

Oral Health for Caregivers

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July 27, 2021



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Objectives for the Webinar:

- Understand the caregivers role in maintaining oral hygiene even for patients who do not express a desire for dental care
- Provide a basic understanding of oral health and hygiene
 - Understand why dentistry is relevant to good health
- Review oral hygiene techniques
- Recognize which mouths require professional intervention, and how/where to get it

Growing Demand for Dental Care

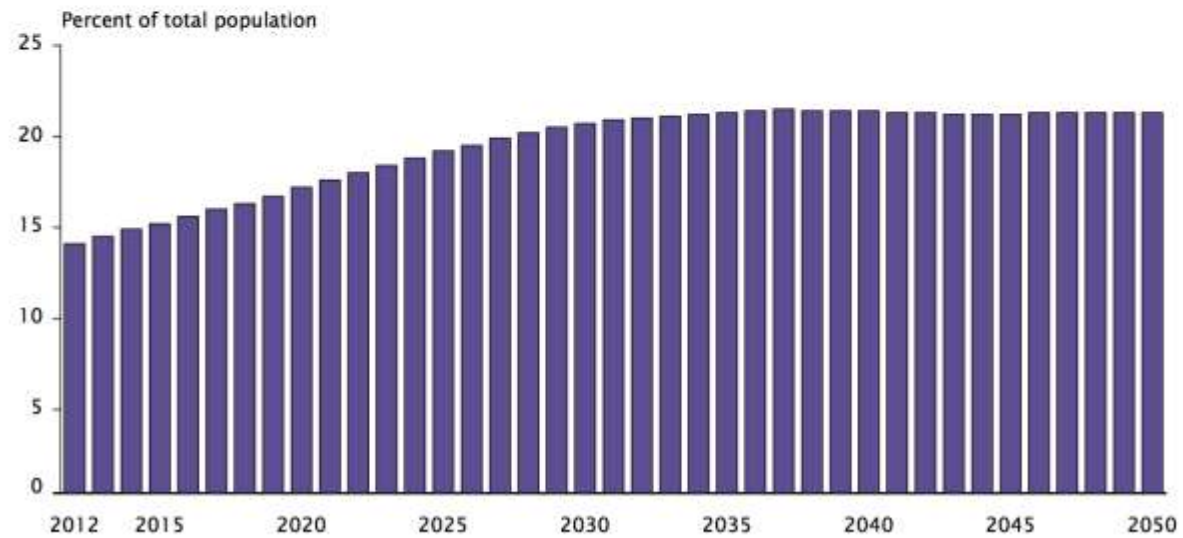
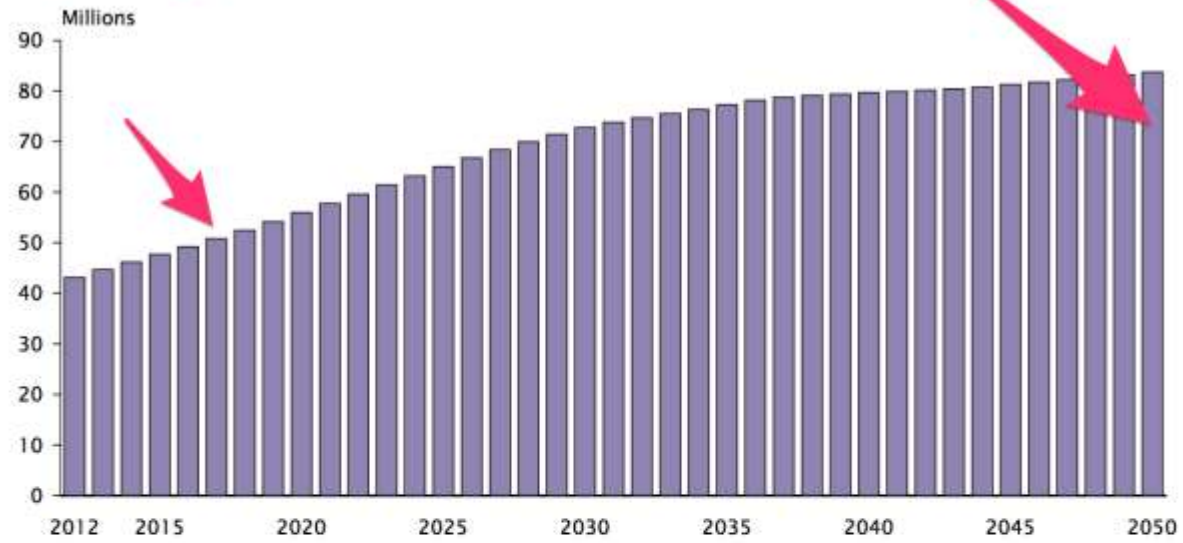
More adults with more teeth

- Seniors, homebound, adults with dementia/Alzheimers

Better awareness of need for oral health



Figure 1.
Population Aged 65 and Over for the United States: 2012 to 2050



Source: U.S. Census Bureau, 2012 Population Estimates and 2012 National Projections.

Why Worry About Teeth?

Ability to eat: diet type and nutrition

Consistency

Chewing and satisfaction → nutrition

Chewing is linked with lower stress, increased cognitive function, eating satisfaction

Appearance and social interactions

Preserve smile, speech

Behavior

Changes due to discomfort

Preserve General health



Oral Health and Systemic (Bodily) Health are Linked

Links between oral and systemic/total body health:

Cardiovascular disease

Aspirant Pneumonia

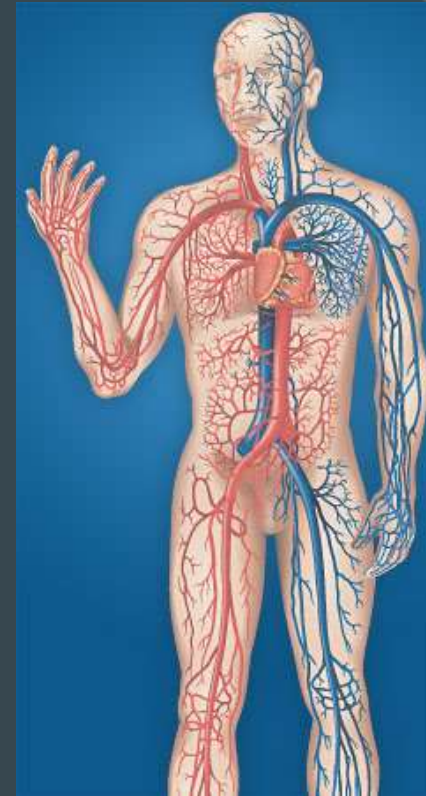
Diabetes

Alzheimer's

Bodily changes that affect the mouth:

Radiation Therapy

Xerostomia

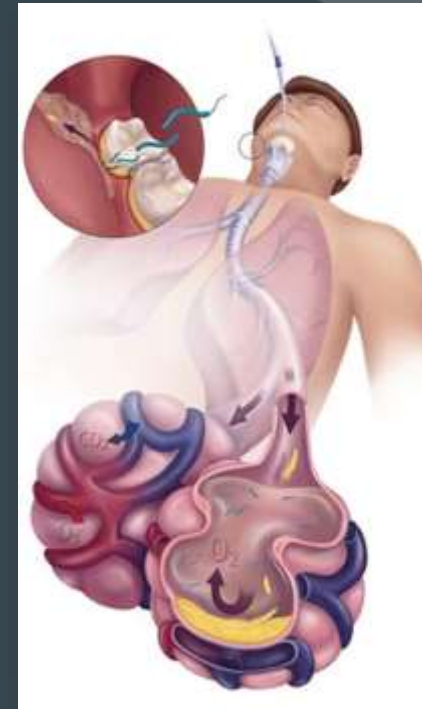


What is Periodontal (Gum) Disease?

An inflammatory process in response to dental plaque
Destruction of support

64% of US adults 65 years and older suffer from periodontal disease

Chronic reservoirs for the spread of bacteria and inflammatory mediators

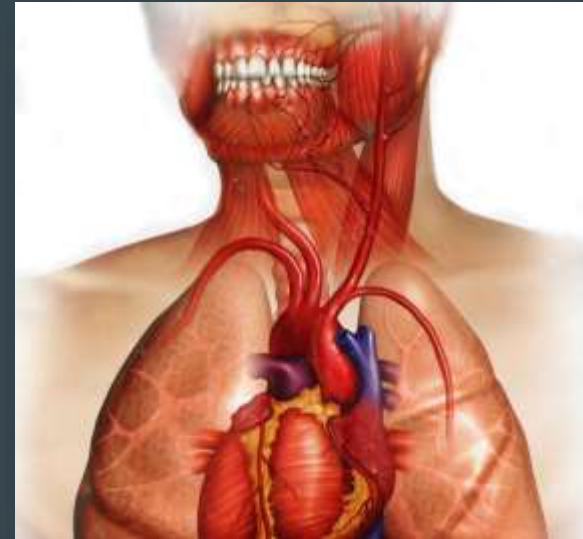


Periodontal Disease and Heart Disease

25-90% increase in the risk for heart disease (severe periodontitis)

Periodontal microbes and atherogenesis

Direct invasion of the arterial wall
Systemic inflammation due to chronic infection has atherogenic effects

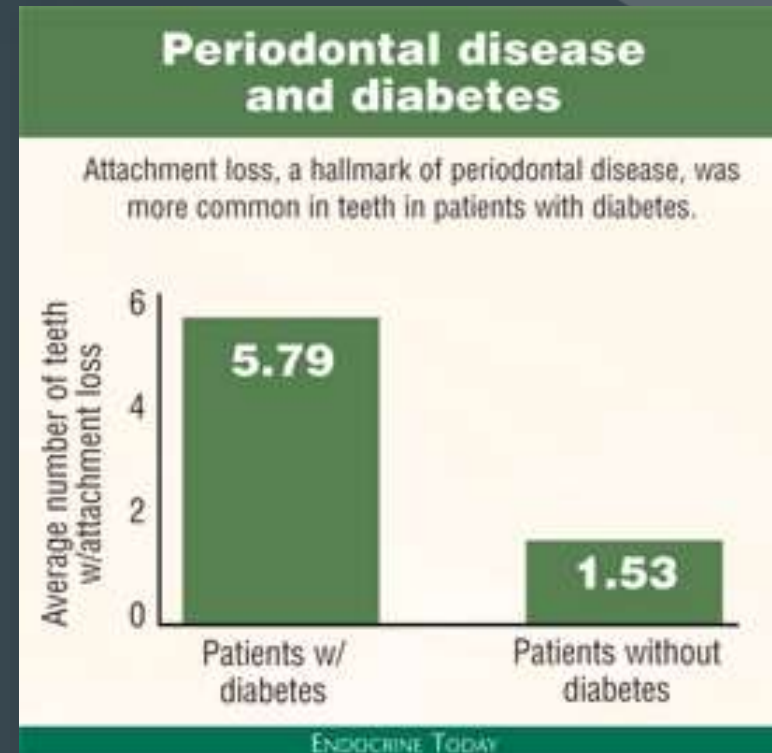


Periodontal Disease and Diabetes

Poorly controlled diabetics have a higher prevalence of severe periodontitis

More periodontitis = more diabetic

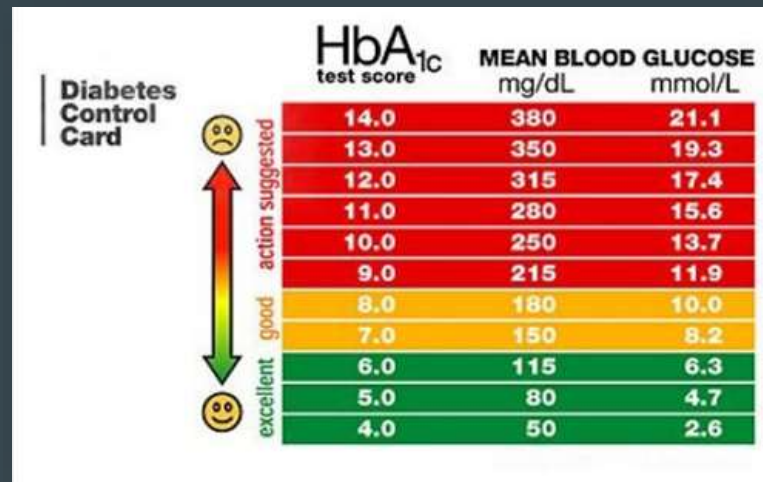
Chronic subclinical inflammation linked to insulin resistance



Gum Disease and Diabetes

Studies show that glycemic control is exacerbated by periodontal infections

Diabetics who received ultrasonic scaling and curettage (a cleaning) with systemic doxycycline therapy (an oral antibiotic) had up to 10% reductions in mean HbA1c values



Aspiration Pneumonia

1.2 million hospitalizations/year for pneumonia

Mortality due to pneumonia 3.9 times higher in patients with 10+ teeth with a periodontal pocket over 4mm.

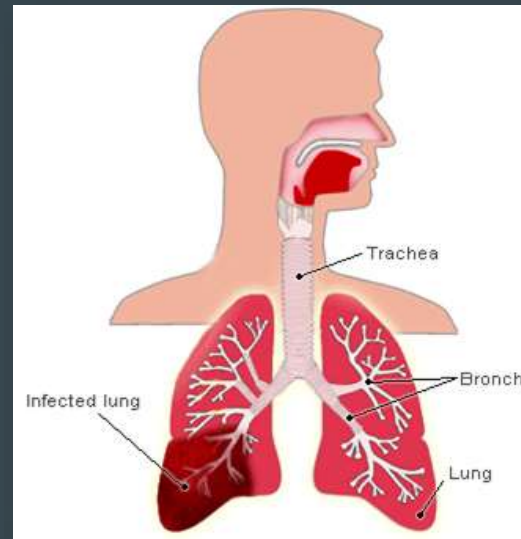
Bacteria isolated in expectorant from plaque, dental caries

Poor oral hygiene

Swallowing difficulties

Impaired immune status

Good oral care reduces bacteria and risk



Gum Disease and Alzheimer's link

Alzheimer's disease process is still not understood. New studies with key findings:

- Older adults with gum disease more likely to develop alzheimer's/dementia
- Plaques of beta-amyloid protein, a major hallmark of Alzheimer's disease, may be produced as a response to periodontal disease chronic infection
- Patients with more periodontal bacteria have amyloid beta in cerebrospinal fluid

Good oral health may protect against future alzheimer's disease process

NIH: <https://www.nia.nih.gov/news/large-study-links-gum-disease-dementia>

NYU: <https://www.nyu.edu/about/news-publications/news/2021/april/gum-bacteria-alzheimers.html>

Challenges to Accessing Dental Care



Challenges to Accessing Dental Care

Older adults = most vulnerable to dental disease

93 % with caries, 64% with periodontal disease

18% having untreated caries

- According to the CDC, at least 50 percent of adults suffer from periodontal, or “gum” disease. This rises to 70 percent in the over 65 population.



Variations in Self-Sustainability

Diverse population

Independent living to complete reliance on caregivers

~ 70%: functionally independent

Able to get to the dentist

~ 30%: mobility-impaired

Mobility impairment

~ 4.4 million or 14%

Difficulty with daily activities

Doubles in 85+ population

Mount Sinai Study

published by SCDA

92% needed tx

96% had not seen a dentist since becoming
homebound

3-6 years



Alzheimer's/Dementia

85+ years: prevalence of 30-50% of population

Mental disability

Cooperation

Limited self-care

Inability to express discomfort

Challenges to Oral Care

Inability to provide own
care

Inability to express
discomfort

Advantageous for the caregiver:

Ability to control diet

Ability to manage
frequency and quality of
hygiene

The challenge for optimal oral health in the dementia patients **rests in the hands of the caregiver, not with the patient**

Studies show that the most significant factor is the caregivers' ability to take care of their **own oral health**.

The problem then is two-fold

- Assessing the oral health IQ and dental hygiene skillsets of the caregiver

- Determining whether the caregiver can implement these skillsets in an effective way

Caregivers should inspect the resident's mouth at least once a month

What Should You Look For?

- Swollen or red gums
- Bleeding
- Sores or lesions
- Film under dentures
- Plaque accumulation
- Bad breath
- Broken or loose teeth



What is a Dental Emergency?

Swelling in lip, cheek or
gums

Bleeding

Loose teeth

Pain



Teeth with plaque, red gums, dark colored fillings



What are Some Realistic Goals?

As a caregiver, set realistic goals based on your skills and loved ones' needs
cooperative vs. uncooperative patients
mobility

Control cavity-causing diet

Daily oral hygiene habits

Control Cavity-Causing diet

What kind of diet creates cavities?

Acidic environments

citrus, vinegar/kombucha, *sugar-free beverages,* carbonation
sugary foods are easily broken down into acid by oral bacteria
chronic eating/snacking/drinking

more exposure to food → more bacteria activity → more acidity

Dry Mouths

saliva is a buffer
less saliva = less buffer, more cavities

Use Fluoride

Kills bacteria

replenishes missing enamel and makes it harder/more cavity resistant

Proven efficacy

topical application via toothpaste, mouthwashes

in addition to any fluoride in water supply

most important reason to use toothpaste - fluoride delivery

Other products: xylitol (chewing gum), calcium and phosphates

Positioning Your Body: Where to Sit or Stand



If the person you're helping is in a wheelchair, sit behind it. Lock the wheels, then tilt the chair into your lap.



Stand behind the person or lean against a wall for additional support. Use your arm to hold the person's head gently against your body.

Oral Hygiene Aids



Mouth Prop by Specialized Care



Cheek retractor
to improve
access



Make a regular toothbrush easier to hold



The same kind of Velcro® strap used to hold food utensils is helpful for some people.

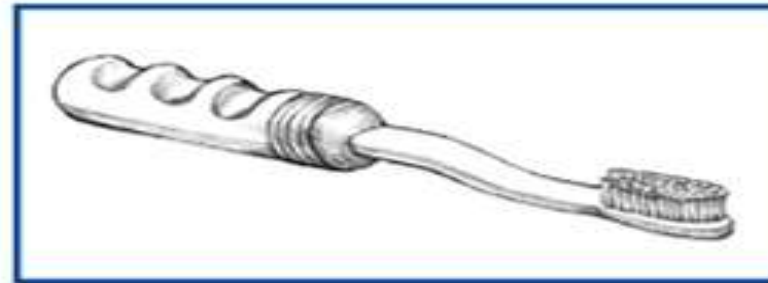


Others attach the brush to the hand with a wide elastic or rubber band. Make sure the band isn't too tight.

Make the toothbrush handle bigger.



You can also cut a small slit in the side of a tennis ball and slide it onto the handle of the toothbrush.



You can buy a toothbrush with a large handle, or you can slide a bicycle grip onto the handle. Attaching foam tubing, available from home health care catalogs, is also helpful.

Other Manual Brushes



Surround toothbrush



Collis Curve

Electric Toothbrush





Water Flosser

Over the counter aids

floss picks
proxabrushes
alcohol-free, fluoridated
mouthwash
over the counter dry mouth
products with fluoride, xylitol



Prescription Oral Hygiene Aids

Chlorhexidine gluconate rinse (Rx needed)

Dab on gauze around mouth if unable to rinse in areas of redness

High fluoride toothpaste/gels (Rx needed)

Prevident, GelKam, Clinpro, generics

brush with a small amount, don't rinse. ok if small amounts are swallowed.

Behavior Management

- Communication (eye contact, tone and clarity of speech)
- Right time, Right Place
- Patience



Bridging

Engage the senses

Example: Place toothbrush in residents hand

(do not give to combative patient)



Distraction

Place familiar object in their hand or lap

Have favorite music/show playing during hygiene care.



Chaining

Caregiver starts



Patient helps finish



Dentures

- **Brush and rinse dentures daily.** Like natural teeth, dentures must be brushed daily to remove food and plaque
- **Do not wear dentures at night.** The gum tissue needs to rest and to allow normal stimulation and cleansing by the tongue and saliva



Candidiasis (yeast infection)



Removing Dentures

For upper dentures:

- place thumb and index + middle finger in front of and behind the front teeth, pinch to hold and pull forward in a tipping motion to dislodge the seal.
- Or, using two hands place thumbs of molar areas and forefingers on the superior aspect of the dentures near the cheeks (the flanges) and rock forward with an upward tipping motion started by your thumbs

Lower dentures are usually looser/easier to remove

- if retained with implants, they will be more secure. Use the 2nd strategy above to remove.



Partial Dentures

Rely on supporting teeth

Metal U-shaped clasps

- pull up/down on these to remove



Where to Get Professional Care

RDHAP

Oral & Maxillofacial Surgeons

most provide sedation services in office and many have hospital OR privileges.

limited to teeth removal services/emergency care

Sedation dentistry

Dentists geared towards provide care while asleep or sedated

Hospital dentistry

Dentists oriented towards geriatric dental care

can be difficult to find

State/local dental society, Special Care Dentistry Association

What is an RDHAP?

- Registered Dental Hygienist in Alternative Practice
- Created in CA in 1998
- **Visit includes:**
 - Teeth cleaning
 - Gum exam
 - Oral cancer screening
 - Triage for advanced care
 - Fluoride treatment
 - Oral hygiene instructions to patient and any caregivers

Before



After



By offering portable dental hygiene services, RDHAP's are critical to managing dental disease in the homebound population

More Information About FCA

Family Caregiver Alliance offers education, services, research, and advocacy based on the real needs of family and informal caregivers. Founded in the late 1970s, FCA is the first community-based nonprofit organization in the United States to address the needs of families and friends providing long-term care for loved ones at home.

National Center on Caregiving (NCC) was established by FCA to advance the development of high-quality, cost effective programs and policies for caregivers in every state.

NCC sponsors Services by State, a state-by-state resource locator designed to help caregivers find support services in their communities.

Bay Area Caregiver Resource Center — operated by FCA for the six-county San Francisco Bay Area — provides support to family caregivers. FCA's staff of family consultants, through education programs and direct support, offer effective tools to manage the complex and demanding tasks of caregiving.

FCA CareNav is a secure online solution for quality information, support, and resources for family caregivers of adults with chronic physical or cognitive conditions such as Alzheimer's, stroke, Parkinson's, and other illnesses.

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