

Lupus and Your Oral Health: *How to Take Care of Your Mouth and Prevent Complications*

Overview: Why Collaborating with a Dental Professional is Important

Treating lupus requires a collaborative approach between patients' medical and dental providers to ensure successful disease management. Oral health professionals can help prevent serious infections of the head and neck, and provide palliative care to alleviate the disease's less severe symptoms.

Oral complications of Lupus

Oral complications may be directly related to the disease or caused by a medication used to treat the disease.

95% of Patients with lupus experience varied oral manifestations:

- Dry mouth, usually a side effect of medications
- Cracked lips and corners of lips staying scabbed
- Ulcers, occur 40-50% of cases, **** one of 11 diagnostic signs***
- Periodontal diseases, occurs 40-50% usually due to inability to brush thoroughly in the presence of painful ulcers
- Lichen planus- red/white patches in cheek
- Oral candidiasis= thrush= yeast infection (due to immunosuppressive therapy)
- TMJ joint pain
- Increased cavity risk
- Gingivitis- inflamed gums
- Red and white patches: most often found on the hard palate, lips, and cheeks
- Recurring aphthous ulcers
- Increased risk of squamous cell carcinomas (Oral Cancer)
- Altered taste from medication
- Medications- Procainamide, hydralazine, and isoniazid can cause a rash
- In some instances, medications used to treat lupus create oral manifestations, resulting in a greater susceptibility to head/neck infections, or impaired healing after dental procedures

Dental Visit Considerations: Why and When

- Patients with a history of mitral valve prolapse, antiphospholipid syndrome, or Libman-Sacks endocarditis require prophylactic antibiotics before dental procedures.
- Use of nitrous oxide is contraindicated for patients with lupus, due to its ability to depress breathing.
- Patients with lupus anticoagulant or immune thrombocytopenic purpura may have abnormal bleeding during extractions and periodontal surgery; therefore, treatment must be performed with great caution
- Oral Cancer screening should be performed at each visit
- Dental Hygiene visits every 3 months to 4 months

Be Proactive: What You Can Do to Help Yourself

- Daily Homecare- use a soft-bristled toothbrush, toothpaste without SLS- sodium lauryl sulfate (Sensodyne Pronamel) for those with oral ulcerations, and oral care products with fluoride to reduce acidity, caries, and potential infection
- Avoid hot/spicy foods and acidic fruits, as they can aggravate oral sores and lesions.
- Avoid caffeine, alcohol and tobacco products
- Drink neutral pH 7 or alkaline products. Use pH paper to test, i.e. Dansani water and Biotene products are overly acidic
- Get prescription for Evoxac to stimulate saliva gland activity
- Use prescription saliva substitute rinses like SalivaMax or NutraSal
- Use soothing mouth salve like PerioScience or prescription Magic Mouthwash for oral ulcers
- Use a room humidifier
- Chew sugarless gum or suck on sugarless hard candy to stimulate saliva flow; citrus, cinnamon or mint-flavored candies are good choices. Some sugarless chewing gums and candies contain xylitol and may help prevent cavities.
- Use a lip balm with SPF

Most of All, Please Remember:

Your dental team shares the important role of identifying and treating oral lesions, in addition to continuous reinforcement of the need to maintain adequate oral hygiene. A multidisciplinary or comprehensive medical-dental management approach is recommended and beneficial when treating patients with lupus.

Information contained in this handout:

Dimensions of Dental Hygiene - <http://www.dimensionsofdentalhygiene.com/print.aspx?id=17580>