Dental Care through the Years

Strengthening Oral Health in Ohio (SOHiO) Summit
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Objectives of Session

- Describe the purpose of oral health care and dental treatment for nursing home residents
- Identify side effects of various medications and their impact on the oral cavity
- Discuss implications of dementia in receiving dental care and practicing daily oral hygiene
- Describe family dynamics and finances
- Discuss when and why removable prosthetics are not a viable option
- Discuss nursing home staff personal perceptions of oral health and the result on resident care
Objective 1: Purpose/goal of oral health care and dental treatment for nursing home residents
1. Compliance: What does the law mandate?
Dental Requirements in nursing facilities (if receive Medicaid or Medicare payments)

- 1987 Omnibus Budget Reconciliation Act (OBRA)
  - Mandated to improve the standard of care in NFs
  - Requires facilities to actively provide or obtain dental care for their residents as of Oct. 1, 1990
Dental Requirements Nursing facilities **must:**

- Provide or obtain routine *and* emergency dental care
- Schedule dental appointments
- Arrange transportation to dentist
- Refer patients with loose/damaged dentures promptly
- Provide dental assessments – Minimum Data Set (nurses do this)
- Develop oral health program that includes annual in-service
Nursing facilities must ensure that residents receive the care they need to maintain good personal and ORAL HYGIENE (keeping the mouth clean).
2. Systemic health: Poor oral health contributes to poor systemic health outcomes.
Periodontal disease may increase risk of stroke, heart disease and dementia.
Diabetic patients with severe gum disease have more trouble controlling their blood sugar levels.

So this can affect this.

Photo courtesy Dr. Bob Henry.
In fact, studies have shown that treating gum disease improves blood sugar levels.
And diabetes patients with severe gum disease are more likely to die from complications

- 11 year study of 628 people

- Those with severe gum disease had 3 times the risk of death from heart disease and/or kidney disease compared with those who had no gum disease, or mild or moderate gum disease.

Aspiration of oral bacteria is a significant risk factor for pneumonia.

Germs from this plaque can get into the lungs and cause pneumonia.

Photo courtesy Dr. Bob Henry

15 studies have shown brushing the teeth reduces pneumonia in nursing home residents.

Brushing lowers the number of germs in the mouth and lowers the chance of pneumonia.

3. Quality of Life: A healthy mouth helps people enjoy meals and prevents malnourishment.
Providing oral care helps prevent pain.

Dental disease can cause additional pain and discomfort to an elderly person who may already have serious medical problems.
Objective 2:
Oral side effects from medications

The average older adult takes four prescription drugs.

Over 90% consume at least one Rx drug

Medications associated with altered host resistance*

- Antibiotics (Amoxicillin, Cephalosporin, Gentamicin)
- Antidiabetic meds – Insulin
- Antineoplastic agents – Tamoxifen
- Glucocorticoids (nasal) – Nasocort
- Glucocorticoids (oral) – Medrol

*May result in oral microflora imbalance and candidiasis
Medications associated with Black Hairy tongue

- Antibiotics
- Antianxiety
- Anticonvulsant
- Antidepressant
- Urinary tract infection meds
- Muscle relaxant
- NSAIDS

Photo courtesy
Dr. Bob Henry

Medications associated with Dysgeusia (Taste alteration)

- Iron
- Antihypertensives
- Antianxiety drugs
- Antidysrhythmic agents
- Antiarthritic agents
- Antidiabetics
- Antiemetics
- Antilipidemics
- Antibiotics
- Smoking cessation agents
- Peridex
Medications and gingival enlargement

Three types of drugs:

- **Anti –convulsant:**
  - Dilantin

- **Immunosuppressants:**
  - Cyclosporine A

- **Calcium Channel Blockers**
  - Nifedipine (Procardia)

Nishikawa S et al. Pathogenesis of Drug Induced Gingival Overgrowth
J Periodontol 1996;67:463–4710

Photo courtesy
Dr. Bob Henry
Over 400 medications cause dry mouth

Medications are the #1 cause of xerostomia
Commonly prescribed drugs associated with dry mouth

- Antihypertensives
- NSAIDS
- Antidepressants
- Antihistamines
- Anti–Parkinson’s drugs
- Sleep disturbance medications
- Anti–anxiety medications
- Diuretics
- Anti–diarrhea medication

Photos courtesy Dr. Bob Henry
Objective 3: Discuss implications of dementia in receiving dental care and practicing daily oral hygiene
Data from the National Center for Health Statistics and Minino et al.
Oral Findings in Patients with cognitive impairment often result from behavior changes

- Forget
  - dental appointments
  - oral care instructions
  - how to brush teeth/clean dentures
  - to take dentures out (or put in)
- Declining oral health leads to
  - more plaque, calculus, gingivitis
  - greater risk for caries, root caries

Photo courtesy
Dr. Bob Henry
Implications of dementia: Assessment of Pain
Symptoms may be distorted

Without Alzheimer’s Disease
- Sensitivity to hot/cold foods
- Constant or severe tooth pain
- Sensitivity to touch/percussion
- Dull ache or pain in jaw

With Alzheimer’s Disease
- Sudden worsening of behavior
- Moaning or shouting for no apparent reason
- Refusal to do certain things
- Increased restlessness

Photo courtesy Dr. Bob Henry
When treatment planning for dental needs consider...

1. Presence or absence of pain
2. Presenting dental condition
3. Stage of Alzheimer’s
4. Caregiver’s / POA concerns, wishes
5. Other health concerns
6. Dentist capabilities
Stepped approach is best in patients with dementia
  ◦ Least invasive to most invasive

In general, avoid time-consuming and complex procedures.
  ◦ Goal—should focus on keeping pain-free, adequate nutrition and addressing chief complaint
Implications of dementia: Treatment times and treatment room

- **Appointment times** should not be late in the day.
- **Appointment times** should be when the office is least busy (less distracting/disorienting).
- Keep background noise to a minimum.
Involve caregivers!

Chairside—reduce stress, hold patients hand, reassure, become advocates for treatment

Photo courtesy Dr. Bob Henry
What do you do when: patient displays symptoms of restlessness, anxiousness, becomes emotional or is uncooperative?

- **Try to determine the cause**... need to use bathroom, hungry, unfamiliar environment, depressed, dementia changes?
- **Involve caregiver**... hold hand, talk to patient, music?
- **Try distraction**... change direction of emotion, something to hold, touch, soft music that they like
IV Sedation is best alternative in moderate–severe dementia patients if
  - Trained personnel and monitoring equipment available

Photos courtesy Dr. Bob Henry
Amount of help with daily oral hygiene depends on stage of dementia

- Encourage as much independence as possible. If patient has early stages of dementia they may be able to perform own mouth care.
- May resist care less if encouraged to perform their own care
- Hand over hand to get started – implicit memory triggered
Modifications: Prevention/Maintenance

- Toothbrush
- Mouthwash
- Toothpaste

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A suction toothbrush may be helpful in the later stages if patient can’t spit or has swallowing difficulties.
Toothpaste, mouthwash or water may not be safe in the later stages of dementia

- Patients on a restricted diet of thickened liquids that can’t have thin liquids
- Care resistant patients
- Patients who hold liquids in mouth/ can’t or won’t spit but instead swallow liquids placed in mouth
How to provide oral care without toothpaste, mouthwash or water?

- Simply moisten a toothbrush with a very small amount of water or mouthwash and brush teeth as normal.
- After brushing and flossing wipe the mouth out with a toothette or gauze moistened with mouthwash.
Soft bristles and a small head

This will improve cooperation and decrease tissue damage.
Lack of quality oral hygiene supplies is an issue

- Cheap, large headed, hard bristled toothbrushes.
- Cheap toothpaste – tastes bad
- Mouthwash that has no fla and no antibacterial

Photo courtesy Dr. Bob Henry
Central Supply Director orders supplies and is given a budget

Talk to the Supply Director, Administrator, Dir of Nursing or Social Worker about importance of ordering appropriate oral hygiene tools

Talk to residents, families and activities director about appropriate supplies. Each resident has $40 per month to buy personal items and Activity Director goes shopping for them or with them.

- Presentation at family council meetings?
Objective 4: Describe family dynamics and finances
Who should decide about dental care in nursing homes?

Patients/residents (themselves) in most every case except...
- When patients have guardians who are their Power of Attorney (POA)

Law of individual autonomy means...
- Presume competent unless you know guardianship has been adjudicated
- If Patient is competent, he/she makes choice
- Person is told risks/benefits including no treatment
- No consent is needed in life threatening emergency
How do you verify who has legal guardianship/POA in the NH setting?

Every licensed Nursing Facility

- Social worker
- Director of Nursing
- Administrator (Director of Facility)
Financial Concerns:

- Dental insurance:
  - Only 22% of 65 and older have dental insurance
  - According to Ohio Department of Health more than 980,000 Ohio seniors do not have dental insurance

- Medicaid: varies by state
  - 37/50 cover some dental for adults
  - Ohio has one of the better adult benefits packages

- Medicare:
  - No dental coverage (almost)
Medicare dental coverage

- Will pay for
  - Dental services that are part of a covered procedure, for example reconstructing a jaw after accident
  - Extractions prior to radiation treatment for cancer involving jaw
  - Oral exam preceding kidney transplant or heart valve replacement under certain circumstances
  - Inpatient hospital services in connection with dental services necessary because of underlying medical condition or severity of dental procedure requires hospitalization.
If patient has Medicaid and patient needs dental treatment not covered by Medicaid....

Then the bill may qualify as an Incurred Medicaid Expense. Resident may use the money that they would have spent to pay the nursing home for their monthly bill to instead pay dental bill and Medicaid increases the amount they pay the nursing home that month to compensate.
Objective 5: Discuss when and why removable prosthetics are not a viable option
When considering removable prosthetic treatment (dentures/partial)

First must consider the patient’s chief complaint.

What issue is bothering the patient? Ask specific questions.
  Retention?
  Sore spot?

Making new partials or dentures may not be a viable option if:

- Patient doesn’t want a new denture
- Cost / Benefit ratio is not in favor: Putting the patient through the treatment would cause more distress and discomfort than a new denture would benefit
  - The patient’s general health is very poor.
  - They can not cooperate (safety?)
- Financial resources don’t permit
- Limited oral hygiene capabilities from patient or caregiver

Objective 6: Discuss nursing home staff perceptions of oral health and the result on resident care
Lack of needed oral hygiene assistance in nursing homes

- Research has shown nearly 80% of long term residents need help brushing their teeth. (1)

- Other research has found from 5% (2) to 16% (3) of nursing home residents receive the help they need for daily oral hygiene.


Barriers to good oral health in nursing homes

1. General lack of knowledge / low oral health literacy among staff
2. Lack of perceived need (nursing staff, administrators, family, patients)
3. Higher priorities in medical duties
   1. Giving meds
   2. Feeding, toileting, dressing, etc.
4. Not enough nursing assistants/ time constraints
5. Nursing staff have disgust for oral care
Providing oral health education for NH nursing staff is critical
Free resources provided for dental professionals, nursing staff and families
Funded by Dental Trade Alliance Foundation

nursing home oral health
a blueprint for success

Poor oral health among nursing home residents can lead to pain, infection, malnutrition and serious illness.

One of the greatest barriers to good oral health is simply ensuring daily oral hygiene. Most nursing home residents are unable to brush their own teeth or dentures and their primary caregivers, nursing assistants, often lack the training to provide this care. This website, funded by the Dental Trade Alliance Foundation, is a toolbox of training resources developed specifically for three different groups, all of whom can play a role in addressing this problem.
Important to develop a partnership with long-term care facility leadership

Administrator
Director of Nursing
Assistant DON
Social Worker

Collaboration!
Successful educational programs for nursing assistants in NHs

- Support of administrators
- Importance of oral care
- Small group instruction
- Hands on instruction
- Proper oral hygiene tools
- Care resistance strategies
Our boots on the ground experience:

PNEUMONIA
WOUND CARE

Important to administrators and nursing supervisors
Wound Care Animation
What about staff? Important motivators?

Nursing Assistants:

Care Resistance
Strategies for Care Resistance

- Room is quiet with as few people present as possible
- Approach at eye level
- Maintain eye contact
- Limiting use of pronouns – elderspeak
- Smile, praise and encourage often

