



Oral health advice for parents and carers of children and young people with diabetes

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British Society of
Paediatric Dentistry

The British Society of Paediatric Dentistry (BSPD) has created this oral health advice for parents and carers of children and young people with diabetes. Looking after a child with diabetes can bring extra challenges. This guidance is designed to help you keep your child's teeth and gums healthy.

This leaflet explains why children with diabetes can have a higher risk of mouth problems and what you can do to help prevent them. It also includes practical advice on brushing, mouthcare, and food and drink choices that can help reduce the risk of tooth decay.

2



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Why does my child need to take extra care of their teeth and mouth?

Children with diabetes are at a higher risk of getting tooth and mouth problems because:

- Episodes of low blood sugar (hypoglycaemia), often called hypos, are treated with sugary foods and drinks. This can increase the risk of tooth decay if they happen between meals or at night.
- Children with diabetes may have less saliva (spit). Saliva helps wash away sugar and acid, so having less of it can increase the risk of tooth decay.
- Even with good diabetes management, blood sugar levels may still be higher than in children without diabetes. This can increase inflammation in the mouth and make infections more likely.



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of children and young people with diabetes



3



What mouth problems can children with diabetes develop?

- Tooth decay
- Gum disease
- Mouth infections
- Dry mouth
- Enamel defects (poorer quality tooth mineral)
- Slower healing.

4



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of children and young people with diabetes

How can I help protect my child's teeth from decay?

Looking after your child's teeth is important because untreated tooth decay can lead to:

- Developing a severe infection, which could put their health at risk
- Having pain and swelling
- Problems with eating, speaking and smiling
- Missing days at school.

You can help protect your child's teeth by making regular dental visits part of their routine.

Make sure your child has their first dental visit when their first tooth appears or by their first birthday. Regular dental check-ups are important. Your dentist will advise how often your child should be seen, but children with diabetes are often checked between every 3 to 6 months. NHS dental treatment is free for children.



When treating hypos

- Try to avoid fizzy drinks or sticky sweet foods
- Use a drinking straw for sugary drinks.

After treating a hypo

- For young children, drink plain water
- For children 8 years and above, rinse with a daily fluoride mouthrinse (0.05% w/w 225 ppm).

How can I help protect my child against gum disease?

Children with diabetes have a higher risk of gum disease. This is especially true if their diabetes is poorly controlled.

Gum disease develops when plaque (which is a layer of bacteria and food debris) builds up on teeth. This irritates the gums making them inflamed (gingivitis). They can look swollen and bleed.

Over time, if plaque is not cleaned off the teeth well enough, persistent inflammation can cause the gum and bone supporting the teeth to break down (periodontitis). This leads to teeth becoming loose and infected.



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To reduce the risk of gum disease

- Keep glucose control within the target range of 4–10 mmol/L as much as possible.
- Brush carefully along the gum line as well as every tooth surface.
- From 12 years old, clean between the teeth daily using an interdental brush or floss.
- Use disclosing tablets to show up plaque, which helps you brush in the right places. The best time to do this is straight after brushing, then brush again.

What mouth infections are children with diabetes at risk of?

- **Fungal:** oral thrush (candidosis)
- **Viral:** cold sore (herpes simplex virus)
- **Bacterial:** due to an infected tooth.

Infections can be more severe and may last longer.

If you think your child has an infection in their mouth, contact their dentist straight away. Make sure your child finishes all medicine prescribed to treat the infection.



What does oral thrush look like in my child's mouth?

Oral thrush may look like white or cream patches, which can be wiped off on your child's cheeks, tongue or gums.

If you notice these signs in your child's mouth, arrange a dental appointment as soon as possible, as they may need medicine to treat the infection.

How can I help protect my child against fungal infections?

- Keep glucose control within the target range of 4–10 mmol/L as much as possible
- Keep your child's mouth and teeth very clean
- Rinse the mouth with plain water after eating.



How can I help with a dry mouth?

Dry mouth is also called xerostomia. Children with diabetes can have a dry mouth when high blood sugar levels reduce saliva and cause dehydration.



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To help with a dry mouth

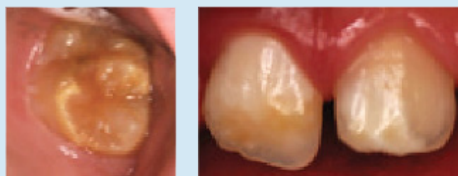
- Drink plenty of water
- Older children can use sugar-free chewing gum to increase saliva flow
- Vaseline or emollients can help to protect dry lips and soft tissues
- Dry mouth gel applied on the tongue and around the inside of the cheeks can help lubricate the mouth. This can be prescribed by your doctor or dentist.

Can diabetes affect how my child's teeth form?

Yes. The teeth can be more poorly formed in children with diabetes. They can have yellow, white, or brown patches. Sometimes the teeth can be softer and wear away and sometimes they can be sensitive.

We are not sure why this happens, but it may be linked to illness or poor diabetes control affecting how enamel forms.

Image of teeth with enamel defects...



Can I stop enamel defects affecting my child's teeth?

Once enamel defects develop, they cannot be reversed. Regular dental visits are important because these teeth can be sensitive and are more likely to wear down or develop decay.

How can I help protect weaker teeth?

- Sensitive toothpaste can help reduce discomfort.
- If advised, GC Tooth Mousse can be used after brushing at bedtime to help protect teeth (not suitable for children with milk intolerances or allergies).
- Reducing acidic foods and drinks can help protect weaker teeth from wear. This includes fruit juice and some fruits.



What other mouth problems can children with diabetes have?

- A change in taste
- A burning feeling inside their mouth
- Ulcers inside their mouth
- White patches or a white lace-like pattern on the inside of the cheeks or sides of the tongue (oral lichen planus).

If you think your child may have one of these mouth conditions, arrange a dental appointment as soon as possible.

Some of these conditions can make the mouth sore, but it is important to keep your child's mouth clean during this time.

To reduce soreness in your child's mouth

- Use a soft toothbrush with a small head, as this will be gentler in a sore mouth.
- Avoid hard foods, spicy foods, and strongly flavoured toothpaste if they sting.
- Unflavoured or non-foaming toothpastes such as Oranurse can help if your child has a dry, sore mouth or dislikes the taste or feel of toothpaste.
- Oral gel or lubricants, such as petroleum jelly, Vaseline or emollients, can protect the lips and soft tissues and help relieve soreness.
- A local anaesthetic mouthwash or spray may be prescribed by your child's dentist or doctor to reduce soreness, especially when eating.



How can my child's dentist help protect their teeth?

Because your child may be at higher risk of tooth decay and gum disease, their dentist may want to see them every 3 to 6 months.

Your child's dentist may

- Apply fluoride varnish to the teeth every 3 to 6 months.
- Place fissure sealants (coatings) on the back adult teeth when they come through, usually at about 6 years of age.
- Prescribe stronger fluoride toothpaste once your child is old enough.

What is the best way to clean my child's teeth?

Start brushing your child's teeth as soon as their first tooth appears, usually at about 6 months.

- Use a toothbrush with a small head.
- Brush the gum line and every part of each tooth.
- Brush twice a day, last thing at night and on one other occasion, for at least two minutes.
- Replace your child's toothbrush when the bristles are worn, usually about every three months.



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Do I need to help my child brush their teeth?

As your child gets older you can encourage them to do their own brushing, but you should continue to supervise until they are at least 7 years of age.

What can I do if my child resists toothbrushing?

Choose a time when your child is more relaxed, such as bath time. It may help to let them hold their own toothbrush while you brush their teeth, or to use a brushing app such as Brush DJ to make toothbrushing more fun.

What diet helps reduce tooth decay?

A healthy, balanced diet with food low in sugar will help to reduce your child's risk of developing tooth decay.

When diabetes control allows, try to give your child foods that are low in sugar between meals.

Drinks and snacks between meals

The safest drink for your child's teeth between meals is plain water.

Chilled water, a fun bottle or a special straw can help encourage children to drink water more often.



What savoury snacks are better between meals?

Snacks that do not need insulin:

- Fresh salad such as sticks of carrots, cucumber or pepper
- Dips such as cottage cheese, cheese spread or humous
- Cheese
- Lean chicken or meat
- Eggs
- Unsalted nuts or seeds.



Snacks that need insulin:

- Unsweetened and savoury crackers
- Crispbread
- Unsweetened, plain or savoury rice cakes
- Bread rolls
- Pitta bread
- Chapattis
- Buttered toast fingers
- Bread sticks
- Savoury sandwiches (cheese and carrot, tuna and cucumber, chicken and tomato, egg and cress, chicken and sweetcorn, sardine and tomato).

If you are eating between meals it is best that foods are grouped together as a single snack rather than 'grazing'.

14



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Fluoride toothpaste & mouthrinse

guide
by age

The information below shows other things that can be used to help protect your child's teeth as they get older.

0-3

Amount of paste on brush: **smear**
Fluoride concentration in toothpaste:
1350 to 1500 ppm



3-10

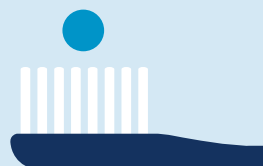
Amount of paste on brush: **pea-sized**
Fluoride concentration in toothpaste: **1350 to 1500 ppm**

You can also use a daily fluoride mouthrinse (0.05% w/v; 225 ppm) once your child can spit out effectively. Use it at a different time from toothbrushing, ideally after school or after treatment for a hypo.

10-16

Amount of paste on brush: **pea-sized**
Prescribed fluoride toothpaste: **2800 ppm**

Use a daily fluoride mouthrinse (0.05% w/v; 225 ppm)
Use it at a different time from toothbrushing, ideally after school or after treatment for a hypo.



16+

Amount of paste on brush: **pea-sized**
Prescribed fluoride toothpaste: **5000 ppm**

Use a daily fluoride mouthrinse (0.05% w/v; 225 ppm)
Use it at a different time from toothbrushing, ideally after school or after treatment for a hypo. Your child's regular dentist will need to prescribe the stronger fluoride toothpastes (2800 ppm and 5000 ppm).

Summary: key things to remember

Brush your child's teeth twice a day, including last thing at night, using fluoride toothpaste.

After brushing, ask your child to spit out the toothpaste and not rinse.

Take your child for regular dental check-ups. Many children with diabetes are seen every 3 to 6 months.

BSPD wishes to extend thanks to the team at The Alex Hospital, on whose concept and content this leaflet was based. Any products explicitly mentioned are shared in the interests of parent/carer education and should not be seen as brand endorsement.



For further information, please visit
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