Oral Health and the Older Adult

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Objectives

• Recognize the appearance of the normal oral cavity
• Recognize signs of oral cancer or abnormalities that may need a doctor’s referral
• Explain how to approach uncooperative patients
• Discuss the importance of oral hygiene in the elderly
Objectives Cont.

- Discuss the care and maintenance of dentures
- Discuss different ways to combat root cavities in the elderly
- Explain different ways to treat dry mouth
Normal Oral Cavity
Dental Abnormalities

- Xerostomia (dry mouth)
- Cavities
- Malodor
- Possible Cancerous Lesions
Dry Mouth Signs and Symptoms

- Dehydration
- Enlarged tongue
- Pain-burning tongue
- Gums are shiny and red
- Saliva appears foamy or thick
- Stickiness of tongue to palate
- Alterations in taste and smell
- Infection of salivary glands
Dry Mouth can lead to:

- Root Decay and possible cavities
- Lowered pH in the mouth leading to a more acidic environment for bacterial growth
- Enamel erosion and wear
- Oral fungal infection (commonly called “Thrush”)
Common Causes

• **Primary Medications**
  – Allergy, anxiety, hypertension, antiparkinson, depression, pain, muscle relaxation, sedative and digestion
  – Average older adult in a long term care facility on average is taking 8 medications.

• **Systemic Diseases**
  – Sjogren’s syndrome

• **Normal Aging Process**
Management of Dry Mouth

- Oral lubricants, saliva substitutes and gels (Biotene)
- Sugar-free chewing gum/lozenges
- Daily application of plain water
- Vitamin E chapsticks for lips
- Prescribed meds by physician, i.e., Pilocarpine
Root Decay

Prevention is a relatively new term

Exposed roots often present an oral hygiene problem
Why are Older Adults at Risk?

• Receding gums
• Multiple medications
• Lack of oral hygiene
  – Exposed roots = more plaque
  – Fluoride is extremely important
What to do to prevent root cavities

• Fluoride Varnish
Causes for Oral Malodor

• Food particles remain in mouth
• Allergy drainage
• Cavities
• Periodontitis (gum disease/pyroia)
PERIODONTITIS
Periodontal Disease

• Affect on the overall body
  – Cardiac disease
  – Diabetes
  – Stroke
  – Low birth weight babies
  – Increase risk for aspiration pneumonia
Alert Dentist or Physician

• Loose teeth
• Foul odor
• “long teeth”
• Food debris/calculus buildup
  – Team approach needed (physician, nurses and staff)
What to do for patients with malodor

• Ensure regular and adequate brushing
• If cavities are present, refer to dentist
• If problem endures, refer to physician
Oral Cancer

• Squamous cell carcinoma
  – 30,000 new cases a year
  – Survival rate is low

• Most common sites
  – Floor of the mouth
  – Sides and bottom of the tongue
  – Lesions that do not go away in two weeks, refer to DDS or physician
  – REMEMBER: It is important to RECORD color, size, shape of any tissues that appear abnormal and report it to the patient’s Physician.
“Perform a death-defying act”

The 90 second oral examination
How to help stop cancer early
Oral Examination

- Head and Neck
- Lips and Cheeks
- Gingiva (gums) and Teeth
- Tongue- check top, bottom and lateral sides
- Floor of the Mouth
- Palate or the roof of the mouth
- Oropharynx
Possible Findings of the Intraoral Examination

- Cracked corners of the lips (commonly called angular cheilitis)
- Fungal infection (Thrush)
- Denture sore mouth (Epulis Fissuratum)
- Canker Sore (Apthous Ulcer)
- Herpes
- Hairy Tongue
Angular Cheilitis

SOFT-TISSUE CHANGES

Angular Cheilitis

Due to infection, or nutritional deficiency
Epulis Fissuratum
Aphthous Ulcers
Herpes
Hairy Tongue
Oral Hygiene Instructions

• Circular brushing motions
• Brush at the gum line
• Rotary or battery powered if available
• Water pik/oral irrigator
  – Not to use on patients that could aspirate water
• Patients that can not open their mouths
  – Use tongue blades wrapped with gauze and tape to prop mouth open
Mouth Prop
Maintenance of Dentures

• Care for Prosthetic Appliance (Dentures)
  – Remove denture/partial while sleeping or daily
  – Clean daily after meals and before storage with a denture brush
  – Thoroughly rinse after cleaning or soaking with a denture solution
How to Handle an Uncooperative Patient

• Never **approach** the patient from behind—this may frighten them and make them more uncooperative. Make sure you greet them and let them know you are there to inspect and clean their mouth before proceeding.

• When **treating** the patient, it’s a good idea to stand behind them so that you won’t be hit or kicked. Cradle the patient’s head to keep them still and make them feel more secure. With a stubborn patient, it’s important to **COMMUNICATE** what you are doing, why and how.
Tips when working with uncooperative patients

The following communication and behavior management techniques might increase the potential for successfully performing oral hygiene care, minimize resident “uncooperativeness”, and maximize residents’ abilities:

• develop a routine with oral hygiene care at the same time every day, (not necessarily at bathing time)
• Once a routine is setup, use reminders and prompts for oral hygiene care
• use several caregivers if needed
• provide oral care in a quiet, distraction free environment
• use short, simple sentences and directions. Remember to break down tasks and give one-step instructions
  – Example: “hold the toothbrush”; “open your mouth”; etc.
Uncooperative Patients, cont.

- use non-verbal cues: facial expressions and reassuring body contact
- use a gentle touch to promote trust
- give the patients something to occupy hands (like an extra toothbrush) to prevent grabbing behaviors.
- use dementia communication techniques such as chaining, bridging, and rescuing

Chaining involves a caregiver starting an oral hygiene care task, and the resident then helping to finish the task.

Bridging uses several of the resident's senses, especially sight and touch, to help them better understand the task such as by placing a spare toothbrush in their hands.

Rescuing is often used to help with completing hygiene care tasks for residents with dementia. If attempts at oral hygiene care are not going well, a caregiver can walk off and then have another caregiver come in and attempt the task - this is almost like playing “good cop/bad cop", but can work well with some uncooperative residents.
Summary

• Oral health effects overall health
• “Oral Health in America: A report of the Surgeon General--
  “The mouth is the center of vital tissues and functions that are critical to total health and well-being across the life-span”
• Oral Hygiene the “Missing Link”
References

- Pearson, Alan; Chalmers, Jane. Best Practice: Evidence Based Practice Information Sheets for Health Professionals. Oral hygiene care for adults with dementia in residential aged care facilities. Volume 8, Issue 4, page 1-6, 2004