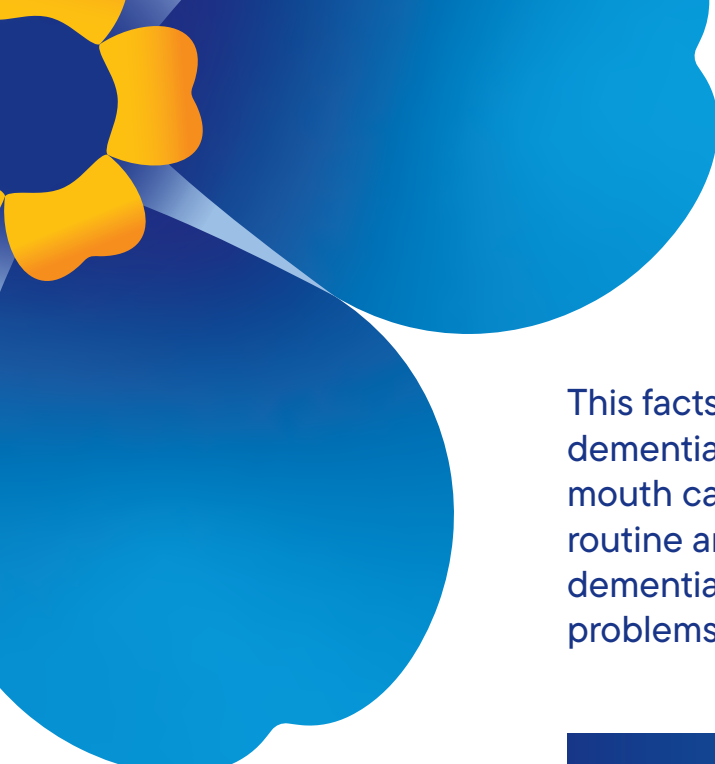


# Dental and mouth care



**Alzheimer's  
Society**

Together we are help & hope  
for everyone living with dementia



This factsheet is for anyone caring for a person with dementia who needs support with their dental and mouth care. It gives guidance for a healthy mouth care routine and how to respond to changes as the person's dementia progresses. It also explains how to spot problems that might need looking at by a dentist.

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## Contents

<b>1 Oral health and dementia</b>	<b>1</b>
<b>2 Common mouth care problems</b>	<b>2</b>
<b>3 How to tell if a person with dementia has mouth care problems</b>	<b>3</b>
<b>4 Supporting a person with dementia to keep a healthy mouth</b>	<b>7</b>
<b>5 Dentures</b>	<b>12</b>
<b>6 Dental treatment and dementia</b>	<b>15</b>
<b>7 Dental care in care homes</b>	<b>18</b>
<b>8 Finding an NHS dentist</b>	<b>19</b>
<b>Other useful organisations</b>	<b>20</b>

# 1 Oral health and dementia

Healthy teeth and gums are important to living well. They are essential for eating, drinking and speaking without pain or discomfort. They can also give a person the confidence to smile and feel at ease with others.

For someone with dementia, taking care of their teeth and gums can become increasingly difficult. As their condition progresses, they can get more confused and struggle with daily tasks. This is because they may see things differently and have problems understanding what's in front of them.

When it comes to oral health, a person with dementia can:

- forget their usual mouth care routine
- struggle to do practical tasks in the right order
- have difficulty holding a toothbrush
- misjudge distances, such as applying toothpaste onto a brush
- show no interest in mouth care, due to low mood, tiredness or apathy
- forget about dental appointments
- have trouble accepting dental treatment
- have difficulty communicating pain, discomfort, or distress.

These challenges will vary from person to person, and at different stages of their condition. In general, as a person's dementia symptoms get worse over time, they will need more support with their mouth care. See 'Support in the different stages of dementia' on page 10.

For more advice on helping someone with dementia with a task, see factsheet 524, **Understanding and supporting a person with dementia**.

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## 2 Common mouth care problems

Many people with dementia develop problems with their teeth and gums. These need to be looked after properly to prevent them getting worse. If not, they can often lead to difficulties with chewing and swallowing. They can also be very painful.

Below are some of the most common mouth care problems affecting people with dementia.

**Tooth decay** – this is a common reason for losing teeth. The best way to prevent it is regular brushing with fluoride toothpaste and limiting sugary foods. For tips on how to support a person with dementia to brush their teeth, see ‘Help with brushing’ on page 8. See also ‘Having sugary foods less often’ on page 7.

**Tooth wear and damage** – this can lead to the tooth becoming sensitive, causing pain when eating very hot, cold, sweet or sour foods.

**Gum disease** – this can cause the gum to become inflamed, making it red and sore. There are two main stages of gum disease – gingivitis and periodontitis.

**Dry mouth** – this can be uncomfortable and make it harder to speak, chew or swallow. When it’s severe, the surface of the tongue can be sore and cracked. It can also lead to fungal infections. See guidance on ‘Dry mouth’ on page 5.

You can find out more about these problems on the Oral Health Foundation website. See ‘Other Useful Organisations’ on page 20.

## 3 How to tell if a person with dementia has mouth care problems

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Checking for problems should be part of a normal daily routine. This section describes some of the signs to watch out for.

### Eating less

Problems with teeth or other parts of the mouth can make it difficult to eat properly. Over time, a person eating less than they need to, loses weight and becomes malnourished.

If you are concerned, ask the person if they have any mouth pain or trouble swallowing. If they can't understand your question, you can:

- **use non-verbal gestures**, such as pointing to your teeth
- **observe the person for signs of dental distress**, such as wincing when brushing
- **offer the person softer, blended food** to check their general appetite
- **check their mouth** for any unusual signs, such as swellings or bleeding.

If you have concerns, speak to a dentist.

A person who wears dentures can also have difficulty eating if their dentures aren't fitted properly, or they are the wrong size for their mouth. See more on 'Dentures' on page 12.

### Identifying toothache and other mouth pain

In the later stage of dementia a person may have difficulty understanding their pain or asking for help. This means they may not be able to tell when they have a toothache, or take steps to resolve it, such as taking painkillers or seeing a dentist.

It's important to be on the lookout for signs of pain and distress, such as:

- struggling to eat food or refusing it (particularly hard foods or very hot or cold foods)
- frequently touching their face or mouth
- a swollen face
- leaving their dentures out

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- becoming increasingly restless, moaning or shouting
- having disturbed sleep
- struggling to take part in daily activities
- refusing attempts to help them with their mouth care
- behaving aggressively (particularly towards you or someone else caring for them).

These changes in behaviour can be distressing. However, it's important not to dismiss them as part of the person's dementia. It could be a sign that they are in pain and need help.

If the person you are caring for is having any of these problems, check their mouth for signs of pain and arrange a visit to the dentist, if necessary (see 'Finding an NHS dentist' on page 19).

It can be useful to keep a note of when these signs first started, how long they've lasted for, and if painkillers have helped. This can help the dentist to identify the problem.

For more information on how dementia can affect someone's way of communicating and their behaviour, see factsheet 525, **Changes in behaviour**.

## Mouth infections

Germs can get easily into the mouth. Most are harmless so long as the mouth is cleaned and rinsed regularly. However, when they get into a cavity or sore gums, they can cause a tooth infection.

A dental abscess is a pocket of bacteria and pus that forms inside the gums and can be very painful if it isn't treated with antibiotics. A person with dementia may feel this pain and become very distressed yet struggle to tell others what the problem is.

If you are caring for a person who needs assistance with mouth care, it is important to check for any signs of infection.

You can check that the tongue, cheeks, gums and the roof of the mouth all look a normal, healthy colour. Seek help from a dentist or a health professional if you see any of these signs:

- red, swollen or bleeding gums that last for more than a few days
- cracked, red, sore or crusty corners of the mouth
- swelling around the mouth
- red or creamy white patches anywhere in the mouth, particularly on the tongue. If the person wears dentures, check the area where they would normally fit.

## Dry mouth

It can sometimes be difficult to know if a person with dementia has a dry mouth, especially if they have communication difficulties. However, you may be able to see some of the signs during everyday mouth care, such as:

- dry and cracked lips
- a stickiness on the cheeks or tongue
- food debris in the mouth
- dried saliva on the tongue or palette
- red, sore or swollen gums around a denture, which can cause it to become loose.

A dry mouth can happen for a number of reasons:

- dehydration
- thrush in the mouth (a fungal infection)
- side effects of many medicines
- anxiety
- cancer therapies, such as radiotherapy or chemotherapy
- breathing more through the mouth than the nose, such as when congested or using oxygen therapy.

If a person has a dry mouth, first check to see if they are drinking normally and are well-hydrated. It's common for people with dementia to not drink as much as they need to.

If dry mouth is being caused by a thrush infection, the person will have red and white patches in their mouth. It can cause an unpleasant taste and soreness. It can normally be treated effectively with medication, which can either be bought from a pharmacist or prescribed by a GP.

If they are taking any medicines, check the leaflets that come with them to see if they can cause dry mouth as a side effect. Certain medicines used to treat high blood pressure, overactive bladder, stomach problems, pain, allergies or mental health problems can cause dry mouth – particularly when someone is taking more than one of them. A GP or pharmacist may recommend switching to an alternative medicine, if one is available.

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### Relieving a dry mouth

There are several ways that a person with dementia can reduce discomfort caused by dry mouth, including:

- **sipping water frequently** throughout the day to keep their mouth moist
- **chewing sugar-free sweets or gum**, if this is safe and comfortable
- **using dry mouth products** (a gel, liquid spray or lozenges) to help lubricate their mouth. These products can either be prescribed by a dentist or purchased from a high street pharmacy
- **brushing teeth regularly** helps to prevent the tooth decay that can speed up when there is much less saliva in the mouth
- **lip balm** can make dry lips more comfortable.

If the person has memory problems, they may need to be reminded to do these things throughout the day. See booklet 1540, **The memory handbook** for practical tips on managing memory problems.



## 4 Supporting a person with dementia to keep a healthy mouth

Good mouth care isn't just about brushing teeth twice a day. It's also about eating well, drinking plenty of fluids, having regular check-ups at the dentist and looking out for signs of any problems developing. Here are ways you can support a person to have a clean and healthy mouth.

### Having sugary foods less often

Sugary foods can be enjoyable and don't generally do much harm, providing they're only eaten occasionally. If they are eaten regularly throughout the day, however, it's important to make sure they don't cause tooth decay. This risk can be reduced by brushing regularly and keeping the mouth moist.

Food and drinks high in sugar include:

- chocolate and sweets
- cakes and biscuits
- buns, pastries and fruit pies
- sponge puddings
- dried fruits, such as raisins and sultanas
- sugary breakfast cereals
- jams and honey
- ice cream
- fresh fruit juice, smoothies and milkshakes
- other sugary drinks, such as squash or soft drinks
- some alcoholic drinks – particularly pre-mixed drinks (alcopops) or liqueurs.

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“

I found my dad trying to push his toothbrush into the tube of toothpaste. He laughed about it, but I knew we needed to start guiding him.

Daughter of a person with dementia

”

## Help with brushing

Supporting a person with dementia with personal care isn't always easy. There can often be challenges and changes. If you are helping someone to brush their teeth, there are things you can do make it easier for both of you. Here are some tips to help.

- **Establish a routine.** The most important part of mouth care is brushing teeth twice a day, including just before going to sleep. This healthy routine can help prevent dental problems developing and is also a good chance to check the rest of the mouth for any concerns.
- **Encourage the person to do the task themselves.** Where possible, try to encourage a person with dementia to brush their teeth themselves. Although, some people may find this difficult because of their dementia symptoms or other health problems, such as arthritis.
- **Assist them if they are struggling.** If you do provide help, it's best not to take over completely. Instead, try gently prompting them or only helping when they get stuck. If you need to brush their teeth for them, see tips below.

Tips for helping a person to brush their teeth:

- **Make sure your hands are clean.** Wash your hands thoroughly first and wear disposable gloves to avoid risk of infection.
- **Apply a pea-sized amount of fluoride toothpaste** to a toothbrush. Press it well into the bristles so it doesn't fall off – particularly if using an electric toothbrush.
- **Stand to the side of the person** and help them to move their hand as they hold the toothbrush.
- **Using two toothbrushes can sometimes help.** Use the handle of the other toothbrush to gently lift the person's cheeks away from their teeth and gums. This should make it easier for you to see inside the whole of their mouth as you brush.
- **If you can, check the person's teeth and gums** for any mouth care problems such as bleeding, ulcers, broken teeth, teeth with holes in or dark staining, or any lumps or swelling.
- **Brush the teeth and gums in a circular, 'round-and-round' motion** not backwards and forwards. Make sure you brush the teeth from these different angles:
  - behind the teeth (the 'inside'), with the toothbrush facing diagonally towards the gum
  - on the top (biting surface) of the teeth, with the toothbrush facing horizontally up or down
  - in front of the teeth (the 'outside'), with the toothbrush facing diagonally towards the gum.

- **Brush the top set of teeth for one minute** (spend 30 seconds on each side of the mouth). Repeat this on the bottom set of teeth.
- **Use an interdental brush** to clean in between teeth, if you are able to do this. Your dentist should be able to advise you on the best way.
- **Encourage the person to spit out the toothpaste after brushing.** They should not rinse with water or use mouthwash straightaway. This helps to keep fluoride on the surface of the teeth to protect them from decay.
- **Use a toothpaste that doesn't foam** if the person with dementia has difficulty swallowing, or problems with choking. This may be easier and safer. Your dentist should be able to tell you where you can get this.

In some cultures, 'chewing sticks' may be used for maintaining a healthy mouth, ideally alongside regular brushing with toothpaste. If the person you are caring for likes to use them, try to support them to keep using them safely.

Dentists may sometimes prescribe a high-strength fluoride toothpaste, or a fluoride mouthwash. This can be helpful if a person has ongoing mouth problems or is struggling to brush their teeth.

The dentist can also apply a high-fluoride polish or varnish every three to four months to protect the teeth from decay, if necessary.

For more advice and information on helping someone with dementia with a task, see factsheet 524, **Understanding and supporting a person with dementia**.

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# Support in the different stages of dementia

The abilities of a person with dementia will change over time. The speed of this change will vary greatly from person to person but in general it can be divided into early, middle and late stages. Here is a guide to providing support for mouth care during each of these stages.

## Early stage of dementia

While most people are still able to manage to brush their teeth themselves during the early stage of dementia, it can still be helpful to:

- **Provide gentle reminders** for a person who may forget to brush. Stand near them if they need some guidance. Alternatively, if they live alone, set a reminder alarm or a note on a visible whiteboard, to prompt them to brush their teeth at a specific time. Having a fixed routine in the morning and evening can help too.
- **Make sure there is enough light and space** in the bathroom so they can see what they're doing.
- **Buy a toothbrush that has a small head** and is easy to grip, such as an electric toothbrush. The extra weight in these may also help to reduce hand and arm tremors.
- **Ensure dental care is part of their care plan.** If a home care worker is supporting the person as part of a visit, check that the care plan includes prompting them to brush their teeth at specific times.

Encourage the person to do their own mouth care as much as possible until you think they might need more assistance.

## Middle stage of dementia

Routines may need to change as dementia symptoms become more severe. A person may become more forgetful, confused or anxious when they come to brush their teeth. This can make it difficult to carry out personal care or provide greater assistance with tasks. At this stage you may want to:

- **Guide the person to the bathroom** – it's common for people with more advanced dementia to lose their way or become confused about where they need to go.
- **Gently encourage the person** to brush their teeth. If they don't want to brush their teeth, then they are allowed to make that decision – just as anyone can. It may still be worth trying again later when they are more ready.

- **Assist with brushing** – depending on the person’s ability at this stage, you might only need to hand them the toothbrush and explain what they need to do, or you might need to brush their teeth for them. This can be difficult for both of you, and you may find your own way of doing this. The tips on ‘Help with brushing’ on page 8 can be a helpful guide.
- **Consider using mouthwash** – if the person becomes distressed with brushing their teeth, rinsing with mouthwash can help clear food particles from their mouth. Mouthwash isn’t a replacement for brushing but can be helpful at difficult times.

### Later stage of dementia

During the later stage, a person will find it hard to do many things for themselves. This could involve physical disability, such as not being able to hold objects, like a toothbrush, or moving around easily.

Memory, thinking and communication skills will be very limited and full-time care is usually put in place at this time.

The condition of a person’s teeth and gums can often get worse during the later stage as it becomes harder to make sure their teeth are brushed regularly. They may be less willing to do so themselves or become agitated when someone tries to help them. They are also much less likely to be able to tell someone that they are in pain.

Despite these challenges, it’s important to keep supporting the person’s mouth care as much as possible to prevent weight loss, dehydration, pain and infections.

When a person gets to the end of their life, mouth care should focus on keeping the mouth clean, moist and comfortable. A nurse or professional carer can help with this, as well as helping with brushing.

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# 5 Dentures

Many people wear partial or full dentures (removable replacement teeth). These can help people to eat the foods they want, speak clearly, and feel good about the way they look.

Dentures that don't fit well or are broken can also cause the gums to become painful and swollen. Bringing the dentures to the dentist will help them to adapt or repair them, or they might suggest making new dentures.

During the later stage of dementia, the person may have difficulty keeping dentures in their mouth. Ideally, they should continue to wear them for as long as possible as otherwise they may struggle to eat many of the foods they enjoy.

A special adhesive, known as denture fixative, can be used to help keep dentures in place. This can be helpful for some people, but for others it may be difficult as it needs replacing every day and can taste unpleasant.

Your dentist should be able to give you more information about looking after dentures and keeping them in place.

## Lost or broken dentures

It's common for someone with dementia to lose their dentures, or for them to get broken. When this happens, a dentist may be able to get new ones made but it can take several appointments to get an accurate measurement. The process may take many weeks to complete – and often much longer. If the person has advanced dementia symptoms, going through all these steps can be very challenging.

Without a denture, it can be harder to eat and speak comfortably. A person might need to eat softer foods that need less chewing. They may also get frustrated if what they say can't be understood.

Once a new denture is made it can feel strange at first and a person may need some time to re-adjust to having them back in their mouth. Some people don't manage to adjust to their new denture and so they end up not wearing them.

The best way to look after dentures is to keep them in a container overnight and make sure they're marked with the person's name. See 'Marking dentures' on page 13.

## Marking dentures

Marking a person's name on their dentures can be particularly helpful if they live in residential care or need to go to hospital.

Some new dentures are permanently marked with their owner's name already, but if not, you can do this yourself by following the tips below:

1. Thoroughly clean and dry the dentures.
2. Use an unused kitchen scourer to remove the surface polish from a small area on the outside of the denture. Choose an area at the back where it will not be seen while the dentures are being worn.
3. Write the person's name on the denture using a pencil, or a pen that uses safe alcohol-based ink.
4. Paint over the name with a thin coat of clear nail varnish and leave it to dry.
5. Apply a second thin coat of varnish and leave it to dry overnight.

Do this for both the top and bottom dentures. This will mark the dentures for about 6 to 12 months. When the writing fades, you will need to replace it by following the steps above.

Alternatively, denture marking kits can be bought online.

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### Denture care and cleaning

Dentures should be removed and cleaned every night, and then put back in the mouth the following morning. This gives the person's mouth a rest and helps to keep it healthy and free of ulcers and infections. It also helps to prevent bad breath.

Using memory prompts, such as alarms or notes on the bedside table, can help people remember to remove their dentures each night.

Many people with dementia can remove their own dentures but, in some cases, they may need help, particularly in the later stage of the condition.

Tips for cleaning dentures:

- Remove the dentures from the mouth.
- Apply a special denture cleaning paste or soap to a toothbrush.
- Brush away any plaque or food debris from all surfaces of the dentures (especially around the clasps).
- Rinse the dentures with cold water.
- Place them in a labelled denture pot or container.
- Clean any remaining teeth and the rest of the mouth.

Make sure to keep the denture cleaning tablets safely out of the way when they're not in use as they can be very harmful if they're mistaken for edible chews.



# 6 Dental treatment and dementia

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## Planning treatment and preventing future problems

It can be a good idea to see the dentist soon after getting a diagnosis of dementia. They can spot any problems that need treatment and get it done before it becomes too difficult for the person to tolerate.

They may also agree a plan to do some procedures in the future. For example, they may suggest removing teeth that are likely to cause problems. If you are supporting a person with dementia, it is important that you are involved in these plans.

## Consent to treatment

Having dementia doesn't mean a person can't make decisions about their dental care and treatment. Under a law called 'The Mental Capacity Act 2005', everybody, regardless of their condition, should be assumed to be able to make their own decisions. This includes being able to agree to, or refuse, medical treatment.

This law tells us that a dentist must assess the mental capacity of a person with dementia to see if they are able, or unable, to make a decision about their dental treatment. This involves explaining the situation clearly and checking that the person understands the reasons for the treatment, as well as the potential risks, and can retain this information for as long as is needed to make their decision.

If the person can make their own decision, then they can either agree or refuse to have the treatment. It's very important to remember that a person with dementia is always free to make a 'bad' decision, just as they might have done before they developed the condition. The dentist must respect the person's decision, even if they disagree with it.

If the person can't process the information with the right support or can't communicate their decision, then they will be assessed as being unable to make this decision at this time about their medical treatment.

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The law says that if the person is unable to consent to, or refuse, treatment, a decision can sometimes be made in their 'best interests' by someone legally authorised to make decisions for them. This could be someone who has a Lasting Power of Attorney (LPA) for their health and welfare.

To find out more, see factsheet 460, **Mental Capacity Act 2005**, factsheet 472, **Lasting power of attorney (England and Wales)** and factsheet NI472, **Enduring power of attorney and controllership (Northern Ireland)**.

## Coping with dental treatment

Although some people with dementia may be able to tolerate simple dental procedures during the early stage, this becomes increasingly difficult as their dementia progresses. The sounds and feelings caused by these procedures can be overwhelming and distressing.

Many people find it comforting to have a friend or family member accompany them on a visit to the dentist. If the person with dementia is finding dental treatment difficult or upsetting, reassuring them and explaining what is about to happen can help.

This might include things that seem obvious – for example, you could say: 'When you sit down, the dentist is going to make your chair tip back so you are leaning backwards. This makes it easier for her to see inside your mouth'.

The dentist may also recommend sedation or general anaesthesia before dental care if they think this will be safer and less complicated for the person with dementia. The dentist may also be able to make a home visit if the person with dementia can't go to them. This is sometimes called 'domiciliary dental care'.

## Seeing a dentist in the later stage of dementia

In the later stage of dementia, most people experience severe memory loss and problems with communication. They may also experience changes in behaviour and physical health problems. This can make visiting the dentist very challenging, and often distressing.

The person may also no longer be capable of consenting to dental care or co-operating with treatment. For more information on consent, see page 15.

Dental treatment for a person at this stage of dementia is much more likely to focus on having a regular routine for brushing and checking the mouth for problems.

A person in the later stage of dementia may be referred to a special care dentistry service, which has teams with specialist training and more experience. However, sometimes these services can be very difficult to access with long waiting lists.

If they need urgent dental treatment, they may need sedation or general anaesthetic. This can be risky, and so the treatment needs to be discussed with the person with dementia as well as their family and carers.

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## 7 Dental care in care homes

If a person you care for is moving into residential care, there are things you can do to ensure their dental care needs are met. For example, if the person has agreed a mouth care plan with their dentist, you could share this with the care home staff.

Care homes have a duty to ensure that their residents' healthcare needs are met, including all aspects of mouth care. They may have a local dentist who visits the home to provide regular check-ups, or they may have visits from a local community dental care service.

The care home manager should be able to give you information about their arrangements for dental care. Ideally, they should also have a member of staff who is a mouth care champion, providing a link between care homes and dental professionals.

You could let them know if the person finds dental treatment particularly distressing or tell them how they like to carry out their daily mouth care routine.

You may be able to continue helping with their mouth care when you visit, for example being there before they go to bed to help them brush their teeth. If possible, the person should keep seeing their regular dentist (if they have one) after they move into residential care.

## 8 Finding an NHS dentist

Many people with dementia already have a regular NHS dentist before their diagnosis. Ideally, they should continue to see the same dentist for routine treatment and advice for as long as possible.

Finding an NHS dentist who is currently accepting new patients can be extremely difficult. Many will have a waiting list though and it's generally a good idea to get registered if you can – even if it means having to use a private dentist in the meantime.

Try to book with an NHS dentist well before any dental problems happen – particularly if seeing a private dentist is not affordable. For more information, visit **[www.nhs.uk/service-search/find-a-dentist](http://www.nhs.uk/service-search/find-a-dentist)**.

Eventually a person's dementia will progress to a point where their regular NHS dentist can no longer manage their treatment needs. When this happens, they may be referred to a specialist community dental service. The dentists at these services are usually experienced in providing dental care for people with disabilities and complex medical conditions.

To find out more about the community dental care available, visit the NHS website. See 'Other useful organisations' on page 20.

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# Other useful organisations

### **Oral Health Foundation**

**dentalhealth.org**

**01788 546 365 (helpline, 9am–5pm, Monday–Friday)**

**mail@dentalhealth.org**

Oral Health Foundation is a leading independent charity in the UK dedicated to improving oral health and well-being across the world.

### **Health and Social Care Online (Northern Ireland)**

**online.hscni.net**

This website has information about health and social care services in Northern Ireland, including links to finding a local dentist.

### **NHS website**

**www.nhs.uk**

The NHS website offers advice and information on NHS services in England, including a directory of dentists so you can look for a local dentist. Or you can call **0300 311 2233** (for people living in England).

### **NHS '111' (for non-emergency medical concerns)**

**111 (24 hours a day, 7 days a week)**

**Typetalk or textphone: 18001 111 or 111.nhs.uk**

NHS 111 can help if you have an urgent medical problem and you're not sure what to do. You answer questions about your symptoms on the website, or by speaking to a fully trained adviser on the phone. You will be given advice depending on your situation.

### **NHS 111 Wales**

**0845 4647**

**111.wales.nhs.uk/LocalServices**

NHS 111 Wales is a health advice and information service available 24 hours a day, every day. The website includes a section on how to find information on dental practices in Wales.



Factsheet 448

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To give feedback on this factsheet, or for a list of sources, please email [publications@alzheimers.org.uk](mailto:publications@alzheimers.org.uk)

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At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. We do this by giving help to everyone who needs it today, and hope for everyone in the future.

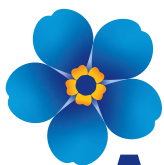
We have more information about **Living well with dementia**.

For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

Thanks to your donations, we're able to be a vital source of support and a powerful force for change for everyone living with dementia. Help us do even more, call **0330 333 0804** or visit **alzheimers.org.uk/donate**



*Patient Information Forum*



**Alzheimer's  
Society**

Together we are help & hope  
for everyone living with dementia

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London EC3N 2AE

**0330 333 0804**

**enquiries@alzheimers.org.uk**  
**alzheimers.org.uk**

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