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Oral health care for children with breathing conditions:

how to best care for your child's mouth if they have a respiratory (breathing) condition.

Information for parents and carers

What is this information about?

This leaflet tells you about how to best care for your child's mouth and teeth. Because of their breathing condition they may be at higher risk of getting fungal infections, dry mouth (xerostomia), sore mouth, tooth staining, enamel defects (poorer quality tooth mineral) and tooth decay.

This information also gives you advice about general mouthcare, how to brush your child's teeth, and how to make sure they have a healthy diet that reduces the risk of tooth decay.

Why does my child need to take extra care of their teeth and mouth if they have a breathing condition?

Your child may be at higher risk of tooth decay if they have:

- A medical problem.
- A dry mouth.
- An enamel defect which makes their teeth weaker and prone to decay.

Dentists call this high caries (pronounced care-eez) risk.
Dental caries is also known as tooth decay or dental cavities.

Children with breathing conditions like asthma can be at higher risk of problems with their mouth and teeth because:

- The steroids in preventor inhalers that are used every day can change the natural environment inside the mouth. This makes children more at risk of getting a **fungal mouth infection** (also called oral thrush).
- Rescue inhalers which are used when having an asthma attack can cause a **dry mouth.** This puts your child at risk of tooth decay and a **sore mouth.**
- Some medicines and bacteria inside the mouth can cause **surface staining on teeth.**

- The mineral surface (enamel) of teeth can have permanent yellow-white patches **(enamel defects).** The quality of the mineral can be poorer making your child's teeth sensitive and prone to tooth wear and decay.

What can I do to help my child with these problems?

There are things that you can do that can help to prevent these problems from happening, and if they do happen, to stop them from getting worse.

How can I help to protect my child against getting a fungal mouth infection?

- The risk of getting a fungal mouth infection can be reduced by using a spacer (empty container that an inhaler can be connected to) with preventive inhalers and rinsing or drinking water after using the inhaler.

How to give medicines:

Please see the following website for advice:
www.medicinesforchildren.org.uk/advice-guides/giving-medicines/how-to-give-medicines-asthma-inhalers/

- If you notice your child has signs of a fungal mouth infection, take them to see the dentist or doctor as they will need medicine to treat the infection.

How can I help to reduce the dryness inside my child's mouth?

- Drinking plenty of water can help with a dry mouth. Older children can use sugar-free chewing gum to increase saliva flow.
- Vaseline or emollients can help to protect dry lips and soft tissues.

- Dry mouth gel applied on the tongue and around the inside of the cheeks can help lubricate the mouth. This can be prescribed by your doctor or dentist.

How can I help to make my child more comfortable if they have a sore tongue, or the inside of their mouth is sore?

- A soft toothbrush with a small head will be gentler in a sore mouth. Avoid hard food, spicy food, and strongly-flavoured toothpaste which can sting.
- Unflavoured or non-foaming toothpastes can be helpful in a dry, sore mouth or if children have sensory difficulties.

- Oral gel or lubricants (Vaseline or emollients) can protect the lips and soft tissues and relieve soreness.
- A local anaesthetic mouthwash or spray (Difflam) can be prescribed by your child's dentist or doctor to reduce soreness, especially when children are eating.

What can I do if my child gets surface staining on their teeth?

- When surface staining is caused by a medicine, once children stop taking it, this side effect will stop. Surfaces stains can easily be removed by the dentist or hygienist with professional cleaning.

What can I do if my child has enamel defects on their teeth?

Enamel defects are areas of poorer-quality tooth mineral. The mineral surface (enamel) of a tooth can have yellow-white-brown patches, which may be easily worn and sensitive.

These patches are permanent and are likely to be caused by illness upsetting the cells that form enamel.

Front adult teeth and back adult teeth (which come through around age 6 years) begin to form at birth and continue to develop till your child is 4-5 years old.

If your child is ill while these teeth are forming, the enamel on their teeth can be affected by enamel defects.

Once children are well again the cells recover and continue to form normal tooth enamel.

Can I stop enamel defects from happening to my child's teeth?

Unfortunately, once teeth have an enamel defect it cannot be reversed. So, it is very important for your child to **see the dentist more regularly** as these teeth can be sensitive and are at higher risk of wearing and developing tooth decay.

Sensitive toothpaste such as Pronamel or Sensodyne, can help to reduce sensitivity. They can also use GC Tooth Mousse (not suitable for children with milk intolerances or allergies) after brushing at bedtime to protect teeth.

Eating and drinking less acid-containing foods and drinks can reduce the risk of wearing away weaker teeth. These include fruit juice and fruits. These should be eaten or drunk at mealtimes rather than between meals.

A dentist can also place concentrated fluoride varnish and a protective plastic coating (fissure sealant) on children's back teeth to protect them from tooth decay, wearing and sensitivity.

If children are worried about the appearance of their front teeth, they can have treatment to improve this as they grow older.

How can I reduce my child's risk of getting tooth decay?

Whether or not your child has a breathing condition, it is important to look after their overall dental health. If tooth decay is not treated it can lead to your child:

- Developing a severe infection which could put their health at risk.
- Having pain and swelling.
- Affect their eating, speaking and smiling.
- Missing days at school.

Make sure your child is registered with a dentist and has their first dental visit by the time they are one year old. It is important for your child to go for regular dental check-ups at least every six months. NHS dental treatment is free for children.

What is the best way to clean my child's teeth?

Start brushing your child's teeth as soon as the first baby tooth comes through (usually six months of age).

- Use a toothbrush with a small head.
- Brush the gum line and every part of the tooth.

- Try to brush teeth **twice** a day, at bedtime and one other time, for at least two minutes with 1350-1500 parts per million (ppm) fluoride toothpaste.
- **Spit out** toothpaste after brushing. **Do not rinse.** This leaves a protective layer of fluoride over their teeth.
- Replace your child's toothbrush when the bristles are worn (about every three months).
- Disclosing tablets show up plaque which helps you brush in the right places. The best time to do this is straight after brushing then brush again for a really good clean.

Do I need to help my child to brush their teeth?

Yes, you do need to support your child's toothbrushing. Adults will need to help brush teeth for children less than seven years of age.

What toothpaste should I use to provide the maximum protection for my child's teeth?

As your child is at higher risk of getting tooth decay you should use fluoride toothpaste with 1350-1500 ppm fluoride in it. The dose of fluoride will be written on the front or back of the toothpaste packet.

Make sure your child spits out the toothpaste and does not rinse after brushing, so a bit of fluoride is left behind on their teeth. This maximises tooth protection.

How much toothpaste should I use on my child's toothbrush?

For children aged 0 to three years: smear-sized amount.

For children aged three or more years: pea-sized amount.

My child does not like the taste or the feeling of toothpaste in their mouth. What can I do?

You can buy unflavoured and non-foaming fluoride toothpaste which they may prefer to regular toothpaste.

I find it impossible to brush my child's teeth. Is there anything that could make it easier?

Choose a time when they are more relaxed like in the bath. Give them their own toothbrush to hold while you are brushing their teeth or use a brushing app that makes cleaning teeth fun, can all help.

Mobile apps such as Brush DJ app are suitable for all ages.

What is the best diet for preventing tooth decay?

A healthy, balanced diet with food and drink **low** in sugar will help to reduce your child's risk of developing tooth decay. Try to only give your child food and drinks **low in sugar between mealtimes.**

Frequently eating and drinking things high in sugar will increase the risk of your child getting tooth decay. This includes fruit, fruit puree, smoothies and dried fruit, cereal bars, flavoured fromage frais, milkshakes and yoghurt drinks, or adding jam, marmalade, honey or syrup to foods and drinks.

The safest drinks for your child's teeth between meals are water or plain milk.

Do not put sugary or acidic drinks into your child's feeding bottle and when your child is six months old, give them a drinking cup rather than a feeding bottle.

When your child is ill give them sugar-free medicine. If they are prescribed liquid medicines by their doctor, ask for them to prescribe a sugar-free syrup.

My child will only drink sugary drinks. What can I do?

Putting water into the fridge or a fun drinking bottle or having a special drinking straw can help to encourage children to drink water.

You can also buy a special drinking bottle called 'Air up' to put water in. This bottle tricks your senses into thinking you are drinking a flavoured drink when you are drinking only water.

What savoury foods can I give my child between mealtimes as a snack?

Here are some suggestions for snacks **low** in sugar:

- Fresh sticks of carots, cucumber or pepper.
- Twiglets, poppadums and nuts (but not for under fives).
- Unsweetened and savoury crackers.
- Crispbrea**d.**
- Unsweetened, plain or savoury rice cakes.
- Bread rolls.
- Pitta bread.
- Chapattis.
- Buttered toast fingers.
- Bread sticks.
- Cheese (Babybel, cheese strings, cheese triangles).
- Cottage cheese.
- Cheese spread.
- Marmite.
- Houmous.
- Savoury sandwiches (cheese and carrot, tuna and cucumber, chicken and tomato, egg and cress, chicken and sweetcorn, sardine and tomato).

How do I maximise protection for my child's teeth?

The information below shows you other things that can be used to protect your child's teeth as they get older.

Age: 0-3 years

Amount of paste on brush: smear.

Fluoride concentration in toothpaste: 1350-1500 ppm.

Use GC tooth moouse after brushing at bedtime (not suitable for children with milk intolerances or allergies).

Age: 3-7 years

Amount of paste on brush: pea sized.
Fluoride concentration in toothpaste: 1350-1500 ppm.
Use GC tooth moouse after brushing at bedtime (not suitable for children with milk intolerances or allergies).

Age: 8 years

Amount of paste on brush: pea sized.
Fluoride concentration in toothpaste: 1350-1500 ppm.
Use GC tooth moouse after brushing at bedtime (not suitable for children with milk intolerances or allergies).

Use a daily fluoride mouthrinse (0.05% w/v 230 ppm) at a different time to brushing teeth, ideally when your child comes in from school.

Age: 10 years

Amount of paste on brush: pea sized.
Prescribed concentrated fluoride toothpaste: 2800 ppm.
Use GC tooth moouse after brushing at bedtime (not suitable for children with milk intolerances or allergies).

Use a daily fluoride mouthrinse (0.05% w/v 230 ppm) at a different time to brushing teeth, ideally when your child comes in from school.

Age: 16 years

Amount of paste on brush: pea sized.
Prescribed concentrated fluoride toothpaste: 5000 ppm.
Use GC tooth moouse after brushing at bedtime (not suitable for children with milk intolerances or allergies).

Use a daily fluoride mouthrinse (0.05% w/v 230 ppm) at a different time to brushing teeth, ideally when your child comes in from school.

Your child's doctor or regular dentist will need to prescribe your child the concentrated toothpastes (2800ppm and 5000ppm).

What are the main things to remember about looking after my child's teeth?

- Brush your child's teeth at bedtime and one other time during the day, for two minutes, with 1350-1500 ppm fluoride toothpaste.
- Get your child to spit out after brushing their teeth: no rinsing.
- Give your child less sugar and only have sugary food and drink at mealtimes.

Where can I find more information and advice?

Find more information here on the NHS website:
Children's teeth - NHS (www.nhs.uk) and
British Society of Paediatric Dentistry (www.bspd.co.uk)

Find more information about your child's teeth and how to care for them on the NHS website: **Children's teeth - NHS (www.nhs.uk) and British Society of Paediatric Dentistry (www.bspd.co.uk).**

Disclaimer: we do not endorse any particular brand of product; these are all examples of what has been described.

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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