

LIP AND TONGUE BITING IN PEOPLE WITH A NEURO-DISABILITY



Key points

- Lip-biting can be common in people with a neuro-disability.
- It may happen as the 'occasional' bite or become a constant habit.
- It is important to keep the area clean to prevent infection and minimise pain.
- A multi-disciplinary approach is needed to manage lip biting including the nursing team, speech and language therapists, medical and the dental team.



What causes lip biting?

The exact cause for lip biting is unknown, but in people with a neuro-disability it is thought to be due to becoming hypersensitive, changing levels of awareness or due to underlying pain.



Signs of lip biting

Signs will vary depending on the severity and frequency of damage to the lip. There may be ulceration, redness or sloughing (whitish coating that peels away) in the area of the lip-bite. Teeth marks may be visible in the lip and the area may become swollen. Signs of the wound becoming infected include redness, oozing of a yellow liquid, malodour or coating of a yellowish plaque.

Symptoms

Trauma from lip biting may be painful; however, people with a neuro-disability may not be able to communicate this. The individual may appear to be in discomfort when the area is touched or may be resistant on receiving mouth care. The appearance of trauma to the lip can be upsetting for relatives.



Examples of lip biting injuries





Management of lip-biting

It can be challenging to stop a person from lip biting, especially when it becomes a persistent habit however it is important to manage pain and keep the mouth clean to prevent infection.

Actions include:

- Careful regular mouth care using a soft small headed toothbrush to keep the mouth clean. This may also involve cleaning the lips with saline on gauze (do not put gauze in the mouth).
- Symptomatic treatment, 0.15% benzydamine hydrochloride (difflam) can be sprayed onto the affected area as directed by a dentist/doctor.
- Take clinical photographs or measure the bite to identify if the wound is changing in size or healing.
- Sometimes changing posture so a person is more upright can reduce lip biting.
- Contacting the dental or medical team for advice.
In some case the dental team may be able to make an appliance like a mouth guard to try and stop the person from biting. However, this depends on mouth opening and whether the appliance can be safely inserted and removed from the mouth by carers.

In more severe cases the dental team may consider:

- Smoothing teeth to reduce sharp edges
- Extraction of teeth
- Referring to a medical colleague to consider the use of Botulinum toxin (Botox) to the jaw muscles.



Example of a mouth guard with tape attached to prevent swallowing or aspiration



Appliance that helps to push lip forward to prevent biting