

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Poor oral health can significantly affect a patient's quality of life and general health. Simple symptomatic improvement can dramatically benefit the patient, with improved appetite, easier eating and an improved sense of wellbeing.

Mouth Care in Palliative Care

General Mouth Hygiene

- > Keep mouth and lips clean, moist and intact; remove plaque and debris.
- > Maintain fluid intake with frequent, small drinks.
- > Oral care using a soft, small-headed toothbrush, fluoride toothpaste and water after each meal and at bedtime.
- > Apply oral gel to dry lips after oral care.
- > Dentures should be cleaned and soaked overnight in a cleanser.

Excessive Secretions

- > Usually the result of decreased clearance rather than increased production.
- > Drooling and dribbling are more common for patients with neurological disorders such as motor neurone disease.
- > Postural interventions such as keeping the head erect and improving lip closure can assist.
- > Anticholinergic drugs such as hyoscine, amitriptyline and glycopyrrolate can be trialled.

Dry Mouth

- > Common causes
 - > Head and neck radiotherapy
 - > Drugs especially anticholinergic
 - > Underlying disease e.g. Sjoren's Syndrome, dehydration
 - > Mouth breathing
- > In addition to general mouth hygiene measures, other interventions include
 - > Review medications
 - > Stimulate saliva flow by sucking on sugar-free lollies or ice
 - > Use of saliva substitutes

Painful Mouth and Mucositis

- > Isolated ulcers can be managed with local application of products such as Bonjela®, Orabase® or Kenalog®
- > Salt water or sodium bicarbonate mouthwashes can help to minimise debris build-up in the oral cavity.
- > Analgesia including opioids may be indicated.
- > Review medications to consider unnecessary medications and alternative oral formulations. Avoid alcohol-based formulations which may irritate and cause further pain.
- > Ulcers can become infected and may require more aggressive management. Immunosuppressed patients e.g. those receiving chemotherapy should be carefully monitored and referred if any concerns.
 - > Difflam® or chlorhexidine mouthwashes to decrease inflammation
 - > Lignocaine viscous for pain
 - > Antifungal treatment e.g. nystatin, fluconazole, amphotericin
 - > Antiviral therapy e.g. aciclovir

Useful resources

- > [Better Oral Health in Residential Care, Department of Health](#)
- > [Mouth Care in Palliative Care, NHS Scotland](#)
- > Therapeutic Guidelines: Palliative Care – Oral symptoms in patients receiving palliative care

For more information

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