

**SAN DIEGO DENTISTS  
WHO WORK WITH PWP**

**PROSTHODONTIST:** specializes in treating and handling dental and facial problems that involve restoring missing tooth and jaw structures.

**DR. PETER JOHNSON, DDS**

5565 GROSSMONT CENTER DRIVE, STE 1-110

LA MESA, CA 91942

O: 619.463.3737

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<http://www.sddi.com>

**ENDODONTIST:** specializes in saving your teeth – i.e. root canal.

**DR. EUGENE SUGITA, DDS**

8860 CENTER DRIVE, STE 430

LA MESA, CA 91943

O: 619.713.6600

F: 619.713.6644

<http://www.sdendodontics.com>

**ENDODONTIST:** specializes in saving your teeth – i.e. root canal *needing IV sedation*

**DR. DAMON WESTWOOD, DDS**

1915 HORNBLEND STREET

SAN DIEGO, CA 92109

O: 619.866.0696

<http://www.drwestwood.com>

**ORAL SURGEON:** can help with issues ranging from wisdom teeth and impacted teeth to jaw misalignment and bone loss. Oral surgeons are also able to treat chronic diseases or conditions that derive from issues of the mouth.

**DR. JAMES ECKSTEIN, DDS, MD**

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SAN DIEGO, CA 92103

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150 W. MADISON AVE.

EL CAJON, CA 92020

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[www.oralurgeonsofsandiego.com](http://www.oralurgeonsofsandiego.com)

# FOR DENTISTS<sup>1</sup>

Bring the following information to your dentist to inform them of Parkinson's-specific dental issues and modification tips.

## About Parkinson's

- Parkinson's is a progressive, neurodegenerative movement disorder.
- Primary motor symptoms include rigidity, tremor, slow movement, postural instability, difficulty speaking, decreased facial expression and weakness of face and throat muscles.
- Primary non motor symptoms include loss of smell, sleep disturbances, depression, excessive saliva, anxiety and cognitive issues.
- Parkinson's medication side effects commonly include dry mouth, low blood pressure, dizziness, confusion, nausea and an "on/off cycle," where medication ebbs and flows in its effectiveness.

## Communication

- Allow additional time for responses, as difficulty speaking and mild cognitive impairments can lead to a longer lead time in responding. Include the care partner (if present) in the discussion to ensure all information being understood is accurate.
- Collaborate with your patient to determine a signal for discomfort – for example, the patient may put his or her hand up to signal they need a break or are having trouble swallowing. Decreased facial expression can make it difficult to express discomfort in the chair.
- !** Ask your patient what medications they are currently taking to reduce the likelihood of interactions with numbing medications or anesthesia.

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1 Friedlander, A. H., Mahler, M., Norman, K. M., Ettinger, R. L. (2009). Parkinson Disease: Systemic and orofacial manifestations, medical and dental management. *The Journal of the American Dental Association*, 140(6), 658-669. <http://jada.ada.org/article/S0002-8177%2814%2962843-9/abstract>

Giroux/Farris

## Treatments

- Use more frequent suction during cleaning, as the cough reflex may not be as strong.
- Offer an intraoral rubber bite block, as Parkinson's patients may have difficulty keeping their mouth open, managing saliva or restricting head and tongue movements.
- Use an aspirator tip placed under a rubber dam and stabilized by an assistant. This will assist the patient in managing saliva and protecting airways from the higher risk of aspiration.
- Look for excessive loss of tooth structure; Parkinson's tremors of the orofacial musculature and the use of levodopa medication may cause *bruxism*.
- Utilize glass ionomers and resin-modified glass ionomers.
- Keep the dental chair at an incline of 45° or higher to enable comfortable swallowing.
- The dental chair should be raised and lowered slowly to allow the patient to adapt to the position and prevent syncope episodes.
- Help your patient in and out of the dental chair slowly to reduce the likelihood of falls. Encourage them to sit up in the chair, plant their feet on the ground, stand up slowly and walk out of the room – pausing for around 20 seconds between each transition.
- !** Ask your patient if they have had Deep Brain Stimulation therapy.

## Medications and Interactions<sup>2</sup>

- If a patient is taking MAOB Inhibitors (selegiline, rasagiline), avoid meperidine (Demerol®), tramadol (Rybix®, Ryzolt®, Ultram®), droperidol (Inapsine®), methadone (Dolophine®, Methadose®), propoxyphene (Darvon®, PP-Cap®), cyclobenzaprine (Amrix®, Fexmid®, Flexeril®), halothane (Fluothane®)<sup>3</sup>.
- Administer no more than 0.05mg of epinephrine per 30-minute period, with careful aspiration to avoid intravascular administration.

2 Friedlander, A. H., Mahler, M., Norman, K. M., Ettinger, R. L. (2009). Parkinson Disease: Systemic and orofacial manifestations, medical and dental management. *The Journal of the American Dental Association*, 140(6), 658-669. <http://jada.ada.org/article/S0002-8177%2814%2962843-9/abstract>

3 [www.awareincare.org](http://www.awareincare.org)

- Be careful when using local anesthetic agents containing epinephrine in patients being treated with levodopa and entacapone, because these patients may experience an exaggerated effect on blood pressure and heart rate.

### Deep Brain Stimulation (DBS) Therapy

- Patients should have a complete dental checkup and treatment prior to DBS surgery.
- ! Ask your patient if they have had Deep Brain Stimulation therapy. If they have, then...
  - Do not use *diathermy* (therapeutic ultrasound), as it is contraindicated and may lead to coma or death.
  - Ultrasonic cleaning that uses air and water will not interact with the device.
  - X-Ray use is not contraindicated.
  - Laser technology use should be reviewed with the DBS device manufacturer.
  - Any electrical or magnetic device near the head, neck or chest should be approved for use by the device manufacturer.
  - Device labeling does not require pre-medication with antibiotics for dental treatment.