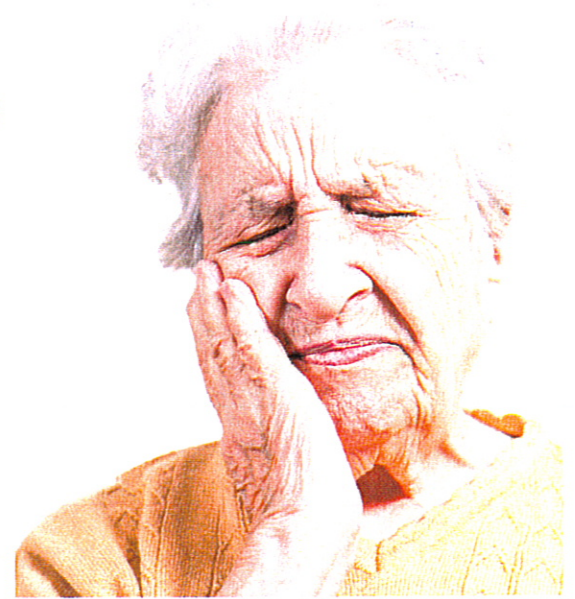


Healthy Mouth, Healthy Body

Essential Tips for Elder Dental Care

By Natalie Archer, BSc, DDS Cert I.V. Sedation



The mouth is the gateway to the body, and for this reason good dental health is essential to maintaining overall health and preventing disease. Oral care is also important for cosmetic and emotional reasons. That does not change just because people get older; understandably, many elderly people want to maintain a beautiful smile and ensure they can continue to comfortably eat the foods they enjoy.

Unfortunately, the dental health of older adults is often neglected, which leads to systemic health problems and loss of quality of life. The good news is that with some fairly simple tools and tips, caregivers can have a tremendous impact on the health and well-being of those under their care.

In research from 2001, Sumi and others found that aspiration pneumonia, in particular, is one of the main causes of illness and mortality among elderly patients in nursing homes or hospitals. Diseases of the mouth also compromise the functions of the oral cavity such as speech, chewing and the ability to comfortably eat a wide range of foods. Many types of lung infections, which are a leading cause of death in seniors, can be prevented with proper dental care¹.

Education is key

The key to better oral care in seniors, in theory, is simple: Decrease dental plaque through regular oral hygiene. To do this, older adults should see a dentist every three months. Patients without teeth should be seen every six months to prevent oral disease and unnecessary infection; in some cases this helps avoid more complex problems altogether.

Natalie Archer, B.Sc, D.D.S. Cert I.V. Sedation

operates two dental clinics in Toronto (the Rosedale Family Dental Care Clinic and the Runnymede Dental Centre). She is passionate about the special needs of the elderly, and for 10 years practised mobile geriatric dentistry throughout Ontario.

But caring for older adults can sometimes be challenging. Education and proper tools are the key, and progressive dental clinics invest significant resources in educating caregivers, often offering video content and learning sessions for patients and their families. Dentists should spend time with family members and professional caregivers, making sure they have the tools and strategies to contribute to better oral care of older adults.

Families and dental professionals should also have frank discussions about the costs and benefits of proper ongoing dental care, as there is a fair amount of confusion and misinformation on this issue. A regimen of three-month checkups and cleanings, along with daily oral care (as described below), helps to avoid health problems and the more expensive, complicated dental problems that would otherwise ensue. So, the regimen described is a good investment both from a health perspective and a financial perspective.

Responsibilities of caregivers

There are a number of reasons why caregivers may not make oral care a priority. Concerns that are often raised include shortage of time, not having the right supplies, fear of being bitten, difficulty in managing behaviours in certain older adults under care, lack of confidence and/or skill to do the job correctly, and health and safety/ergonomics.

Family members can play an important role if they are taught what to do and are supported, especially when symptoms of dementia influence proper care. Family members can provide the right supplies and encourage the needed behaviour. Second, we would encourage family members to speak to professional caregivers about the regimen and share the required workload. Third, family members need to ensure that financial resources are in place to support regular dental care.

An integrated approach involving caregivers, the older adult, and medical and dental professionals works best. Some dental care providers arrange for pickup for residences and long term care facilities, and also provide access to

video content to provide family members and caregivers the tools they need to play their role. We also invest in training to ensure that our staff has the emotional intelligence and caring required when working with some older adults, especially those with dementia symptoms, for example.

Remember that, contrary to popular belief, tooth loss and oral pain are *not* an inevitable product of aging, nor is decreased salivary flow and the problems associated with it. Being pain free and having a healthy mouth is clearly a goal to strive for.

Frequency of brushing

Brushing our teeth twice daily is considered the social norm. It is generally recommended that tooth brushing occur in the morning after a period of sleep, and again at night prior to going to bed. In order to achieve at least two oral care sessions a day with older patients, the time of day for brushing may need to be changed. A soft-bristle toothbrush is the most effective tool for plaque removal, even for those who do not have their own natural teeth. These patients still need to have their gums and tongue gently brushed. To clean bacteria from around the gums, a "dip and brush" method should be used, dipping a small-headed toothbrush in an antimicrobial rinse using chlorhexidine.

Toothpastes and toothbrushes

- The resident should be properly positioned to receive oral care.
- Use a gentle circular motion on the cheek as a cue or signal to help prepare the individual for the fact that you are about to enter their private space to administer oral care. This gentle gesture reassures them that you are friendly, and consistent use of these cues by dental and medical professionals helps avoid alarm.
- Do not awaken patients to brush their teeth. If they are asleep, come back and try again later.
- For patients who are unable to keep their mouth open, use mouth-propping devices or a second toothbrush to act as the prop to open the mouth.
- The best type of toothbrush to use for patients is one with a small head, soft bristles and a larger handle with rubberized grip. Replace the toothbrush every three months or after an infection.
- Do *not* use toothpaste for patients who have dysphasia, who cannot swallow or spit/rinse properly, or have high level of dementia. A good alternative is using an oral cleansing gel, or simple water.
- Toothpaste should be used only with individuals who can demonstrate that they can spit and swallow properly. Use only a pea-size amount of toothpaste.
- Most toothpastes have a strong taste, and many residents do not like this. This is especially not appealing to patients with Alzheimer's disease or advanced dementia. Try to use a milder-tasting toothpaste.

Flossing

- While flossing is very important, it is not realistic for many caregivers or for individuals with dexterity problems. It is better to use inter-dental brushes, Proxabrush, Stim-U-Dent or floss on stick handles.

Cleaning of dentures

- Always use gloves.
- Never use denture tablets for soaking dentures of patients with dementia. The ingestion of tablets/solution is a serious health concern.
- Always remove dentures at nighttime to allow the gums to rest.
- Dentures, like natural teeth, need to be clean and bacteria free when put back into the mouth. Plaque and tartar form on dentures just the same as they form on natural teeth.
- Scrub dentures with denture brush and denture paste. Never use abrasive cleaners, scouring powders or bleach. Thoroughly rinse and soak dentures in cool water; hot water can warp dentures. Brush the mouth tissues and tongue with a soft-bristle brush before reinserting the dentures.
- Dentures should be cleaned at least *twice daily*.
- Use a separate brush for any natural teeth.



How to remove dentures

- Ask patients to remove their dentures. If they can't do this on their own, provide assistance.
- For upper dentures: Slide your index finger along the denture's side, then push gently against the back of the denture to break the seal. Grasp it and remove it by rotating it.
- For lower dentures: Grasp lower dentures at the front and rotate for partial dentures.
- For all dentures, place thumbnails over and under the clasps, apply pressure while being careful to not bend the clasps or catch them on lips or gums.
- Integrating these strategies in a systemized oral hygiene program delivers tremendous health benefits, as well as better quality of life, to older adults. Working together, we can "put the mouth back into the body" and prevent oral disease among vulnerable groups such as older adults. [LTC](#)

References.

¹ Sumi, Y., Nakamura, Y., Nagaosa, S., Michiwaki, Y & Nagaya, M. (2001). Attitudes to oral care among caregivers in Japanese nursing homes. *Gerodontology*, 18, 2-6.

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