

## LETTER TO THE EDITOR

# The Importance of Oral Care During Rehabilitation Stage for Stroke Survivors

Normaliza Ab Malik<sup>1</sup>, Saari Mohamad Yatim<sup>2</sup>

<sup>1</sup> Department of Conservative Dentistry and Prosthodontic, Faculty of Dentistry, Universiti Sains Islam Malaysia, 55100 Kuala Lumpur, Malaysia.

<sup>2</sup> Department of Rehabilitation Medicine, Hospital Serdang, 43000 Selangor, Malaysia

Email: liza\_amalik@usim.edu.my

Tel: +603 4289 1176 / +60126075031

Dear Editor,

The prevalence and incidence of stroke are increasing especially in low- and middle-income countries, including Malaysia. Although the number of mortality is reducing, the number of stroke survivors is at raised throughout the world due to the ageing population. More people will survive and oral care like other health conditions is particularly important to a person wellbeing.

Physical limitations and cognitive impairment, are common consequences following stroke and have influences their ability to perform daily activities. Dysphagia, loss of oral sensation and oral motor functions have caused retention of foods and saliva in the oral cavity (1). The natural oral clearance mechanism is also impaired. As a result, stroke survivors will have poor oral hygiene. A study in Malaysia showed that among stroke survivors, the dental plaque scores were high, and their oral health conditions improved with oral hygiene interventions (2). Lack of awareness and provision of oral care during the rehabilitation stage, oral health may worsen. Poor oral health may lead to local and systemic complications such as a toothache, periodontal disease and aspiration pneumonia (3). These complications may increase burden to the survivors, caregivers and community. Hence, this has shown the importance of oral health but still, the implementation of oral care during rehabilitation stage is rather lacking. Despite the fact that oral care help to decrease the related post-stroke complications and help to improve oral health-related quality of life among the survivors (4), the importance of oral care is often underemphasized.

A recent article has highlighted a few key points that further emphasise the importance of oral care among stroke survivors such as anxiousness, distressed, concern over their appearance and halitosis, lack of oral care tools and incapability of the caregivers to provide oral care (5). Thus, this enhances the need to implement the

existing evidence for best oral care practices for stroke survivors. Improve oral health care guidelines, training and knowledge among the caregivers is essential. Survivors empowerment is also an important factor that need to put forward, so that they themselves can play an active role in improving their health and quality of life.

Multi-disciplinary specialities and the policy makers have to come together to enhance and support the provision of oral care to stroke survivors during the rehabilitation stage. Engagement of the caregivers including nurses, are crucial to ensure optimal oral care is delivered. Oral health interventions have shown improvement in carer oral health knowledge and practices. Furthermore, oral care may help to reduce distress, anxiety, worriedness and burden among stroke survivors, caregivers and community. Thus, incorporating effective oral care during the rehabilitation stage may have a great impact to the raising number of stroke survivors.

### References:

1. Schimmel, M., Ono, T., Lam, O. L. T., & Müller, F. Oro-facial impairment in stroke patients. *Journal of oral rehabilitation*. 2017; 44(4), 313-326.2. Ab Malik N, Mohamad Yatim S, Abdul Razak F, Lam OLT, Jin L, Li LSW, & McGrath, C.. A multi-centre randomised clinical trial of oral hygiene interventions following stroke-A 6-month trial. *Journal of oral rehabilitation*. 2018; 45(2), 132-139.
3. Dickinson H. Maintaining oral health after stroke. *Nursing standard*. 2012; 26(49).
4. Tran P, Mannen J. Improving oral healthcare: improving the quality of life for patients after a stroke. *Special Care in Dentistry*. 2009; 29(5),218-221.
5. Lyons M, Smith C, Boaden E, Brady MC, Brocklehurst P, Dickinson H, et al. Oral care after stroke: Where are we now? *European Stroke Journal*. 2018; 3(4), 347-354.