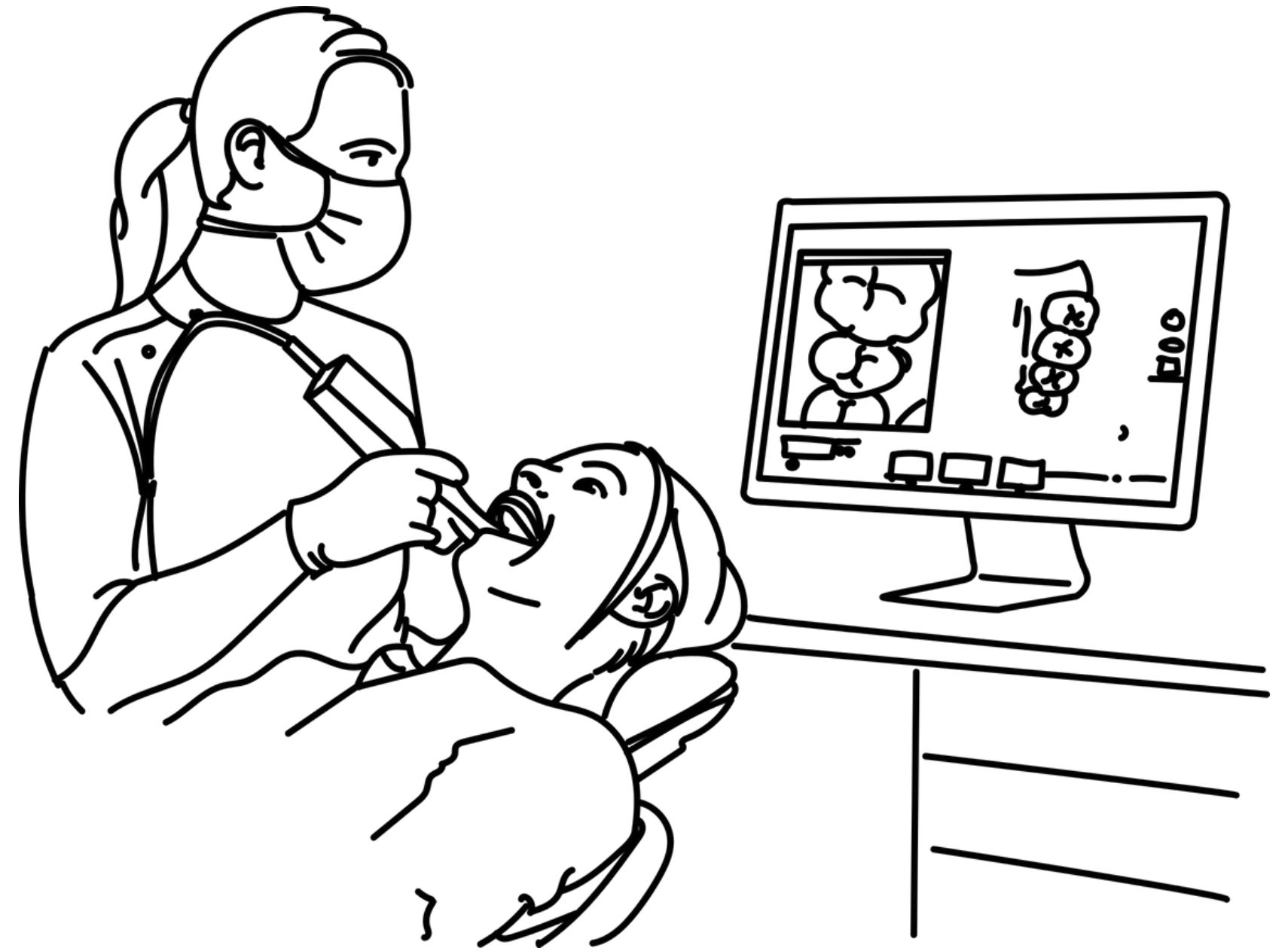


Oral Health for Dementia Care



NCCDP In-service Toolkit



National Council of Certified Dementia Practitioners

Why is oral health so poor in the U.S. for elders?

Older Americans with the poorest oral health are those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities. Being disabled, homebound, or institutionalized also increases the risk of poor oral health.

Source:

https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm

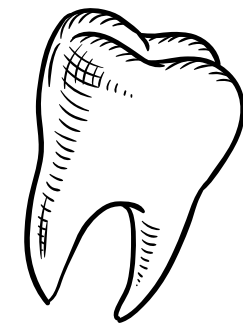


Why is oral health so poor in the U.S. for elders?

Many older Americans do not have dental insurance. Often these benefits are lost when they retire. The situation may be worse for older women, who generally have lower incomes and may never have had dental insurance.

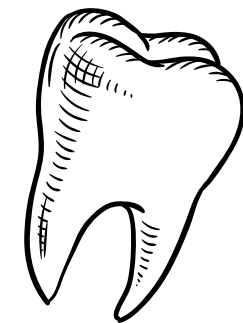
Source:

https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm



Why is oral health so poor in the U.S. for elders?

Medicaid, the jointly funded Federal-State health insurance program for certain low-income and needy people, funds dental care for low-income and disabled elderly in some states, but reimbursements for this care are low. Medicare, which provides health insurance for people over age 65 and people with certain illnesses and disabilities, was not designed to provide routine dental care.



Source:

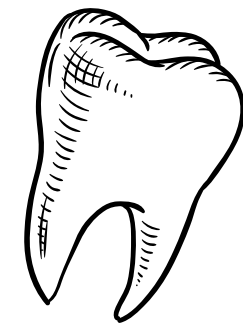
https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm

Why is oral health so poor in the U.S. for elders?

About 25% of adults aged 60 years and older no longer have any natural teeth. Interestingly, toothlessness varies greatly by state. Roughly 42% of Americans over age 65 living in West Virginia are toothless, compared to only 13% of those living in California.

Source:

https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm



Why is oral health so poor in the U.S. for elders?

Having missing teeth can affect nutrition, as people without teeth often prefer soft, easily chewed foods. Denture wearers also may avoid fresh fruits and vegetables, as dentures are not as efficient for chewing as natural teeth.

Source:

https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm



Why is oral health so poor in the U.S. for elders?

Periodontal (gum) disease or tooth decay (cavities) are the most frequent causes of tooth loss. Older Americans continue to experience dental decay on the crowns of teeth (coronal caries) and on tooth roots (because of gum recession). In fact, older adults may have new tooth decay at higher rates than children. Having missing teeth can affect nutrition, as people without teeth often prefer soft, easily chewed foods. Denture wearers also may avoid fresh fruits and vegetables, as dentures are not as efficient for chewing as natural teeth.

Source:

https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm

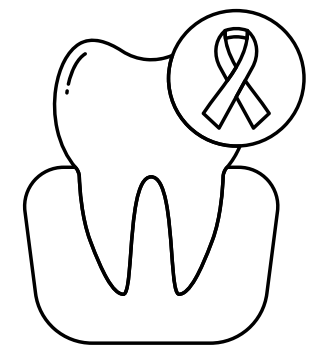
The Challenges of Dental Care in the Dementia Population

“Patients with dementia often suffer from a variety of untreated diseases before they’re admitted to a long-term care facility because early detection depends on communication, which is one of the greatest barriers healthcare providers face in providing treatment. Even when admitted to long-term care facilities, patients’ limited capacity to communicate can still be a major barrier to their receiving care, so it’s especially important that dentists develop a rapport with dementia patients.”

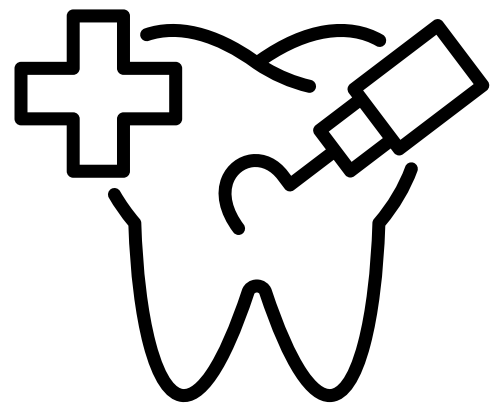
Dr. Judith Jones, Chair of General Dentistry at Boston University

Results of Poor Oral Care, Medical Conditions, and Poor Nutrition

- Sore and bleeding gums
- Tooth loss and/or pain
- Mouth infections
- Periodontal disease
- Gingivitis
- Stomatitis (inflammation of the mucous membrane of the mouth)
- Chewing and swallowing difficulties
- Xerostomia (dry mouth)

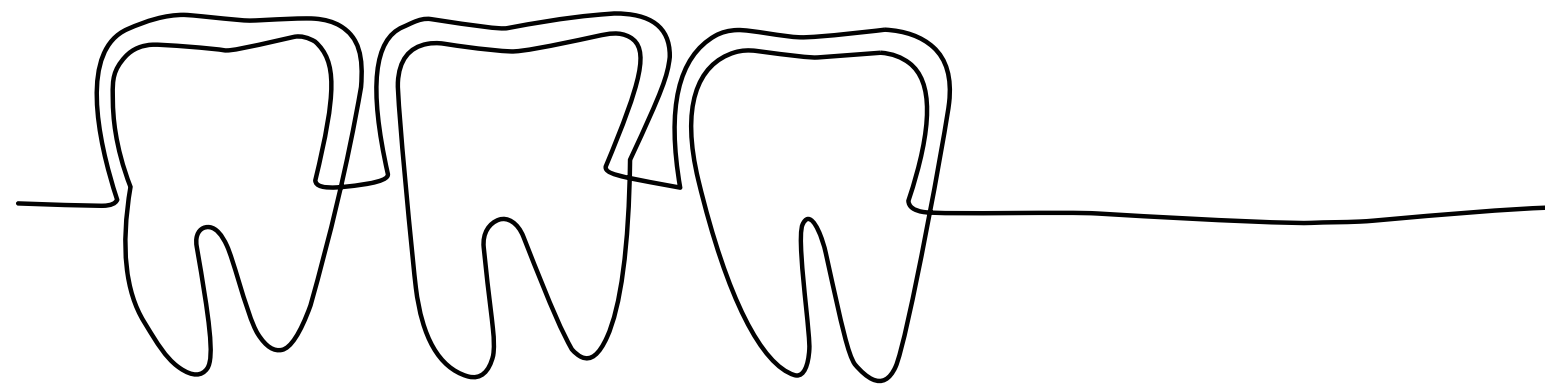


Medical Conditions That Can Affect Oral Health



- Cardiovascular disease/stroke
- Diabetes
- Respiratory diseases
- Leukemia
- Eating disorders
- Thyroid disease
- Oral cancer/radiation
- Anemia
- HIV/AIDS

Indicators That Someone Has Dental Pain/ Problems



- Refusal to eat (especially hard or cold foods)
- Aggressive behavior that is not part of their baseline behavior
- Refusal to take part in daily activities
- Frequent pulling at the face or mouth
- Frequently removing dentures from their mouth
- Increased restlessness, moaning, or shouting
- Disturbed sleep

Tips for the Dentist



- If possible, the caregiver should be present throughout the process.
- Find out the patient's best time of day and schedule the appointment accordingly.
- Maintain a quiet and private environment.
- Ensure the patient's basic needs are met before the exam (toileting, rest, hunger, thirst, temperature, etc.).
- Keep the appointment length to 30-45 minutes maximum.
- If possible, obtain the patient's history of comfort with dental appointments and any traumatic dental experiences.

Communication Tips for the Dentist



The dentist should become familiar with communication approaches such as:

- Reality orientation.
- Validation technique.
- Entering one's reality.
- Avoiding asking memory questions.
- Including the patient in the conversation.
- Describing step-by-step details of the process (e.g., "Now I am going to clean your teeth. You'll feel a little buzzing and water in your mouth. Is that okay?").

Preventive Care

- Some medications reduce saliva and could cause gum disease and other oral problems (always consider the medications your patient takes).
- Mouth rinses: Alcohol-free, fluoridated rinses, or dry mouth formulas.
- Soft toothbrush/Dental floss/Oral swabs (check for sores in the mouth).
- Brush/clean teeth and gums at least twice daily.
- Encourage patients/caregivers to brush after meals or at least rinse.
- Make sure dentures fit correctly (label dentures). Check to ensure they are wearing their own dentures.
- Schedule dental visits at least twice a year as a preventive measure.

Tips/ Instructions for the Caregiver

**Step-by-step instructions for caregivers when brushing
your patients' teeth:**

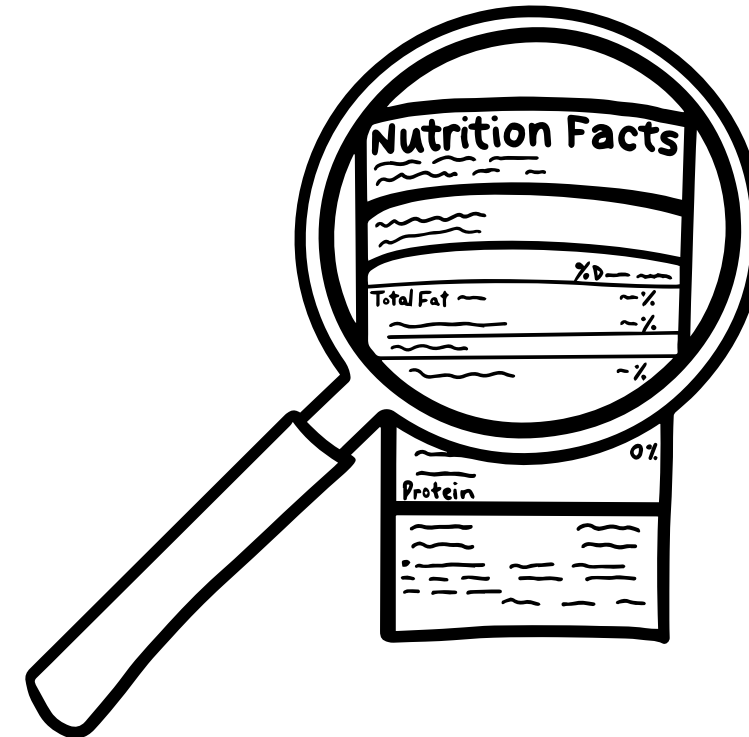
Please see/download:

<https://www.carefreedental.com/resources/13-dental-health/166-dementia-and-oral-health-how-to-help-sufferers-care-for-their-teeth>



Good Oral Health is Directly Related to Good Nutrition

- Make sure patients are well-hydrated.
- Encourage a balanced diet with:
 - Protein.
 - Fruits and vegetables.
 - Whole grains.
 - Low-fat dairy.
 - Vitamin D and supplements such as calcium and minerals.



Additional Resources



Resources/Handouts to Accompany This Presentation

- <http://www.dementiatoday.com/alzheimers-and-dental-careoral-health/>
- "Improving Oral Health for Patients with Alzheimer's Disease or Related Disorders," Creighton School of Dentistry, Omaha, Nebraska.
- <https://www.ncoa.org/resources/6-ways-to-eat-well-as-you-get-older-infographic/>
- NCCDP Alzheimer's Disease & Dementia Care Curriculum, Chapter 6.
- https://www.cdc.gov/oralhealth/publications/factsheets/adult_oral_health/adult_older.htm
- <https://www.carefreedental.com/resources/13-dental-health/166-dementia-and-oral-health-how-to-help-sufferers-care-for-their-teeth>