

Dentures in dementia: the oral health management of patients in institutional care

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The recent article by Langlois and Byard reporting on the death of a patient with a lower denture impacted in the oropharynx [1] stimulates thoughts on how this situation could have been prevented.

The needs for dentures, either partial or full, are obvious to promote mastication and to provide an important aesthetic appearance. However, the need to routinely care for these prostheses is quite often neglected. Retained dentures trap food debris, creating an environment for denture stomatitis and hyperplasia [2]. For this reason dental associations recommended that dental prostheses are removed, cleaned, and left out overnight to allow the mucous membranes of the mouth to recover [3].

As well as improving the health of the patient's mucosa, the nocturnal removal has the added benefits of decreasing the incidence of halitosis, decreasing the incidence of uncomfortable ulcerations, and allows the dentures to be checked for possible fractures, missing teeth, broken wires (on partial dentures), and impaction.

Patients in institutional care may not be capable, either physically or mentally, of caring for their dentures. Nursing staff could supervise their removal (or in the case of incapacitated patients remove their dentures for them) before bedtime for cleaning and soaking overnight. This protocol has been recommended [4], but the unpleasantness

of handling patients' dentures and the reluctance of the patients to go without their prostheses while sleeping has seen this recommendation ignored [5].

I suggest that if patients do not want their dentures left out at night they, or their guardians, must sign a statement indicating their wishes. The awareness and education that some thought needs to be given to this decision might lead to a better quality of life for denture wearers.

References

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