Dentist offers advice on dental care for chemotherapy patients

Virtually everyone knows someone who has battled cancer, and the effects of chemotherapy and radiation on a patient’s hair, eyebrows and digestive system are widely known among the general public. But what many people don’t know about is the havoc that such treatment wreaks on teeth and gums.

Dr. Steven McConnell of Marin County, Calif., said he is seeing an increase in the number of patients seeking dental care after completing cancer treatment. He said he has found a few simple home-care routines can help patients alleviate the dental side effects of cancer treatment.

“The primary goal of supportive care is to help stabilize the mouth by restoring moisture, minimizing anything that causes dryness, balancing the pH of the mouth and strengthening the tooth surface,” McConnell said.

As soon as radiation or chemotherapy treatments start, oral health is immediately affected. The mouth becomes drier and gum recession and mouth sores start occurring. A common complaint is difficulty eating, drinking and swallowing. Often patients must rely on IV nutrition, as eating and drinking is too painful. As the mouth becomes drier, the teeth also become weaker and more susceptible to decay.

This is a critical time to have regular hygiene visits to promote optimum oral health. However, McConnell said, most oncologists often discourage hygiene appointments. Frequently, the side effects of a dental cleaning can increase the bacteria levels in the bloodstream and risk the health of a patient while she or he is in treatment.

During this time of treatment, supportive dental care is imperative to dental health. McConnell

Nation’s Capital Dental Meeting

The Community Dental Health Coordinator (CDHC) pilot program, funded by the American Dental Association (ADA), is entering its second year. The three-year program trains student classes of six each at its three U.S. program sites to become community health workers with a special focus on dental skills, and work in underserved communities, helping residents improve their oral care.

A second group of students is now being welcomed into the program, while the initial student group moves on to six-month clinical internships, the second phase of their training.

In most cases, it is expected that CDHCs will return to work in their

ADA pilot program enters second year