Palliative Care & Oral Health

Palliative care helps lower pain and discomfort and makes life better in the months or years before the end of life.

Common Mouth Problems in Palliative Care:

- Dry mouth and lips
- Candida infection (white patches)
- Denture stomatitis (redness and swelling under dentures)
- Angular cheilitis (cracks or sores in the corners of the mouth)
- Dehydration (not enough fluids in the body)
- Ropey (thick, stringy) saliva
- Plaque (a sticky film) on the teeth
- Dental (tooth) decay
- Bad breath
- Changes to taste and swallowing
- Swollen tissues (e.g., gums)

When to Seek Care:

- Pain, sores, white patches, swelling, or bleeding in the mouth that last more than 2 weeks
- Difficulty eating, drinking, or speaking

It is important to complete daily oral hygiene (practice of keeping the mouth healthy, e.g., brushing) and check the mouth for changes every day.

Mouth problems can develop quickly. They can affect a person's health and quality of life.

If the person has mouth pain or discomfort, choose the oral hygiene method most comfortable for them. This could be a toothbrush, gauze, or an oral swab. In palliative care, the goal of oral hygiene is to keep the person comfortable, not to clean the mouth thoroughly.

Tips for Providing Daily Oral Hygiene:

- Use a wet piece of gauze to remove leftover food from the cheeks and under the tongue
- Use an ultra soft toothbrush twice per day with very gentle brushing or a sweeping action away from the gums
- Use a salt or soda water rinse to help with ropey saliva
- Use fluoride gel, high fluoride toothpaste, and/or mouth rinse to prevent dental decay
- Use saliva substitutes (products that help with dry mouth), humidifiers, ice chips, and sugar-free gum to reduce dry mouth
- Keep the lips moist using a non-petroleum, water-based moisturizer as needed; ask a pharmacist if unsure which product to use
- Rinse or clean dentures after each meal

Talk to your care team about whether an oral health assessment would be helpful.