

Poor dentition other oral problems

Normal healthy Mouth

Lips are moist and intact

Breath is fresh and free of odour

Teeth are intact

Gums are moist, pink, intact and adhere to the teeth

Tongue is pink and moist

Mucosa is moist, pink, soft and intact.

Problems that can occur

Poor oral hygiene – confusion, neglect

Jagged teeth

Absence of some or all teeth

Ill-fitting dentures

Redness, swelling or bleeding of gums

Gum recession

Dental caries – tooth pain

Sensitive teeth – pain with hot/cold foods

Mouth ulcers

Fungal infection

Dry mouth – low saliva production

Taste disturbances – due to infections, drugs etc

Coated tongue

Cracked lips

Angular stomatitis – related to riboflavin deficiency, also pyridoxine.

Iron deficiency and pernicious anaemia – red, sore and smooth. Treated by treating the deficiency – iron or B12.

Dysphagia

Reduces food intake:

The oral intake of 55 patients was measured. 25 of the patients surveyed were eating a normal diet and acted as controls for 30 patients who were prescribed a texture modified diet. The results showed that the texture modified group had significantly lower intakes of energy (3,877KJ vs 6,115KJ, $p < 0.0001$. 37% less) and protein (40g vs 60g, $p < 0.003$. 33% less) compared to consumption of the normal diet. The energy and protein deficit from estimated requirements was significantly greater in the texture modified group (2,549KJ vs 3,57KJ, $p < 0.0001$; 6g vs 22g, $p = 0.013$; respectively).¹

Any patient with a requirement for modified texture diet must have a dietetic referral for nutritional support.

Reference List

- (1) Wright L, Cotter D, Hickson M, Frost G. Comparison of energy and protein intakes of older people consuming a texture modified diet with a normal hospital diet. *J Hum Nutr Diet* 2005; 18(3):213-219.