Oral Health and Homelessness

Guidance for Community Nurses
Contributors
Thank you to the following individuals who have contributed to the development of this guidance.

Janine Doughty
Community Dental Officer
Barts Health NHS Trust

Professor Ruth Freeman
Co-Director
Dental Health Services Research Unit
University of Dundee

Liz Mavor
Senior Dental Officer
Sussex Community NHS Trust

Scrutiny Reviews
This guidance has been reviewed by the following:

The National Homeless Health Advisory Group,
The Queen’s Nursing Institute

The Health and Science Committee,
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Introduction

The experience of dental professionals suggests that children, young people and adults experiencing homelessness all have worse oral health than the housed population.

The multiple health problems encountered by homeless people are of increasing concern. People experiencing homelessness may struggle to access dental services they need and so frontline homeless workers should be confident that they know how to deliver basic oral health advice and link people to community dental and mainstream NHS services.

Standards governing the healthcare of people who are homeless, specifically reference oral care: ‘All patients [should be] offered drop-in clinics with presenting problem addressed first, but offered health screening and access to treatment to include, physical health assessment and screening for dental/oral problems’¹

Developed with dental professionals who have clinical and research experience working with homeless people, this guidance pack is intended as a resource for professionals and their clients during health appointments and meetings.

Professionals may use and distribute the patient guide that supplements this guide as a resource for discussing self-care. Supplementary posters can help to reinforce learning in settings. Although designed for community nurses and allied health professionals working with people who are homeless, this guidance can be used by other professionals such as hostel staff, daycentre staff and support workers.

It is acknowledged that not all of the listed help strategies in this guide will be practicable when working with people experiencing homelessness; however it is important for workers to have an awareness and understanding of what helps. As and when the circumstances of clients change (i.e. moving from rough sleeping to hostels), there may be opportunities to provide guidance commensurate with a clients’ new environment.

In producing this guidance pack, The Queen’s Nursing Institute aims to improve knowledge, confidence and practice relating to oral health care for people experiencing homelessness.

People in deprived communities, certain ethnic minorities, homeless people, homebound or disabled individuals and the elderly are not sufficiently covered by oral health care, according to the World Health Organisation. ²
Oral health and disease

What is ‘oral health’?

“Oral health is a standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and contributes to general well-being.”

Health professionals can work together to tackle the inequality in often avoidable oral diseases. Improving their oral health contributes to a person’s overall health and wellbeing. The need is extensive - according to a study on the oral health of the homeless population in East London, over 99% required dental treatment.

Consequences of Oral Disease
If untreated or poorly managed oral disease can lead to:

- tooth pain and swelling of gums
- gum disease
- tooth loss
- sepsis
- compromised airway
- death

Psychosocial Impacts
Our oral health can have a big effect on how we feel about ourselves, and how others view us. This can impact on:

- our appearance
- our relationships - ‘a person’s tooth colour had an impact on how people perceived their social competence, intellectual ability, psychological adjustment and relationship status’.
- our ability to find employment
- our quality of life and mental wellbeing
- our dignity and communications - ‘a healthy mouth gives a person dignity and should be valued. Poor oral health can affect the ability to speak, smile and kiss. A healthy mouth can encourage confidence.’

Financial impact
There are high costs associated with treating preventable diseases such as caries. The prevalence of oral diseases is much higher in low income groups. Access and availability of treatment does not always follow the pattern of greatest need. People who are homeless, people with poor mental health, and people with learning disabilities are among those who can struggle to get the treatment they need without good access to community dental services.

Conditions and diseases associated with poor oral health
This guide focuses on three preventable and prevalent oral health conditions:

- Caries
- Oral cancer, and
- Periodontitis
Caries
Caries (tooth decay) is caused by chemical dissolution of the mineralised tooth tissues (enamel and dentine) as a result of the metabolism of refined carbohydrates (sugar) by oral bacteria.

The causes of caries include:
- the frequency of sugar consumed in the diet – the more frequently sugar touches the tooth surface the more opportunity the processes of decay to occur.
- poor oral hygiene – brushing teeth helps to remove sugar from the tooth surface
- inadequate fluoride – fluoride is a mineral found in certain foods (tea, fish, and added to the water supply and toothpaste. Fluoride changes the structure of enamel making it more resistant to acid attack and reduces plaque bacteria ability to produce acid.\(^8\)
- inadequate saliva. The body makes up to two to four pints of saliva a day, which is made by six major and hundreds of minor salivary glands. Saliva contains important minerals that help to protect tooth enamel. Conditions such as dry mouth restrict the supply of saliva. Some drugs including Methamphetamine can cause the salivary glands to stop producing saliva.\(^9\) If saliva production is hampered this impacts on early digestion, cleansing and protection of teeth against decay.

Dentists have learned that people at higher risk of caries include those who:
- are socially deprived \(^{10}\)
- with a low knowledge of dental disease
- do not attend dentists at regular intervals
- have low dental aspirations
- have a learning disability or mental health condition

People can protect themselves from caries by:
- eating a low sugar diet
- using adequate fluoride toothpaste, mouthwash and varnish
- educating themselves about effective self-care

Consequences of caries can include dental abscess and pain, discolouration, broken teeth and tooth loss.

Emergency dental treatment is needed if the following symptoms are present:
- “Hot-potato” voice and hoarseness
- difficulty talking
- very limited mouth opening (less than approximately 20mm)
- raised floor of mouth
- swelling in the anterior part of the neck
- difficulty swallowing saliva – drooling
- a compromised airway
- systemically unwell (raised heart rate, pyrexial and clammy).

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*The voice of the patient:*
“I’ve been back on methadone for six months and its rotting my teeth...when I went to the emergency place I got a lot of information on what toothpaste I should be using, what brushes, getting toothpaste and rubbing it over my teeth, stuff like that. I think brushing your teeth before methadone is probably the number one golden rule to preserve your teeth as long as you can, cos methadone’s like a syrup, it slips off your teeth more if you brush them before.” \(^{11}\)
Oral Cancer
Oral or mouth cancer has a mortality rate of around 50% with early detection. This rises to 90% if the cancer is detected late. Unlike many other cancers, incidences are on the increase. Early detection is therefore critical to optimise the chances of survival.

Areas of the mouth at highest risk include the floor of the mouth (under the tongue), the lateral border of the tongue and the area behind molars.

Factors that increase the risk of developing oral cancer
- Smokers are 28 times more likely to develop oral cancer than non-smokers.
- Alcohol users are at 6 times greater risk.
- Smoking and drinking alcohol increases the risk more than either factor by itself
- 91% of oral cancers result from lifestyle choices.
- 65% of oral cancers in the UK are linked to smoking.
- 56% of oral cancers in UK are linked to insufficient fruit and vegetables.

When to seek emergency or expert treatment
In the following circumstances, it is important to get specialist intervention quickly, especially if the patient has high risk behaviours (tobacco and alcohol use):
- If an ulcer, lump or unexplained rough patch has been present for over two weeks
- If the person’s voice is especially hoarse
- If the patient has difficulty swallowing
- If the patient has altered sensations in the mouth (either greater pain or numbness)
- If the patient has long-standing white or red patches in the mouth

Factors that can reduce the likelihood of developing oral cancer
The risk of Oral Cancer significantly drops with lifestyle changes. Clients should be encouraged wherever possible and feasible to:
- Adopt better nutrition including fruit and vegetables
- Reduce smoking
- Reduce the amount of alcohol they consume to safer limits

There are approx. 6,500 cases of Oral Cancer every year in the UK. There is 130% greater incidence of cases in the most deprived.

Suspected Oral Cancer requires an immediate referral and people who are homeless may need additional support to be accompanied to hospital and additional prompting to attend an appointment.
Periodontitis
Periodontitis is inflammation of the gums and supporting structures of the teeth. It is one of the most common human diseases. Periodontitis is caused by certain bacteria (known as periodontal bacteria) and by the local inflammation triggered by those bacteria. Although these periodontal bacteria are naturally present in the mouth, they are only harmful when the conditions are right for them to increase dramatically in numbers. This happens when a layer of bacteria and food debris, known as plaque, builds up and is left undisturbed on the teeth, commonly in hard-to-reach areas such as between the teeth. The more dangerous bacteria are able to thrive and multiply, producing some harmful by-products which stimulate the body’s defensive inflammatory response in the gums. As the disease progresses, chronic inflammation causes the bone of the jaw to be destroyed and the teeth to be lost. In many people, this is a gradual process that takes place over many years and, if detected and treated, can be halted. However, some young adults have a very active form of the disease which causes early loosening and loss of the teeth.14

Factors that increase the risk of Periodontitis
- poor oral hygiene
- specific microbiota
- smoking
- poor diabetic control
- stress
- immunosuppression caused by conditions such as pericarditis/endocarditis

Consequences of developing Periodontitis
- bleeding when brushing
- bad taste in the mouth
- tender, sore or swollen gums
- wobbly teeth
- smelly breath
- change in the position of the teeth
- tooth loss
- risk of passing on blood borne viruses such as Hepatitis C, especially if sharing items which are used orally (cigarettes, toothbrushes, crack pipes risks the spread of infection)
- pneumonia - the causal organism often comes from the mouth – typically a mouth with sepsis and uncontrolled periodontal disease. Oral sepsis heightens the risk of potentially deadly pneumonia amongst people experiencing homelessness.

Factors that can protect against developing or worsening Periodontitis
Health professionals can help protect patients by:
- reinforcing oral hygiene practices
- some medical attention/treatment re-antibiotics, mouthwashes
- ensuring Diabetes is well-controlled
- offering smoking cessation advice
- offering stress management support
- encouraging regular dental examination

The voice of the patient:
“When I first got clean, you know like your self-esteem is low and you’re looking in the mirror and you’re seeing bad teeth, it’s not exactly the best thing for lifting that self-esteem to give you a bit of confidence and…once I got my teeth sorted, you know, I felt better myself and it did lift my self-esteem a lot, and boosted my confidence, I wasn’t self-conscious about smiling anymore.” 15
Self-care
People experiencing homelessness have often experienced a history of trauma. This in turn can present itself through poor mental wellbeing, self-neglect or diagnosed mental health conditions. Poor oral health can be an indicator of wider mental health issues (including dental phobias) and these should always be considered when offering advice and support.

It is essential to address mental wellbeing when thinking about each individual’s ability and motivation to self-care during what may be a very difficult period for the individual in their life. Attempts to work with the client on strategies and motivations to repair self-esteem, may be an important part of efforts to improve overall oral health.

Summary
The focus of this practice guide is to help nurses understand some of the difficulties experienced by homeless people, and to make them feel more confident in working with clients on oral health issues and advice. A person’s oral health is important to their overall confidence, esteem and ability to interact and communicate with others. Poor oral health can lead to a number of progressive and in some cases deadly diseases. Regaining good oral health can be part of a journey to regaining self-esteem, confidence and a sense of control for people who have been homeless. This in turn can support the process of people getting their lives back on track. In children and young people, the chaos of homelessness can mean that teeth are neglected. Ensuring people have easy access and regular contact with dental services is the key to addressing these issues. Suitably funded dentistry must be included in the package of care offered to people experiencing homelessness. As NHS Dentistry reforms towards a service that is commissioned on the basis of the quality of care and repair and the ability to prevent poor oral health (alongside the amount of treatment given) this should create opportunities for earlier dental health treatment and advice for vulnerable people, such as those experiencing homelessness.  

As a professional who is not a specialist in oral health there are some simple and very valuable actions you can take to help improve the oral health of your clients:

- Speak to clients or patients about their oral health at an appropriate time
- Offer brief and simple advice
- Offer toothbrushes and fluoride toothpaste as part of your service
- Encourage twice daily brushing without rinsing – at night and at one other time
- Encourage use of fluoride toothpaste
- Encourage limited sugar intake. Dentists recommend a maximum of 3 times a day at mealtimes.
- Encourage reduction of tobacco and alcohol intake
- Promote good nutrition
- Hold health promotion days informed by clients which feature dental health
- Encourage regular dental examinations
- Find out the details of your local NHS/community dental services. Explore ways of working collaboratively with them.
- Advocate for the specific needs of your clients
- Support your clients to attend dental appointments. They may initially find the experience daunting so having a friend/advocate with them may be important.
- Support clients to regain choice, control and self-esteem in their lives to improve their overall mental wellbeing, and motivations towards self-care.
Supporting Resources

Further information about oral health care for people experiencing homelessness is available via the following resources:

**Delivering Better Oral Health**
Department of Health

**Smile4life Card – Patient Guidance for people experiencing homelessness**

**The Oral Health of homeless people across Scotland Report and smile4life Training Guide**
NHS Health Scotland and University of Dundee
[http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-homelessness-programme-smile4life](http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-homelessness-programme-smile4life)

**Oral Health Improvements for Vulnerable People**

**Oral Healthcare for Homeless People, British Dental Association**
[https://www.bda.org/dentists/policy-campaigns/research/patient-care/homeless](https://www.bda.org/dentists/policy-campaigns/research/patient-care/homeless)

**Commissioning Standards for Professionals and Providers**
Faculty for Homeless and Inclusion Health
References

7 Dental caries remains the world’s most common disease and its treatment is reported to consume 5-10% of healthcare costs in developed countries Economic costs of Molar Hypomineralisation, The D3 Group, http://thed3group.org/economic-cost.html
9 WebMD, Saliva and Your Mouth http://www.webmd.com/oral-health/what-is-saliva
11 Smile4life Guide for trainers
15 Smile4life Guide for Trainers

The Queen’s Nursing Institute welcomes feedback and professional evidence of how this guidance supports practice.