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Oral perception/motor ability in edentulous patients with stroke and Parkinsonism. K.C.M. LEUNG*, E.H.N. POW, A.S. McMILLAN, M.C.M. WONG, L.S.W. LI, S.L. HO. (University of Hong Kong, HKSAR, China).

Oral motor deficit is a common sequela in stroke and Parkinson's disease that can result in difficulty chewing and swallowing. Concomitant deficiency in oral perception may also be associated with these disorders. Denture wearers with these neurological disorders also often have problems controlling their prostheses. The aim of this study was to investigate the oral perception and oral motor ability of edentulous subjects with stroke and Parkinson's disease. Chinese stroke (n=15) and Parkinson's disease (n=15) patients were recruited. Standard oral stereognosis and oral motor ability tests were performed, with and without complete denture in-situ. The same tests were also applied to an age- and gender-matched control group. Response times to stereognosis testing, stereognostic error scores, the number of correct identifications and the oral motor ability time were recorded. Statistical comparisons were made using ANOVA, Levene's test and paired t-tests. Stroke patients had significantly lower stereognostic measures than Parkinson's disease patients and controls (p<0.02). Stereognostic measures were better in all groups when dentures were worn (p<0.01). There were no differences in oral motor ability between groups. Oral stereognosis was significantly impaired in stroke patients. Oral stereognostic ability was improved when dentures were worn. The oral motor ability test lacked the sensitivity to detect differences in motor ability between experimental groups. Edentulous patients with stroke should be encouraged to wear dentures during the rehabilitation phase as oral stereognosis is then less impaired. Supported by RGC-HK

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 (2) Behavioral Sciences/Epidemiological Methods

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of the 79th General Session of the International Association for Dental Research (June 27-30, 2001)