Raising awareness for Mouth Cancer Action Month

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It is estimated that more than 7000 people in the UK were diagnosed with mouth cancer last year—a disease that kills at least 1800 people per year in the UK alone (Mouth Cancer Action Month, 2016). Research suggests that many of these deaths could be prevented if the cancer was diagnosed early enough (Cancer Research UK, 2015).

Mouth Cancer Action Month

Mouth Cancer Action Month is a national charity campaign which takes place from 1–30 November each year. It aims to raise awareness of the disease, and save lives through prevention and early detection. Increasing education of residents and carers alike, in relation to identifying risk factors, signs and symptoms, and encouraging engagement with dental professionals, will reduce the number of lives lost each year. The campaign is all about taking action—if you notice any changes in your mouth or a resident's mouth, consult a dentist or doctor immediately.

Mouth cancer and older people

Mouth cancer (also known as oral cancer) is a cancerous tissue growth located in the head, neck, or oral cavity (Felton et al, 2014), and can affect anyone, regardless of age or whether they still have all their teeth (Scully, 2010). It is well documented that the oral health status of residents in care homes is worse than that of similar-age people living in the community (Gaszynska et al, 2014; Karki et al, 2015). In addition, there are concerns about a lack of oral hygiene practice and basic mouth care in residential care settings, that may result in an oversight of mouth cancer, which may in turn have detrimental consequences (Rabbo et al, 2012; Gaszynska et al, 2014). Due to this increased risk, it is essential that care home residents are regularly screened for mouth cancer (Cancer Research UK, 2015). Older people in care are at particular risk as their treatment needs may be more complex, with systemic disease and medication compounding oral risk factors, such as dry mouth, which may make dental hygiene and treatment more challenging (NHS Tower Hamlets, 2015).

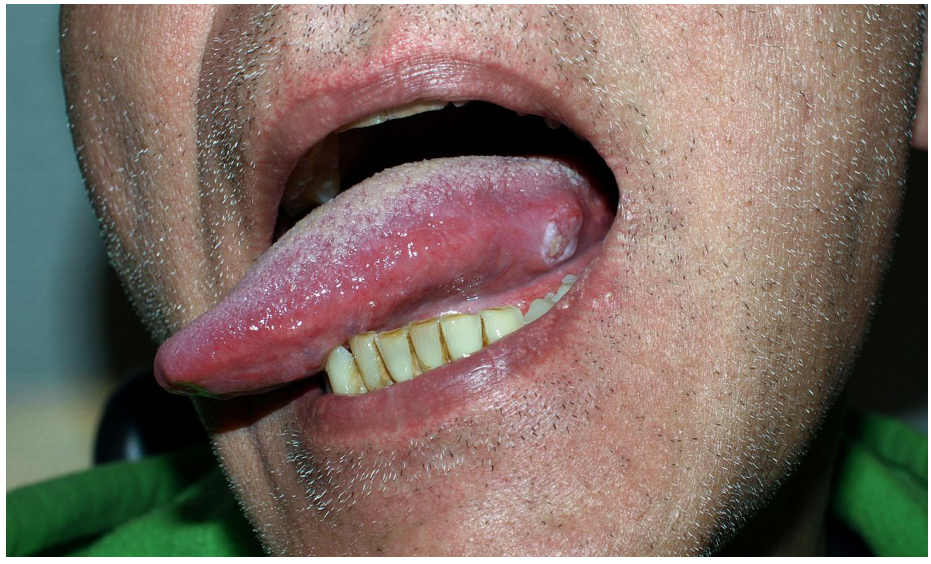
Risk factors

Risk factors for mouth cancer are mostly linked to tobacco and alcohol consumption (Public Health England (PHE), 2017a). This includes both smoking cigarettes, cigars and pipes, and chewing tobacco, which is particularly dangerous for the oral cavity. Alcohol also increases the risk. Given that it is often consumed along with tobacco, the pair often present a significant risk of mouth cancer (Felton et al, 2014).

Exposure to sunlight may also pose a large risk. The lips are particularly vulnerable, and therefore must be protected using an appropriate sun/barrier cream (Mouth Cancer Action Month, 2016).

Human papilloma virus (HPV) has also been linked to mouth cancer (Scully, 2005). HPV is a major cause of cervical cancer, and affects the skin providing a lining to the moist areas of the body. HPV can be contracted through oral sex, therefore increasing the risk of mouth cancer (Mouth Cancer Action Month, 2016).

'Increasing education of residents and carers alike will reduce the number of lives lost to mouth cancer each year'



Squamous cell carcinoma—the cancer cell commonly seen in mouth cancer

Signs of mouth cancer

This disease can affect any area within the head, neck and oral cavity, including the floor of the mouth, tongue and the lips. Mouth cancer can present itself as an unusual patch, lump or swelling. It can appear as a painless mouth ulcer that does not heal properly, or as an unusual red or white patch in the mouth. It is essential that older people, nurses and carers are all aware of the signs. Any mouth ulcers that have not healed within 3 weeks must be assessed by a dentist as soon as possible.

Seeking professional help

Mouth cancer may be detected in its early stages during a routine dental examination. Survival rates for mouth cancer are good if the cancer is diagnosed early (Felton et al, 2014). Unfortunately, people often make an appointment with the dentist or doctor too late, resulting in a poor outcome.

If cancer is suspected, general dental practitioners (GDPs) will make an urgent referral to a maxilla-facial consultant at the local hospital. The consultant will carry out a thorough oral examination (which may include X-rays and a biopsy), and the suspect cells will be examined under the microscope to determine a diagnosis. These tests will determine the treatment requirements (and subsequent treatment plan), in close communication with the person. Some GDPs offer a domiciliary service for residents that are unable to travel into the surgery. Information regarding local NHS dental services can be found at: http://bit.ly/2xzRaBT.

Prevention

It is essential that all residents have an oral health risk assessment and care plan agreed on when being admitted into residential care. This is supported by the National Institute for Health and Care Excellence (NICE), which suggests that all residents must undergo a range of physiological and psychological risk assessments as soon as reasonably possible following admission; these must formally identify their mouth care needs and include consideration of how they can maintain their oral health, regardless of the length of their stay (NICE, 2016). It is extremely important that all residents also have regular oral check-ups, even if they wear dentures. This is especially important if the resident is at increased risk due to smoking and alcohol consumption (PHE, 2017b).

When undertaking a daily mouth care regimen, it is important to look out for any changes within the mouth, and ensure any red or white patches, ulcers that have not healed within 3 weeks, or unusual lumps or swellings are assessed by a dentist as soon as possible.

‘Mouth cancer can affect any area within the head, neck and oral cavity, including the floor of the mouth, tongue and the lips’

Ill-fitting dentures may equally lead to changes in the mouth, but remember that early detection leads to a better outcome for the person.

In addition to supporting residents with their daily oral hygiene, nurses and carers should support residents to have a heathy diet that is rich in vitamins A, C, and E, which offer protection against the development of mouth cancer (Mouth Cancer Action Month, 2016). Smoking cessation and reducing alcohol consumption will also reduce the risk of developing the disease (PHE, 2017a).

As mentioned previously, sunlight is a risk factor for mouth cancer. Staff should ensure that residents are protected with the correct type of sun/barrier cream if they are likely to be exposed to sunlight for prolonged periods.

Conclusion

Mouth cancer takes the lives of more than 1800 people on the UK each year. Increasing awareness of the risk factors and signs of the disease, and promoting healthier lifestyles, will reduce the risk and lower the number of lives affected. In light of the recent publication of NICE (2016) guidance, 'Oral health for adults in care homes', it cannot be overstated that oral health and mouth care must be a priority for all staff working in residential care.

There are well-recognised barriers to implementing best practice in this area; however, overcoming them is essential to improving oral health care standards. Staff have a duty of care to detect and manage oral health problems in the early stages, to prevent more acute problems occurring, and to promote high standards of oral health. Through this, overall oral health and quality of life of older people living in residential care may be improved. NRC

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