

Guidelines for Oral Health Care of Individuals with Huntington's Disease



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Background

Huntington's Disease (HD) is a complex, inherited neurodegenerative disorder characterised by progressive movement disorder, cognitive impairments, personality and psychiatric problems [1]. There are no innate dental features of HD which make individuals more susceptible to dental caries or periodontal disease [2]. Yet there are several contributing factors that may detrimentally affect oral health of people with the condition:

- Nutrition
- Medication
- Movement disorder including buccal-oral-lingual chorea
- Xerostomia

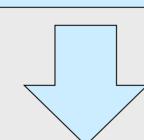
As the disease progresses through early, mid and late stage disease provision of mouth and oral care often is limited and neglected. Although dental care is recognised to be an important component in the management of HD, only little evidence based or systematically developed guidance for specialist care dentists is available.

Aims

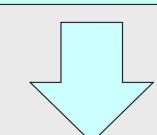
- Development of clinical guidelines for the oral health care in HD facilitating optimal assessment, prevention and treatment of individuals throughout all stages of the disease
- Improvement of the quality of oral health care provision.

Methods

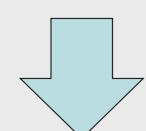
Formation and meeting of an international expert working group comprising of Specialist care dentists, HD Clinician, HD Specialist Research Nurse and a Speech and language Therapist.



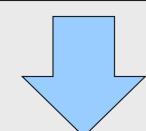
The PICO (Population = individuals with HD, Intervention = all dental assessment and treatment, Comparison = not set and Outcome = reliable and valid measures of dental care interventions) approach was used to define the relevant question informing guideline development and literature search.



A systematic literature search was performed electronically using Embase (1950 –April 2009), Ovid Medline and Ovid MEDLINE ® In-Process & Other Non-Indexed Citations (1980 –April 2009).



All relevant publications were identified and categorised to evidence statements in accordance to the methodology of the Scottish Intercollegiate Guideline Developers Handbook (SIGN 50 http://www.sign.ac.uk/guidelines/fulltext/50/index.html). Most available literature was graded at Level IV (Expert Opinion).

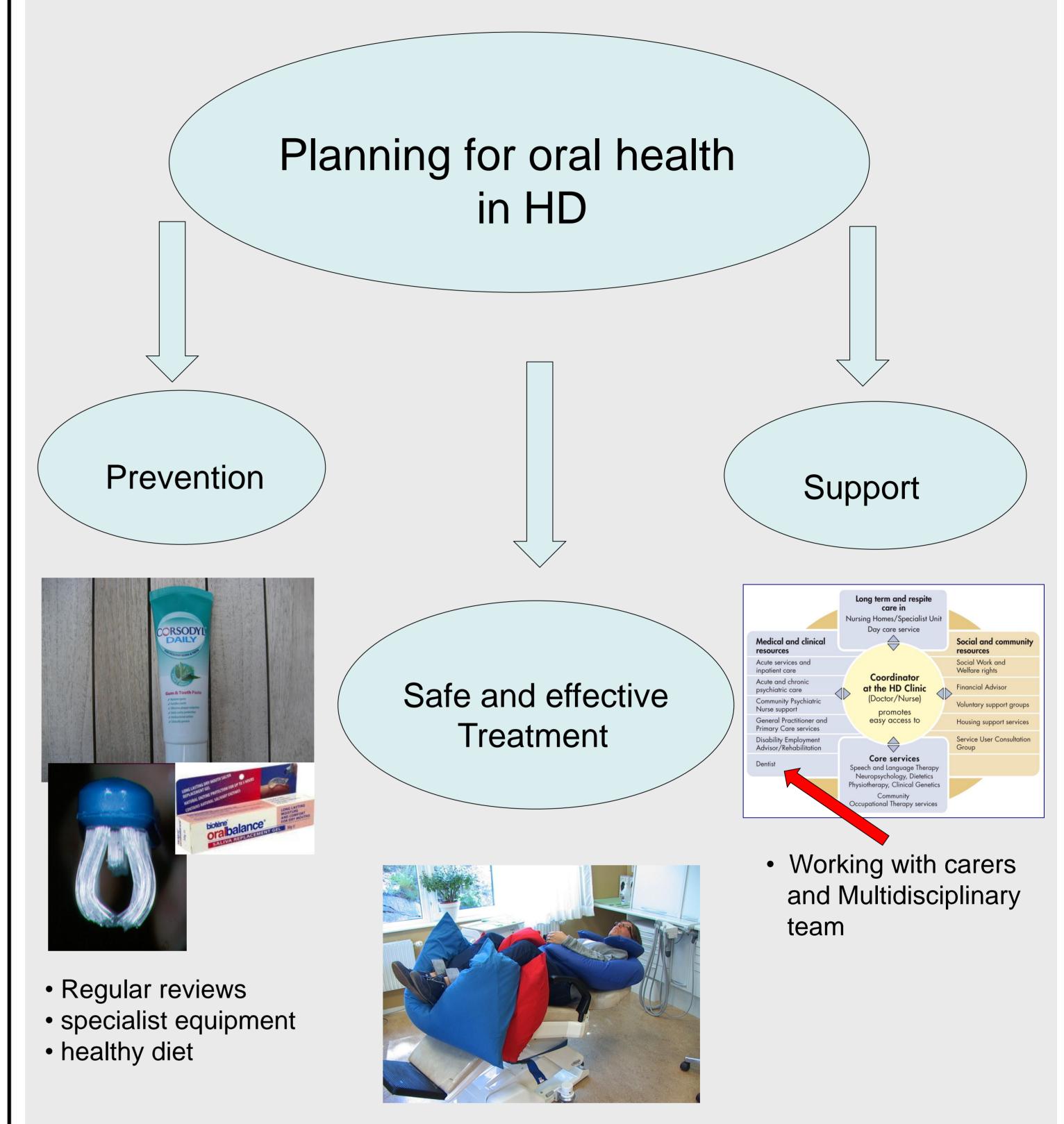


During a further meeting scarce evidence was summarised and expert consensus was reached in areas where clear evidence was lacking. The document was peer reviewed by all members of the Dental Care Group, other interested health care professionals (Dietitians) as well as individuals with HD and family members.

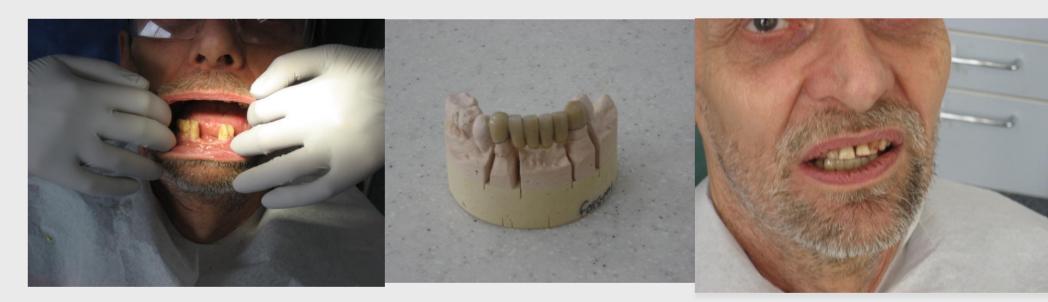
Results

An overall strategy for oral health in HD:

- Safe, disease and pain free mouth
- Care and treatment plan that is of **no less standard** than for an individual without HD but keeping in mind the context of the individuals disease stage



Tumle cushion to achieve stable and safe posture



Treatment made possible by using intravenous conscious sedation

Conclusion

The produced guideline defines a fundamental strategy for oral health care in HD and proposes key recommendations for prevention and treatment in early, mid and late stage disease based on the principle of achieving a disease free, pain free and safe mouth. The standards referred to in this guideline detail possible difficulties, specific interventions and their rationale taking into account the health and safety of each individual within the context of their condition. A focused systematic implementation and audit of the guidelines aims to improve quality and availability of dental care provided for this patient group. It is recognised that further quality research is needed to inform future guideline development.

Link to Guideline:

http://www.futuremedicine.com/doi/pdfplus/10.2217/nmt.11.68

References

- 1. Novak MJU, Tabrizi SJ. Huntington's disease. BMJ 341, c3109 (2010)
- 2. Boyle CA, Frolander C, Manley MCG. Providing dental care for patients with Huntington's Disease. Den. Update 35(5),333-336 (2008)

