing adrenaline if you suffer from ME, especially if you have previously had a bad reaction during or following your dental treatment. Commonly used local anaesthetic drugs would include Mepivacaine (eg Scandonest) and Prilocaine (eg. Citanest) – *trade names in brackets*.

GENERAL ANAESTHETICS

General anaesthetics are drugs used to perform procedures where it would be better for you to be asleep during your treatment, and these days will only be provided in a hospital environment.

They would be more commonly employed for more extensive, usually surgical treatments e.g. removal of difficult wisdom teeth, and although many people still have childhood memories of general anaesthetics being used in dental surgeries, this is no longer thought to be safe and is indeed illegal.

If you have been referred to hospital for treatment to be carried out under general anaesthetic, you will be fully assessed by the anaesthetist before your operation, to make sure you are fit enough to undergo the anaesthetic.

SEDATION

Some dentists have been trained and are able to provide treatment under sedation for very nervous and anxious patients. These drugs are administered either through a vein eg midazolam, or via a mask over the nose, eg nitrous oxide and oxygen.

A local anaesthetic will also be needed, as these techniques are applied in such a way as to keep you conscious, but relaxed enough to accept treatment. All reflexes will be maintained and you will respond to instructions, although you may have little memory of your treatment after it has been done.

As with all dental treatments, a full medical history will be taken, including your ME experience.