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CALL FOR EVIDENCE

Stroke Services in Wales

As stroke the largest cause of disability in adults, the oral health care of people with stroke is of particular concern to professional dental societies and groups, notably the **British Society for Disability and Oral Health (BSDH)**, **British Society of Gerodontology (BSG)** and **All Wales Special Interest Group for Special Oral Health Care (AWSIG)**.

A stroke can have a profound effect on the oral and facial tissues resulting in difficulties in the most basic daily tasks such as eating, drinking swallowing and communication. The impact of stroke varies from person to person; resulting in severe oral problems related to the severity of the stroke, and its direct and indirect consequences. A stroke can affect basic oral functions and contribute to oral infection and decay. It can have a major impact on nutrition, quality of life, and subsequently general health and recovery. Symptoms listed below can have a significant impact on oral health and access to appropriate specialist oral health care.

Symptom / Impairment	Impact on oral health
Hemiparesis	Ability for self-care Possible dependence for oral hygiene
Mobility	Access to dental services
Vision	Poorer oral hygiene / unilateral neglect
Communication	Ability to express pain or discomfort
Dysphagia	Increased risk of aspiration infections associated with poor oral hygiene
Facial paralysis	Loss of control of dentures
Medication	Oral side effects, notably dry mouth (xerostomia) which increases the risk of dental caries, periodontal disease, oral infections, and denture problems

Although dental treatment may not be appropriate in the early stages of acute stroke management, it is nevertheless important that oral preventive measures are instituted. However a specialist dental input during all stages of the Stroke Care Pathway has significant benefits for promoting oral and general health, well-being and quality of life.

The National Service Framework for Older People in Wales (Welsh Assembly Government, 2006) refers to oral health and hygiene as one of the twelve fundamental aspects of care (Welsh Assembly Government, 2003). The NSF also refers to the prevalence of malnutrition and functional problems such as reduced ability to feed oneself following a stroke.

With reference to oral health, the NSF for Older People in Wales (2006) recommends that in early and continuing rehabilitation, people who have suffered a stroke should have access to the Multidisciplinary Specialist Stroke Rehabilitation Team which

includes dental staff with training and expertise in stroke and neurological disorders. This provides an early opportunity to address the wide range of oral problems that people with stroke experience, and contribute towards the individual's rehabilitation. Access to specialist dental services should continue in rehabilitation and on discharge; this is generally available by referral to specialists in the Community Dental Service.

EXAMPLE OF GOOD PRACTICE

An example of good practice can be found in the Stroke Rehabilitation Unit at West Wing, Cardiff Royal Infirmary (Cardiff and Vale NHS Trust). The standard procedure is that a Nursing Oral Health Risk Assessment (NOHRA) is completed by nurses within 2 weeks of admission and forwarded to the Specialist Dental Team that delivers an in-patient dental service provided by the Dental Hospital Directorate. Patients are initially assessed by a dentist, and treatment is provided as necessary. Patients are referred to a Dental Hygienist who formulates an individual Care Plan which is regularly reviewed. The assessment consistently identifies oral problems and pathology not previously identified, and provides an opportunity to establish preventive programmes that reduce the potential for oral problems, improve oral hygiene, and therefore reduce the risk of aspiration infections in susceptible patients. The procedures and protocols are described in the Oral Health Ward Manual provided by the Specialist Dental Team. On discharge, patients who do not have access to routine dental care, or who need a specialist and/or domiciliary service are referred to the Community Dental Service in their locality.

Salaried Primary Care Dental Services or Hospital Dental Services with Specialists in Special Care Dentistry (SCD) are ideally placed to become members of a Multidisciplinary Specialist Stroke Team. It is important that SCD services develop strong links with Care Pathways for stroke patients. It is also essential that all

members of the Multidisciplinary Team receive appropriate training on the oral impact of stroke and oral hygiene procedures to maintain oral health and comfort.

The British Society of Gerodontology (BSG) is currently preparing the final draft of Guidelines for the Oral Health Care of People with Stroke. The Guidelines will be launched later this year at the Society's Winter Scientific meeting, and subsequently available on the BSG website (www.gerodontology.com).

It is regrettable that the CALL FOR EVIDENCE reached the respective professional dental organisations through the voluntary sector rather than as stakeholders for health care in Wales. These comments provide a brief resume of the importance of including Specialist Dental Services in Stroke Services in Wales. The published Guidelines will provide comprehensive and extensive evidence to support this statement. The BSDH website also has published guidelines that are pertinent to the CALL FOR EVIDENCE. BSG, BSDH and AWSIG would be pleased to supplement these comments with comprehensive oral evidence.

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On behalf of:

British Society of Gerodontology (www.gerodontology.com)

British Society for Disability and Oral Health (www.bsdh.org.uk)

All Wales Special Interest Group for Special Oral Health Care (www.sigwales.org)