Renal Disease
and
Oral Health

Halton REGION

August /08

Halton Region Health Department Mission Statement

Together with the Halton community, the Health Department works to achieve the best possible health for all.

Oral Signs of Renal Disease
"*Breath Odour*"

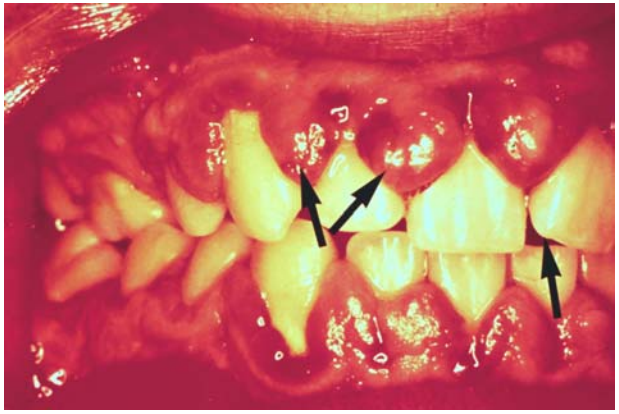
- Due to high urea content in the saliva
- Is an ammonia like smell
- Dental plaque sticks more easily producing smells

Taste Sensations

- Altered taste can be metallic or described as unpleasant
- Usually from multiple medications
- Sometimes disease process decreases the appetite leading to weight loss

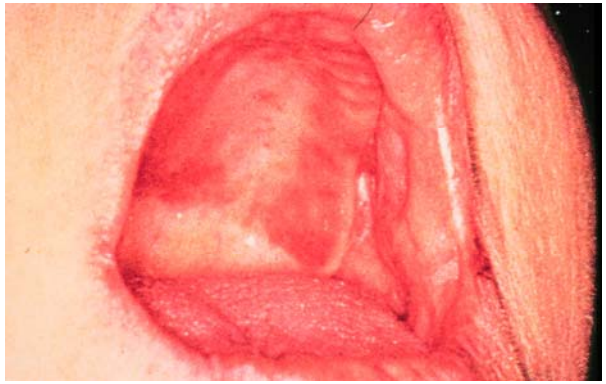
Gum Inflammation

- Multiple meds can produce gingival enlargement
- Caused by Cyclosorine / calcium channel blockers
- Anemia can be a contributing factor



Mucosal Lesions

- White patches *(similar to Lichen-Planus)*
- Ulceration *(Uremic Stomatitis)*
- Painful



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Oral Infections

Fungal :

- Greater risk of Candida infections e.g. Angular Chelosis – *(due to immunosupression)*

Viral:

- Herpetic lesions

Dental Abnormalities

- Narrowing of pulp chambers *(idiopathic)*
- Non – Carious tooth structure damage *(nausea and vomiting)*
- Bone abnormalities due to defective calcium metabolism

Dry Mouth

Can be Caused by:

- Medications
- Restricted intake of fluids
- Diabetes

- The above predisposes the person to cavities, mucositis and infection for chronic dry mouth

- Use recommended products to alleviate the discomfort from this condition.

Daily Oral Care Considerations

- Advanced care required
- Some individuals neglect preventive oral health measures due to multiple health factors
- Extensive dietary restrictions and medication programs may contribute to anxiety and aversion to further preventive instruction

Professional Dental Visit Concerns

Professional dental visits should be accelerated due to multiple health factors that influence oral health including calculous build up, bone loss, periodontal problems.

Individuals are at a high risk of:

- Hypertension
- Bleeding tendencies
- Infection
- Medication synergism
- Drug intolerance

There is a need for collaboration between the dental and medical professions to provide safe and appropriate dental care.

Reference Sources

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2. Scully.C. Cawson.R.A., Medical Problems in Dentistry 4th ed Wright Press. 2002 pp25
3. Goldman M., Vanherwerghem JL.: Bacterial infections in chronic hemodialysis patients: epidemiologic and pathophysiologicaspects. Advan Nephrol Necker Hosp. 1990;19:315
4. Epstein SR., Mandel I.,Scoop IW.: Salivary composition and calculus frmation in patients undergoing hemodialysis. J Periodontol 1980 Jun;51 (6):336-8
5. Naugle K., Darby ML., Bauman DB et al: The oral health status of patients on renal dialysis. Ann Periodontol 1998 Jul;3(1):197-205
6. **News Updates - Dialysis Patients Run Higher Than Usual Risk of Fungal Infections**

   http://www.consumermedhelp.com/KPNews.html

For more information please call Halton Region

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