

HIV & ORAL HEALTH

Taking care of your mouth and teeth is a very important, yet an often overlooked part of maintaining general health. Oral health refers to the condition of your teeth, gums, mouth, tongue and throat. Your oral health can significantly affect your physical and emotional wellbeing, including comfort, appearance, self-image, self-esteem, interpersonal relationships, diet, speech and further impact upon other health conditions.¹

CHANGES TO THE ORAL ENVIRONMENT

People living with HIV (PLHIV) may experience a number of changes to their oral environment. Some of the common changes include:

Taste Changes can occur as a common side effect from some antiretroviral drugs and other medications. These can be caused by: gum infections, abscesses or due to some fungal infections.

Rinsing the mouth clean with a neutral tasting alcohol-free mouthwash (such as Colgate Dry Mouth Rinse) before eating may be useful. Moist foods with a strong flavour through the addition of herbs, spices and sauces may assist in masking any altered taste sense. Although strong spicy foods mask taste changes, they may not necessarily be appropriate food choices for maintaining weight or improving stomach function. Spicy foods may cause gum damage and gum pain.

Thoroughly brush your teeth, at least twice a day or after meals; use toothpaste or rinses that contain fluoride (perhaps a high fluoride toothpaste or rinse such as Neutraflour); floss after meals;

drink plenty of water (2 - 3 litres per day); and regularly visit your dentist.

Try to limit acidic foods such as soya sauce, wine, beer, acidic fruit juices, marinades and refined dietary sugars (confectionery, soft drinks). These foods can worsen sensations of 'burning mouth syndrome' that sometimes occur from oral opportunistic infections and may not only increase the incidence of tooth decay, but also increase the incidence of tooth erosion.

Brush, rinse and floss. Limit sugar, drink water and stimulate saliva by chewing sugar free gum between meals.

Dry Mouth (Xerostomia) is due to lack of saliva. There are a variety of causes, including HIV infection, which can cause swollen salivary glands. Some antiretrovirals, other medications (eg. diuretics, antihypertensive, antihistamines, antidepressants, bronchodilators, antipsychotic drugs) and recreational drugs (eg. amphetamines and ecstasy)², allergies and infections may also cause dry mouth.

Without enough saliva, food can build up in the mouth, between the teeth and gums and promote tooth decay, periodontal/gum disease (such as periodontitis / gingivitis) and candidiasis. When the mouth is dry it may be useful to try sucking ice, chewing sugar free gum, and eating moist raw foods such as celery,

lettuce, apples, melons, paw paws, mangoes and fresh herbs. There are a number of products available to assist with dry mouth - from Colgate (Dry Mouth Rinse), or Biotene (Dry Mouth Spray, Gel, and Gum) and GC (Dry Mouth Gel). These will be generally available only from your dentists.

Drinking plenty of liquids at or between meals is a good idea, as is rinsing your mouth often with an alcohol-free mouthwash. Avoid sugar since it can make your mouth even drier. If this doesn't work, an artificial salivary substitute may be recommended by your doctor or dentist.

Teeth Clenching & Grinding (Bruxism) can cause wear, chipped and fractured teeth and also cause gums to become painful, sore and sensitive. Emotional factors (stress, anxiety) and physical factors (abnormal bite, crooked teeth and poor nutrition) are thought to be involved. Some antiretroviral drugs which affect sleep, mood or anxiety levels may cause a higher likelihood of Bruxism. Some antidepressant medications and recreational drugs such as amphetamines and ecstasy may also contribute to teeth grinding.

Relaxing at night before bed and seeking ways to reduce stress levels may be one strategy. Proper dental care for irritating bite abnormalities may be another. Your dentist may also suggest wearing a tailor made night guard (also called Occlusal Splint) to minimise the

effects of tooth grinding.

Tooth Discolouration is an alteration in the appearance of the teeth, beyond the natural variations in tooth colour which occur among individuals.

Internal discolouration of teeth from illness and drugs occurs during tooth formation in children. Smoking and alcohol consumption are the main cause of colour changes to teeth. Wear of enamel will cause exposure of the yellow grey interior of the tooth. Dry mouth and some medications can cause extrinsic stain which can be removed by professional cleaning.

Most tooth discolouration can be successfully lightened through proper whitening/bleaching procedures provided by a skilled dentist. Some conditions make the discolouration more difficult to remove. Over-the-counter products are not recommended, as whitening/bleaching should only be done under the supervision of a dentist following proper examination and diagnosis of the cause of discoloured teeth. Home whitening (or those carried out in shopping centres) may also cause burning or damage to the gums.

ORAL INFECTIONS

Oral Candidiasis (Thrush) is a fungal infection of the mouth, tongue and/or throat. The infection can take several different forms, but most commonly there are small or large white patches on the roof of the mouth, tongue and inside the cheeks. The mouth may also feel furry, sore or itchy. These fungal organisms live in most human mouths, but a weakened immune system can make it easier for this fungus to grow. All efforts should be made to control Candidiasis early, since protracted Candidiasis may result in taste disturbance, loss of appetite and subsequent weight loss and debilitation.

Several antifungal medications are available including topical treatments such as Clotrimazole, Amphotericin B and Miconazole (which are applied directly onto the infected areas) and systemic (drug) treatment with Fluconazole. Please seek advice from your health professional about the best option for you. There is some debate as to the best way to prevent and treat Candidiasis, mostly due to the ability of the infection to develop resistance to some anti-fungal medications. Topical drugs can be used for extended periods but their efficacy may be limited. Alternatively, the use of antiseptic Chlorhexidine based mouthwashes (Savacol Alcohol Free) which are held in the mouth for one minute then spat out may also help.

Avoid mouthwashes, which contain alcohol, as the alcohol may cause mouth burning and exacerbate any gum issues.

Nutritional approaches to prevent and treat Candidiasis are controversial and complicated. In some individual circumstances, too much refined sugar, alcohol, caffeine, and nicotine can make Candidiasis worse. Some vitamin and mineral deficiencies have also been associated with Candida overgrowth (iron, folate, zinc, and vitamin B12).

Some nutritionists and dieticians recommend adding Lactobacilli Acidophilus (probiotics) to your diet, available in concentrated capsule form or in yoghurts, to promote healthy (good) bacteria in the body's gut, throat and mouth lining. Garlic is believed to have antifungal properties, but some evidence exists which suggests avoiding garlic supplements if taking Saquinavir and other Protease Inhibitors (due to drug interactions).

Before adding or subtracting components to and from your diet, it is important to remember there are many individual factors, which can stimulate Candida overgrowth. This includes certain drugs which can alter the natural organisms in the mouth. It is important to check with a dietician or your dentist before altering your diet.

Angular Chelitis is a mixed fungal and bacterial infection, which is one of the major causes of inflamed red patches and cracks in the corners of the mouth. It can be treated with antifungal creams such as Daktarin. Often there is also bacterial infection in the area, which should be cleaned regularly with Betadine. Applying Vaseline or cocoa butter to the area once the infection has been treated may help keep the skin moisturised and prevent further cracking. Seek advice from your health professional about the best options for you.

Gingivitis and Periodontitis are gum infections characterised by swelling and bleeding and/or swelling of the gums when brushing or flossing. Breakdown of the attachment seal between the teeth and gums occurs, which causes the gums to recede or crevices (pockets) to form. Bad breath will often also occur due to the build-up of bacteria between the teeth and in these pockets. Left untreated, loss of teeth may occur.

Bleeding gums may be an early sign of Gingivitis. Without proper dental and health care intervention more serious problems may develop such as 'Necrotising Ulcerative Periodontitis' - a severe infection and ulceration of the gums and mouth lining.

Gingivitis is caused by the build-up of dental plaque, which can be prevented by proper brushing techniques using a small-headed,

soft toothbrush and fluoride toothpaste. Flossing is also highly recommended.

Chlorhexidine based mouthwashes are very good to guard against infections. Your dentist or health professional can give you advice about the best regime for you. Avoid antibacterial mouthwashes that contain alcohol, as the alcohol can sting inflamed areas, and further dry the gums.

ORAL INFECTIONS CAN BE TREATED WITH:

1. Medications
2. Good nutrition
3. Complimentary therapies

Take some time, at least once a month, to look inside your mouth for signs of infections and sores. Check your tongue (top and bottom), lips, gums, cheeks and the roof of the mouth.

OTHER CONDITIONS

Oral Ulcers (Aphthous Ulcers)

occur on the mucous membranes (mouth surfaces) and present as painful, red, inflamed open sores, making eating certain foods uncomfortable. They are most commonly caused by an overzealous immune system following immune reconstitution from HIV therapy. However a declining immune system, HIV medication side effects and trauma to the area may also lead to oral ulcers. They may also be a symptom of other viruses such as the Herpes Simplex Virus (HSV), Cytomegalovirus (CMV) or the Coxsackie virus.

When symptoms of any ulcer or lesion first occur you should tell your doctor or dentist. This will enable a proper diagnosis of the cause and commencement of appropriate treatment to prevent any further progression.

If you are having difficulty with your food intake and selection of foods speak to a dietician. They will help you devise a sustainable food-energy diet that does not irritate your mouth when you eat, which will also help prevent weight loss.

GENERAL GUIDELINES FOR GOOD ORAL HEALTH

- thoroughly brush your teeth, at least twice a day or after meals
- use toothpaste or rinses that contain fluoride³
- ask your dentist if high fluoride toothpaste and rinses are suitable for you
- always floss after meals
- drink plenty of water (2 - 3 litres per day)
- visit your dentist regularly, at least every 6 months.

Where dentures or other dental prosthetics are fitted (crowns, bridges, braces, etc.) correct cleaning and maintenance is also important. Dentures that are poorly fitted can also negatively impact upon your oral health, comfort and nutrition. Your dentist or oral health professional can provide solutions to these problems.

GETTING THE MOST FROM A VISIT TO YOUR DENTIST

Planning a course of action for dental care and treatment is important for PLHIV. Your dentist is a partner in developing this plan and is there to provide you with information and treatment options. Optimally, any course of treatment should be made with you, your doctor and your dentist working in partnership.

Do I need to disclose my HIV status?

There is no legal requirement to disclose your HIV status to a dentist. However, it's helpful for a dentist to know if you have HIV so they can pay extra attention to a range of conditions and treat them early before they become problematic. Therefore disclosure to a dentist you can trust may result in improved health care outcomes.

To ensure you get the best possible health care, it is your responsibility to provide as much information as possible about your health. This includes medical history, any medication or complimentary therapies you are taking, and whether you are being treated by another health care provider.

Talk to your peers and doctor. Talking to people in similar circumstances can help you determine whether disclosure of HIV status is an option that might have some benefits.

How do I choose a dentist?

Whether you disclose or not, you have the right to expect fair and adequate treatment to be provided in a caring, non-discriminatory manner. Additionally, there is no onus, or legal requirement, to disclose your HIV status for the protection of a health care worker (including dentists). All health care workers providing any clinical service are trained in procedures that reduce their risk of blood to blood exposure and should treat everyone the same way using clinical health and safety procedures.

Ring and ask if the dental clinic has worked with people with HIV and/or is familiar with HIV oral complications as a way to make the topic of disclosure easier.

If you don't already have a dentist that you trust and feel comfortable with, you could talk with your doctor, other people with HIV, or organisations such as People Living with HIV/AIDS Victoria.

Before you choose a dentist, you can ask to visit the surgery, to get a feel for the atmosphere and talk with the dentist about their experience of treating people with HIV.

Privacy and your personal information

Health information and your medical history are considered to be privileged information disclosed to your health care providers. You have the legal right to expect confidentiality of your health care information and health condition(s) in all aspects when you attend a dental clinic.

Accessing Dental Care (Public, Medicare and Private)

There are currently three different ways you can access dental care depending on your circumstance.

Special Note: Please check the validity of these health schemes and services with your GP or health care professional as they are subject to change.

1. Public dental services

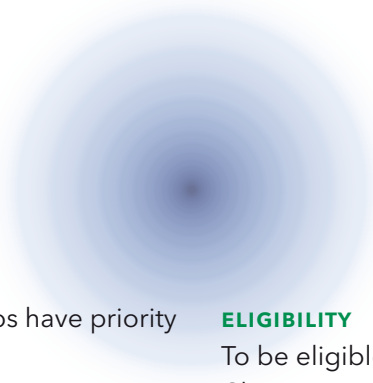
are provided to eligible Victorians through community dental clinics in community health services; rural hospitals and the Royal Dental Hospital of Melbourne (see www.dhsv.org.au for clinic locations).

ELIGIBILITY

The following groups are eligible for public dental services:

- Children and young people:
 - All children aged 0 - 12 years
 - Young people aged 13 - 17 years who are health care or pensioner concession card holders or dependants of concession card holders
 - All children and young people up to 18 years of age in residential care provided by the Children Youth & Families division of the Department of Human Services
 - All youth justice clients in custodial care, up to 18 years of age.
- People aged 18 years and over, who are health care or pensioner concession card holders or dependants of concession card holders
- All Refugees and Asylum Seekers.

If you are eligible for public dental services, you may also have priority access to dental care. People who have priority access will be offered the next available appointment for general care and will not be placed on the general care wait list. Where you have denture care needs, you would be offered the next available appointment for denture care or placed on the priority denture list where applicable. A co-payment will be required for most dental treatments.



The following groups have priority access to care:

- Aboriginal and Torres Strait Islanders
- Children and young people
- Homeless people and people at risk of homelessness
- Pregnant women
- Refugees and Asylum Seekers
- Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools.

All other people seeking routine general and denture care will need to place their name on a wait list. Please contact a community dental clinic to do so.

Visit www.health.vic.gov.au/dentistry/locations to find your nearest community dental clinic.

2. Medicare Chronic Disease Dental Scheme is for eligible people with chronic conditions and complex care needs. You can claim up to \$4,250 in Medicare Benefits for eligible comprehensive dental services including dental assessment, preventive services, extractions, fillings, restorative work and dentures, over two consecutive calendar years.⁴

ELIGIBILITY

To be eligible you for Medicare Chronic Disease Dental Scheme:

- you must have a chronic medical condition (such as HIV)
- must be receiving ongoing care from a multidisciplinary team, which includes your GP and at least two other health or care providers (GP Management Plan)
- your oral health must be impacting on, or likely to impact on, your health
- you must have a referral from your GP (your GP or HIV doctor).

Note that these benefits are not available where services are provided to a person who has been admitted to a hospital and will not be paid if the dental service is of purely cosmetic nature.

The referral is presented to a private dental clinic who may bulk bill Medicare, or may require that you pay in full for the treatment and seek a refund for a portion of the treatment from Medicare. When choosing a private clinic for your treatment, discuss this with the reception before you make an appointment, so that you are aware of your financial arrangements prior to commencing your first visit.

Your dentist can also arrange referral to a limited number of dental specialists under the scheme who may also bulk bill for treatment (such as an Oral Surgeon or Dental Technician for dentures).

For further information about the Medicare dental services, go to the Department of Health and Ageing website www.health.gov.au/dental or call the Medicare Australia Patient Enquiry Line on 132 011. Your HIV doctor will also be able to provide information for you.⁴

3. Private Health Insurance – If you have private health insurance which covers dental services, you will need to choose whether to claim a benefit under your private health insurance ancillary cover or under Medicare. You cannot use your private health cover to “double dip” or “to up” Medicare benefits received for a dental service. Private health insurance can only be used at private clinics. Some clinics will have preferred provider arrangements with certain insurance providers, and as such you may get better value out of your insurance with one dentist over another. Discuss your insurance situation with the receptionist before your first appointment.

REFERENCES

1. HIV Human Immunodeficiency Virus Dental Care. E Coates, B Scopacasa, R Logan. South Australian Dental Service.
2. Hepatitis C Dental Care. Bronwyn Scopacasa (BDS FRACDS), Liz Coates (MDS FADI FICD), Richard Logan (BDS MDS), Special Needs Unit, Adelaide Dental Hospital.
3. Australian Society for HIV Medicine (ASHM). Positive Information for Patients (PIP), Chapter 7.09: Lifestyle and Health Promotion, Oral Care Recommendations; Chapter 5.20: Oral Conditions of HIV Infection (www.ashm.org.au)
4. Department of Health and Ageing, Dental Health - Fact sheet for patients, 2010, viewed, August 2010. www.health.gov.au/internet/main/publishing.nsf/Content/fact%20sheet_dental-patients.

WHERE CAN I GET INFORMATION AND SUPPORT?

People Living with HIV/AIDS

Victoria is the peak body for PLHIV, providing education, information and representation for all PLHIV in Victoria.

P: 03 9863 8733

E: info@plwhavictoria.org.au

W: www.plwhavictoria.org.au

Straight Arrows offers peer support, information, advocacy, health promotion and a referral service for heterosexual PLHIV, their partners and families.

P: 03 9863 9414

E: information@straightarrows.org.au

W: www.straightarrows.org.au

Positive Women Victoria a support and advocacy organisation for women with HIV, providing peer support, referrals and information.

P: 03 9921 0860

E: info@positivewomen.org.au

W: www.positivewomen.org.au

Country Awareness Network

Victoria (CAN) is the peak rural body providing information, education, support and advocacy around HIV, hepatitis C and sexual health.

P: 03 5443 8355

E: can@can.org.au

W: www.can.org.au

Multicultural Health and

Support Service offers migrants and refugee communities, information and support on sexual health, HIV and blood-borne viruses.

P: 03 9342 9700

E: enquiries@ceh.org.au

W: www.ceh.org.au/mhss

Centrelink advises on government disability, sickness and carers payments.

P: 13 27 17

W: www.centrelink.gov.au and click on 'A-Z'.

Victorian Equal Opportunity and Human Rights Commission

provides information and help on issues of discrimination and human rights.

P: 1300 891 848

TTY: 1300 289 621

Interpreters: 1300 152 494

E: information@veohrc.vic.gov.au

E: complaints@veohrc.vic.gov.au

W: www.equalopportunitycommission.vic.gov.au

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Disclaimer: This information is intended as a guide only. It is not intended to replace expert or medical advice.

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