# Caregiver Connections

## An Educational Webinar Series with the Experts

**The presentation will begin shortly.**

**dukefamilysupport.org**

**919-660-7510**

# Caregiver Connections

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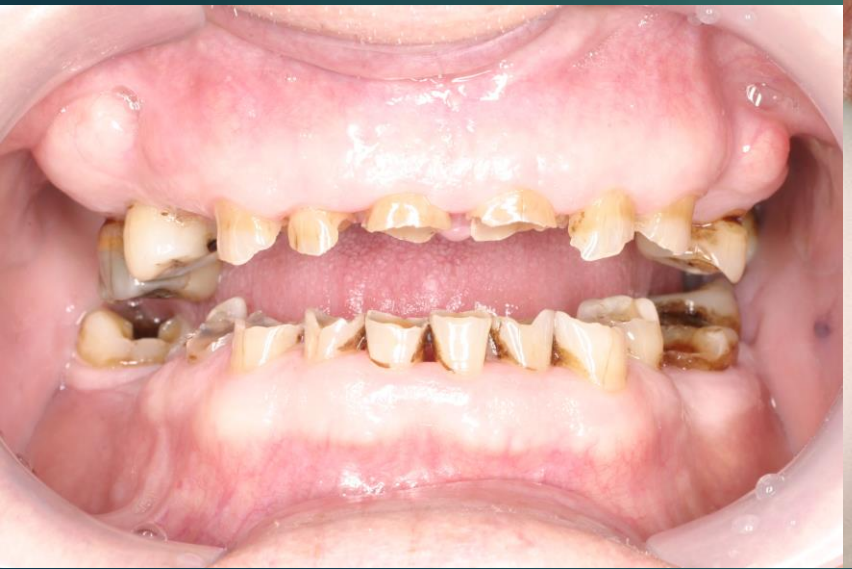
**Thank you for joining us today!**

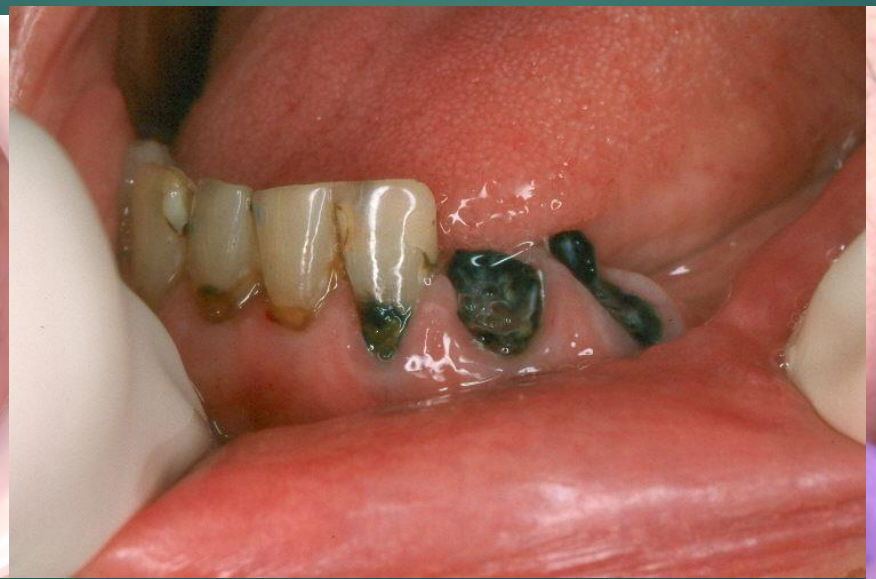
**dukefamilysupport.org**

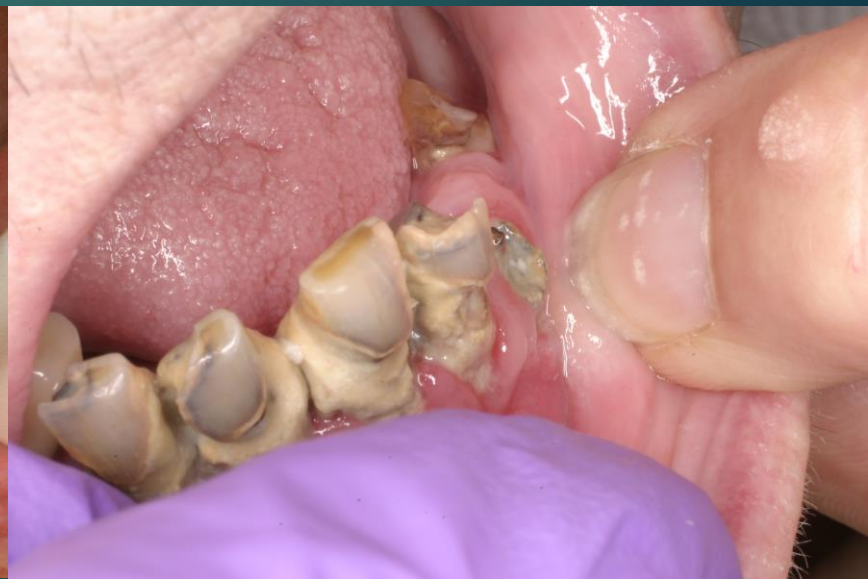
**919-660-7510**

# Perspectives on Oral Health and Aging

ALLEN D. SAMUELSON DDS, FACD







# Thoughts and Philosophy

- The key is to use your love, kindness, compassion, care, skill and judgement all within a difficult setting to maintain comfort, function, health and esthetics in consideration of the patient's and caregiver's circumstances, temperament and objectives……..
- It involves education in the context of love
- It involves realities which they already understand at a deep level
- It involves the health care provider reflecting upon and understanding circumstances that they themselves may not be experiencing
- It involves…….time and money and relationship

Cure sometimes, treat often, comfort always.
Hippocrates of Cos

# General Characteristics of the "Elderly"



- 5% of those >65 reside in nursing facilities
- 5% of those >65 with cognitive impairment
- 7-13% of those >65 are frail (% increases with increasing age)
- 1 in 7 persons are >65 (16% population in 2019) ME; FLA; VT; WV
- 1 in 10 live in poverty
- 9.8 million in workforce
- 7k in out of pocket annual med expenses
- Caregiving
- 65yo expected to live 19 yrs more
- 23% >65yo were minorities
- Median Income 36.5k
- Chronic Conditions: Heart dz.; DM; CA.; CVA; Arthritis; Hypertension
- 34% had phys. disability/functional issue
- Deconditioning roughly 50-60% of older adults
- Homeostenosis

Taken from Profile of Older Americans 2018

Click: Older Americans 2018 accessed 1/2023

# HOMEOSTENOSIS!

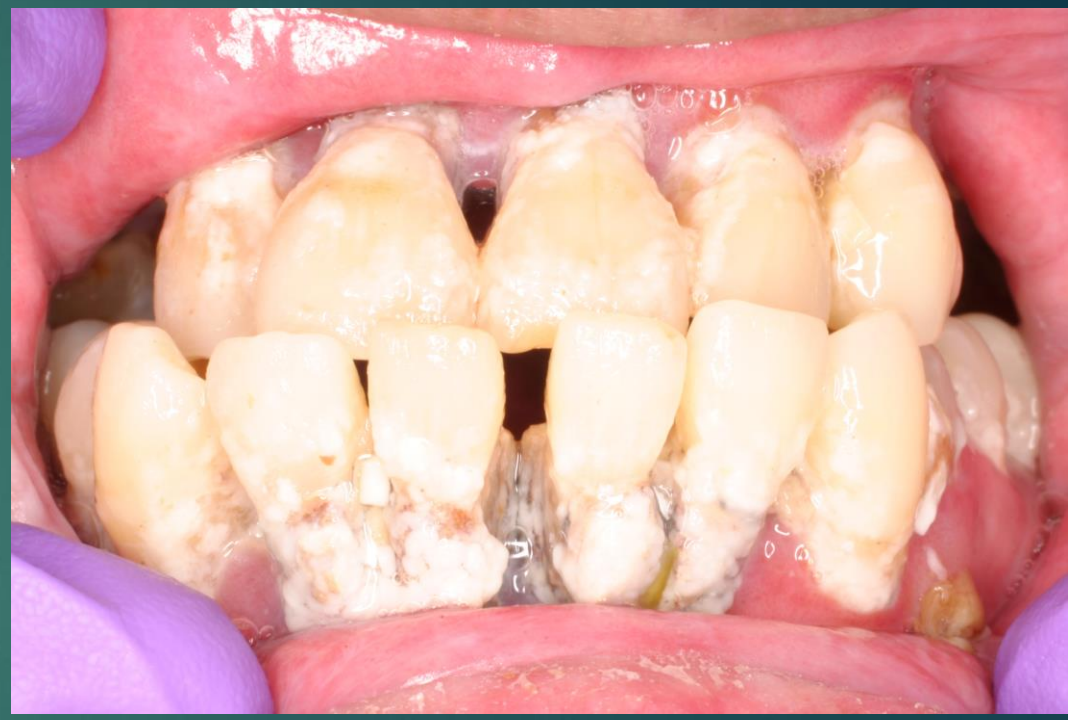


As I give thought to the matter, I find four causes for the apparent misery of old age; first, it withdraws us from active accomplishments; second, it renders the body less powerful; third, it deprives us of almost all forms of enjoyment; fourth, it stands not far from death.
Marcus Tullius Cicero **De Senatus**

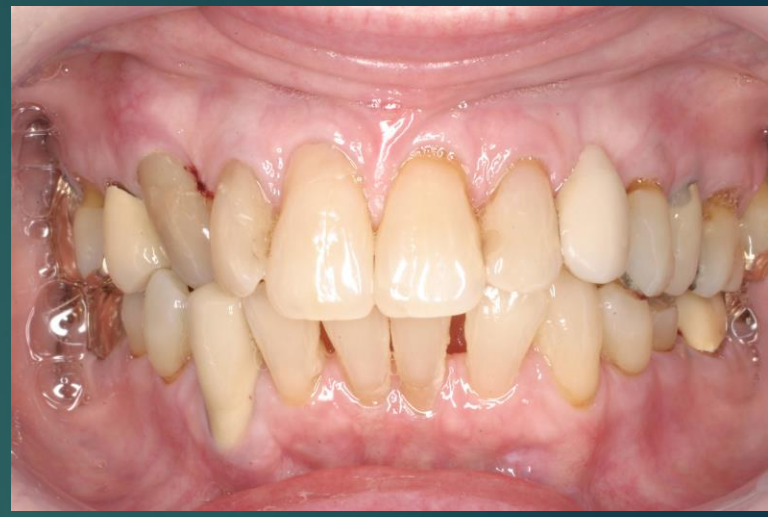
# Oral Health Defense Mechanisms



- Dentist (Team's) practice philosophy and passion for people and for preservation of teeth
- The zeal with which prevention is taught, lived, discussed and REINFORCED in your practice. Teaching your philosophy should not require staff meetings etc. Informed and documented +/- change….
- Limited or adapted medical burden
- In-tact or adapted physical capacity
- In-tact cognitive capacity
- In-tact or adapted psychological capacity
- Social support system/SES/Access to Care
- The will to comply/learn/grow and fit oral health into daily routine
- Salivary integrity
- Health-promoting dietary quality – carbohydrate discipline
- Fluoride/recaldent/etc. exposure
- Effective/mindful Oral Hygiene - awareness and ability and technique
- Habit Cessation – tobacco, illicit drugs, alcohol etc
- In-tact minimally restored dentition and functional occlusion
- Regular Dental Visits – wellness checks



# Oral Health:  Older Adults

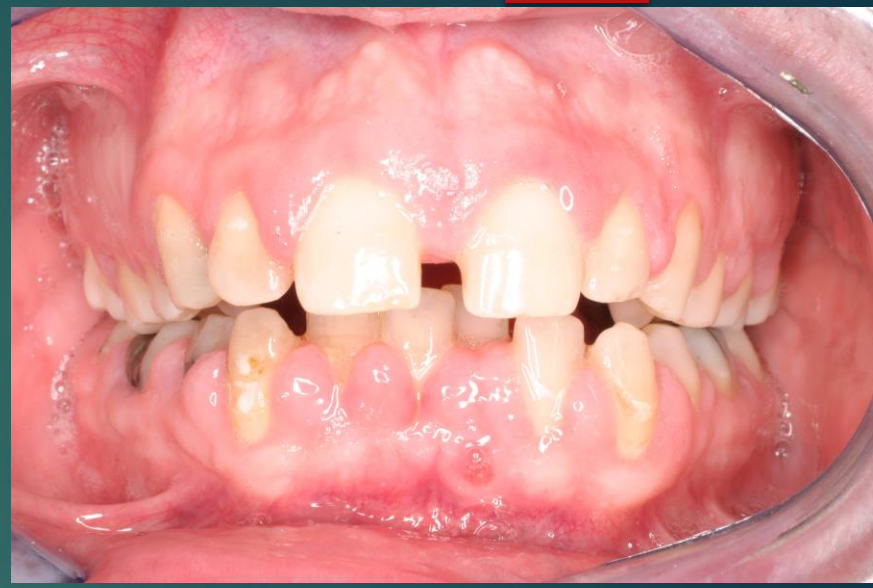


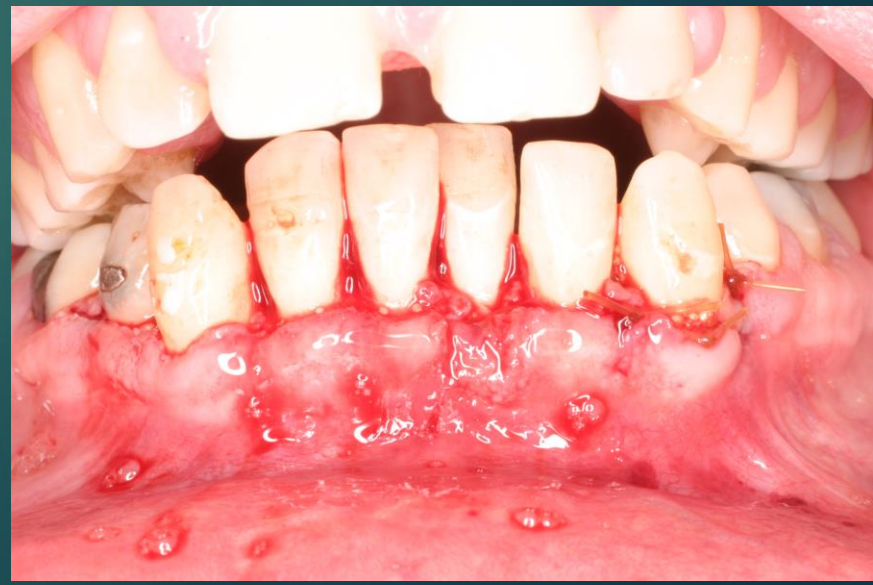
- 96% >65yo have had caries; 20% have untreated caries
- 67% have gingival disease (gingivitis/periodontitis)
- 20% of those >65 are edentulous (~30% in NC) 1/5 linked to DM
- Oral Cancer primarily dx in older adults (3% of all cancers)
- With > burden of chronic disease higher likelihood of perio dz.
- With >Medications greater likelihood of dry mouth and inc risk of caries.
- 95% of older adults with periodontal attachment loss
- 36% older adults have root caries
- Oral systemic effects – ASHD; DM; Xerostomia;

https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm accessed 2/6/2022

# Polypharmacy



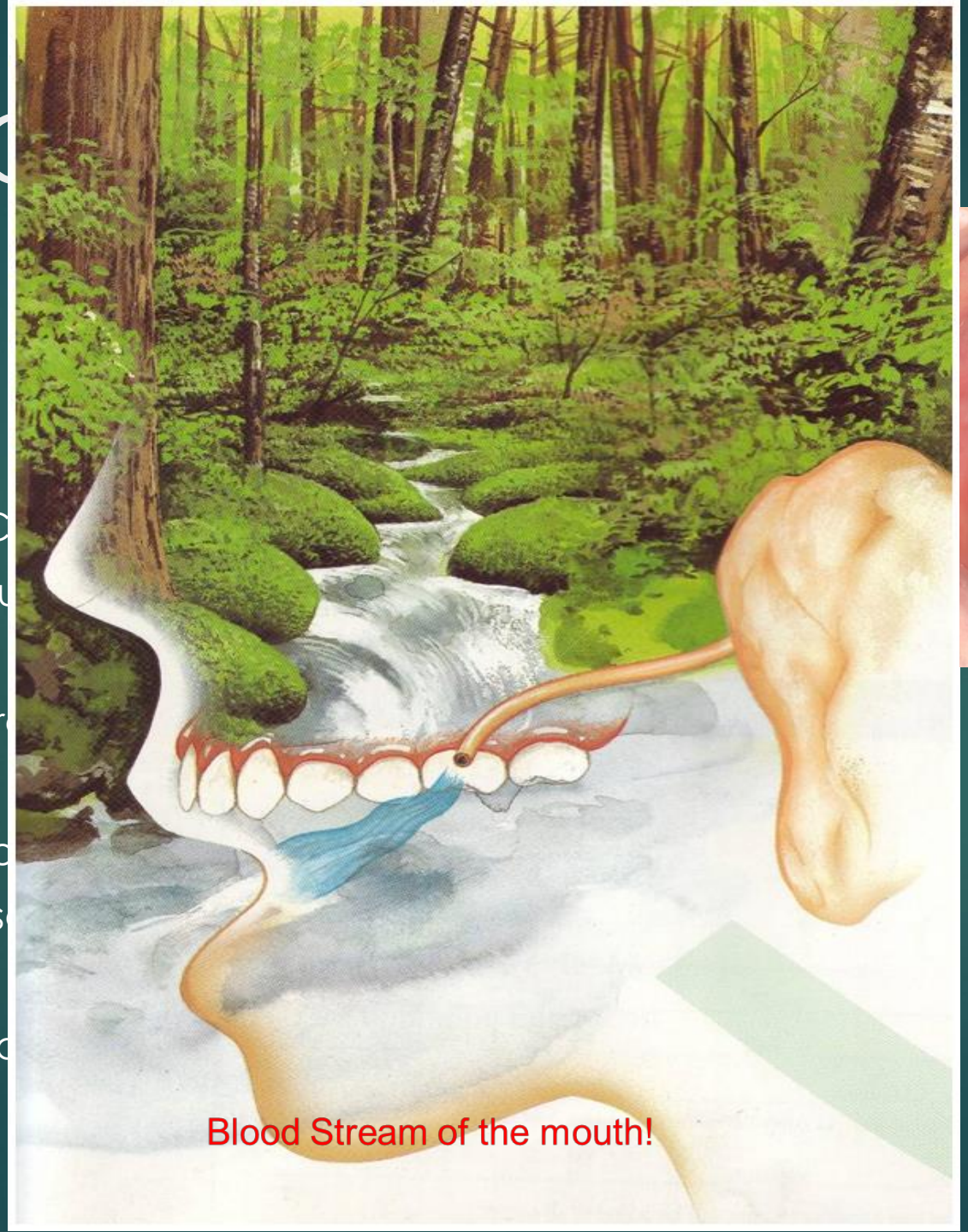





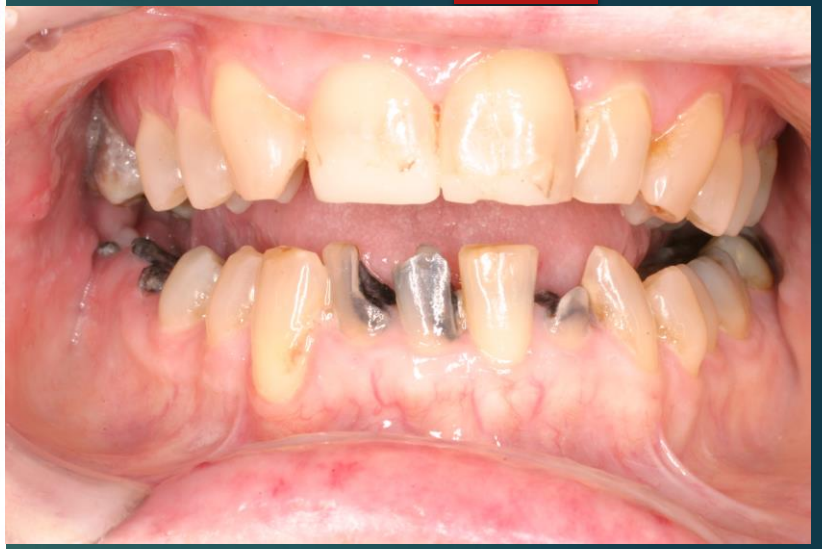
The greatest medicine of all is teaching people how not to need it.
Hippocrates of Cos 500BC

# Salivary G

- Water 98-99%
- Bicarbonate
- Electrolytes (C
- Mucins - aggl
- Thiocyanate
- Hydrogen per
- IgA
- Epidermal Gro
- Alpha Amylas
- Lactoferrin
- Lactoperoxid





# DIET



- Carbohydrate Discipline
- Insults should be brief and spaced far apart
- Diet Diary? documentation
- Stephen curves and pH (part. w/dry mouth)
- Coupled with Xerostomia – incendiary
- Script development/Pt education/Informed consent

Let food be thy medicine and medicine be thy food. Hippocrates of Cos

# Fluoride and Other Compounds



- Lethal dose – 4.5grams (~15-30mg/kg)
- 5-15mg/kg – remedies (70kg -350mg-1050mg)
- Optimal dose .05-.07mg/kg/d (4-5mg/d)
- Drinking water  0.7-1.2ppm = 0.7-1.2mg/L (.03mg/oz)
  - Max Allowable (4ppm)
- ½ life Fluoride – 2-10 hours in blood stream
- Tube of OTC (6.5oz):  ~190mg F (0.5-0.75mg/dose)
- Tube of Rx 1.8oz (5000ppm) 255mg (2-3mg/dose)
- Mouth rinse 0.05%F (.2mg/ml)
- Varnish (6mg-10mg F per dose)
- Gels – APF 1.23% and NaF .9%
- Recommended max daily dose – .10mg/kg/d (CDC)
- Arginine
- Nanohydroxyapetite

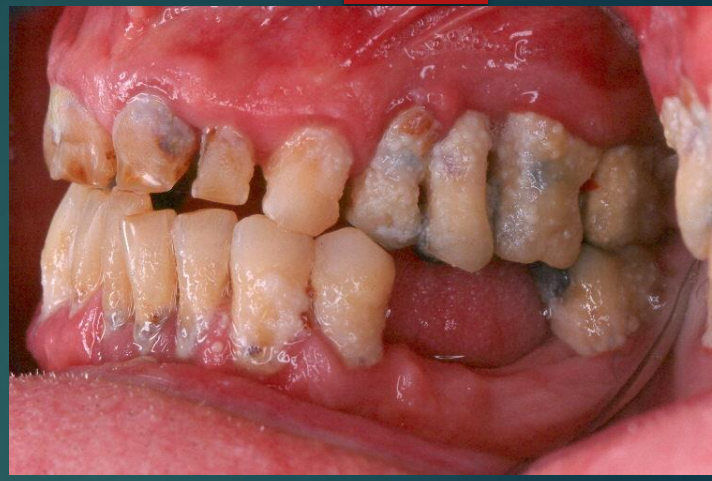
# Oral Hygiene (www.specializedcare.com)

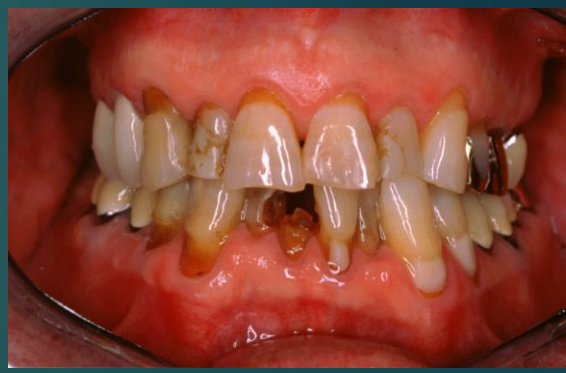


- Bass Technique – brushing "gums" 1.5-2N (below 3N)
- Charters
- Powered Brushes
  - Cognitively impaired
- Mouth props
- Encouragement and realistic treatment goals
- Be a "public health" dental team!

If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.
Hippocrates of Cos

# Daily Oral Care; Screening Tools and Referrals





- Oral Health Assessment Tool (OHAT)
- Revised Oral Assessment Guide (ROAG)
- Oral Health Screening Tool for Nursing Personnel (OHSTNP)
- The Kayser-Jones Brief Oral Health Status Examination (BOHSE)
- Oral health-related section of the Minimum Data Set 2.0/interRAI suite of instruments (ohr-MDS 2.0/ohr-interRAI)
- Best Practices:  Conservation, Preservation, Transition
  - Dietary quality; Conservative dental care (subjective vs objective function); Oral hygiene (indep.; Needs assistance; fully dependent); fluoride (varnish, sdf); subjective/objective oral exam

As my philosophy of dental care matured, my self-image changed from that of a healer to one of an interested, empathetic teacher of health who is capable of good restorative dentistry.
Dr. Robert Barkley

OHAT Screening Tool accessed 12/13/2022 ads

# ORAL HEALTH ASSESSMENT TOOL (OHAT) for NON-DENTAL PROFESSIONALS

## Primary Care

**Patient/Client:**

**Date:**

**Initial assessment** ○ **Repeat assessment** ○ **1** ○ **2** ○

*NOTE: A Star * and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, denturist) is required.*

| Category | 0 = healthy | 1 = changes | 2 = unhealthy | Score | Action Required | Action Completed |
|---|---|---|---|---|---|---|
| **Lips** | Smooth, pink, moist | Dry, chapped, or red at corners | Swelling or lump, white/red/ulcerated patch; bleeding/ ulcerated at corners* | | 1=intervention 2 =refer | ☐YES ☐ NO |
| **Tongue** | Normal, moist, pink | Patchy, fissured, red, coated | Patch that is red and/or white, ulcerated, swollen* | | 1=intervention 2 =refer | ☐YES ☐ NO |
| **Gums and Tissues** | Pink, moist, Smooth, no bleeding | Dry, shiny, rough, red, swollen around 1 to 6 teeth, one ulcer or sore spot under denture* | Swollen, bleeding around 7 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness* | | 1 or 2 = refer | ☐YES ☐ NO |
| **Saliva** | Moist tissues, watery and free flowing saliva | Dry, sticky tissues, little saliva present, resident thinks they have dry mouth | Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth* | | 1=intervention 2 =refer | ☐YES ☐ NO |
| **Natural Teeth** ☐ Y ☐ N | No decayed or broken teeth/ roots | 1 to 3 decayed or broken teeth/roots* | 4 or more decayed or broken teeth/ roots, or very worn down teeth, or less than 4 teeth with no denture* | | 1 or 2 = refer | ☐YES ☐ NO |
| **Denture(s)** ☐ Y ☐ N | No broken areas/ teeth, dentures worn regularly, name is on | 1 broken area/tooth, or dentures only worn for 1-2h daily, or no name on denture(s) | More than 1 broken area/tooth, denture missing or not worn due to poor fit, or worn only with denture adhesive* | | 1 = ID denture 2 = refer | ☐YES ☐ NO |
| **Oral Cleanliness** | Clean and no food particles or tartar on teeth or dentures | Food particles/ tartar/ debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath | Food particles, tartar, debris in most areas of the mouth or on most areas of denture(s), or severe halitosis (bad breath)* | | 1=intervention 2 =refer | ☐YES ☐ NO |
| **Dental Pain** | No behavioural, verbal or physical signs of pain | Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression* | Physical signs such as swelling of cheek or gum, broken teeth, ulcers, 'gum boil', as well as verbal and or behavioural signs* | | 1 or 2 = refer | ☐YES ☐ NO |
| | | | | **Completed by:** | | |

**REFERRAL** ☐ Referral to oral health professional Date _____ Name _____

**INTERVENTIONS** ☐ Chronic disease management ☐ Acute illness management ☐ Medication review ☐ Patient/Client/Family education

☐ Referral to health professional ☐ MD ☐ Nurse/NP ☐ Dietician ☐ OT ☐ SW ☐ Community worker ☐ Other _____

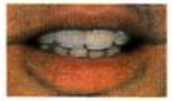
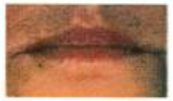
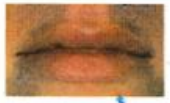
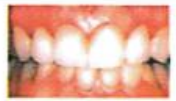
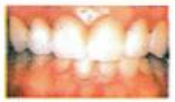
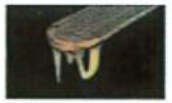
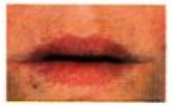
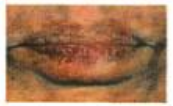
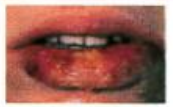
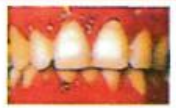
**NOTES:**

**2008 September** *modified with permission from Dr. Chalmers*
Download: www.rgpc.ca or www.halton.ca
ML van der Horst, D Scott, D Bowes

Oral Assessment Guide U of Nebraska accessed 12/13/2022 ads

# Oral Assessment Guide*

Developed by the University of Nebraska Medical Center

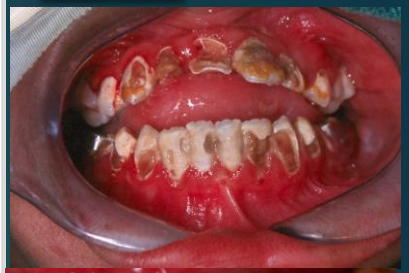
| Category | Voice | Swallow | Lips | Tongue | Saliva | Mucous membranes | Gingiva | Teeth, Dentures, or denture bearing area |
|---|---|---|---|---|---|---|---|---|
| Tools for Assessment | Auditory assessment | Observation | Visual/palpatory | Visual/palpatory | Tongue blade | Visual assessment | Tongue blade and visual assessment | Visual assessment |
| Methods of Measurement | Converse with patient | Ask patient to swallow. To test gag reflex, gently place blade on back of tongue and depress | Observe and feel tissue | Feel and observe appearance of tissue | Insert blade into mouth, touching the center of the tongue and the floor of the mouth | Observe appearance of tissue | Gently press tissue with tip of blade | Observe appearance of teeth or denture bearing area |
| 1 *Numerical and descriptive rating* |  Normal |  Normal swallow |  Smooth and pink and moist |  Pink and moist and papillae present |  Watery |  Pink and moist |  Pink and stippled and firm |  Clean and no debris |
| 2 |  Deeper or raspy |  Some pain on swallow |  Dry or cracked |  Coated or loss of papillae with shiny appearance with or without redness |  Thick or ropy |  Reddened or coated (increased whiteness) without ulcerations |  Edematous with or without redness |  Plaque or debris in localized areas (between teeth if present) |
| 3 |  Difficulty talking or painful |  Unable to swallow |  Ulcerated or bleeding |  Blistered or cracked |  Absent |  Ulcerations with or without bleeding |  Spontaneous bleeding or bleeding with pressure |  Plaque or debris generalized along gum line or denture bearing area |

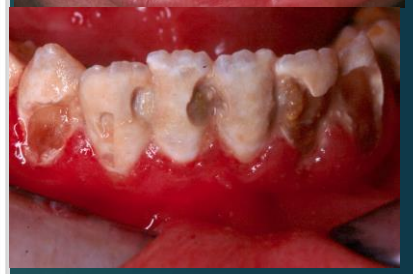
* J. Eilers, RN, MSN et al 2-84 Rev 5-84, 4-85, 11-85

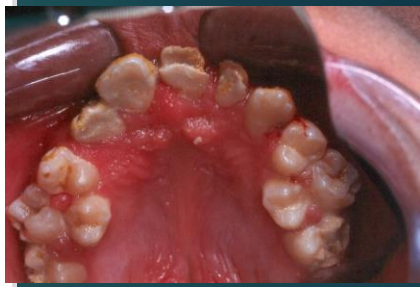
Photographs courtesy of Simon W. Rosenberg, DMD, Memorial Sloan-Kettering Cancer Center

Special thanks to the personnel of the University of Nebraska Medical Center and to Simon W. Rosenberg, DMD, Memorial Sloan-Kettering Cancer Center









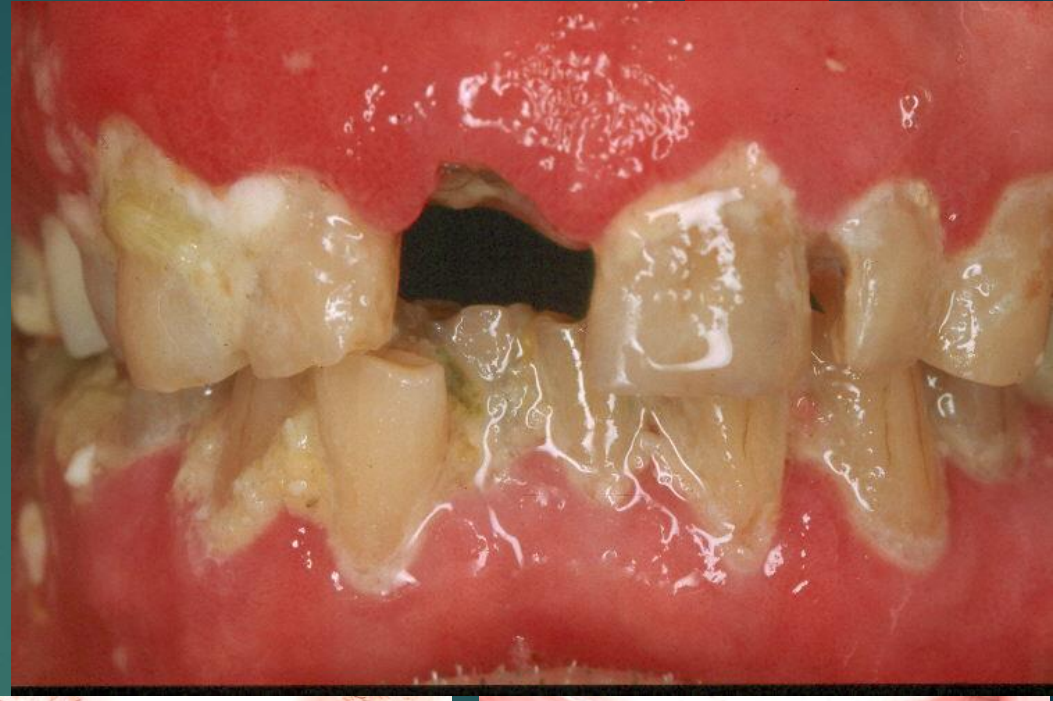
MDS 2.0 - Oral Section accessed 12/13/2022

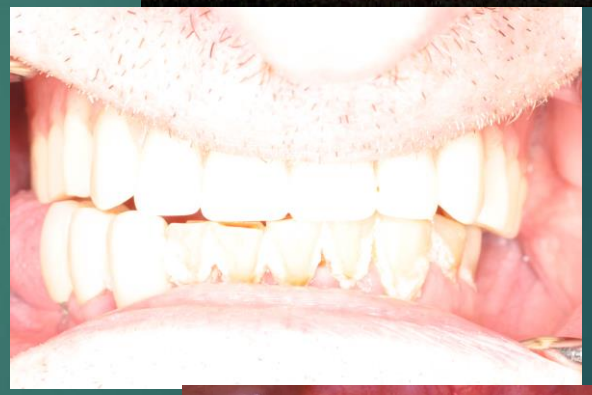
## SECTION K. ORAL/NUTRITIONAL STATUS

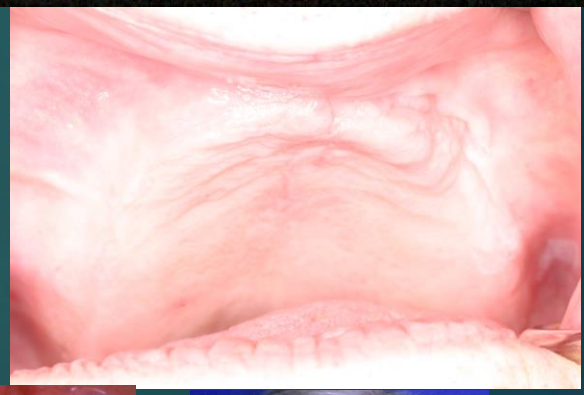
| | | | |
|---|---|---|---|
| 1. | ORAL PROBLEMS | Chewing problem | a. |
| | | Swallowing problem | b. |
| | | Mouth pain | c. |
| | | *NONE OF ABOVE* | d. |
| 2. | HEIGHT AND WEIGHT | *Record (a.) **height in inches** and (b.) **weight in pounds**. Base weight on most recent measure in **last 30 days**; measure weight consistently in accord with standard facility practice—e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes* a. HT (in.) ☐☐ b. WT (lb.) ☐☐☐ | |
| 3. | WEIGHT CHANGE | a. **Weight loss**—5 % or more in **last 30 days**; or 10 % or more in **last 180 days** 0. No 1. Yes | |
| | | b. **Weight gain**—5 % or more in **last 30 days**; or 10 % or more in **last 180 days** 0. No 1. Yes | |
| 4. | NUTRITIONAL PROBLEMS | Complains about the taste of many foods a. | c. Leaves 25% or more of food uneaten at most meals |
| | | Regular or repetitive complaints of hunger b. | d. *NONE OF ABOVE* |
| 5. | NUTRITIONAL APPROACHES | (***Check all that apply in last 7 days***) | |
| | | Parenteral/IV a. | f. Dietary supplement between meals |
| | | Feeding tube b. | |
| | | Mechanically altered diet c. | g. Plate guard, stabilized built-up utensil, etc. |
| | | Syringe (oral feeding) d. | h. On a planned weight change program |
| | | Therapeutic diet e. | i. *NONE OF ABOVE* |
| 6. | PARENTERAL OR ENTERAL INTAKE | (***Skip to Section L if neither 5a nor 5b is checked***) | |
| | | a. Code the proportion of **total calories** the resident received through parenteral or tube feedings in the **last 7 days** 0. None 1. 1% to 25% 2. 26% to 50% 3. 51% to 75% 4. 76% to 100% | |
| | | b. Code the average **fluid intake** per day by IV or tube in **last 7 days** 0. None 1. 1 to 500 cc/day 2. 501 to 1000 cc/day 3. 1001 to 1500 cc/day 4. 1501 to 2000 cc/day 5. 2001 or more cc/day | |

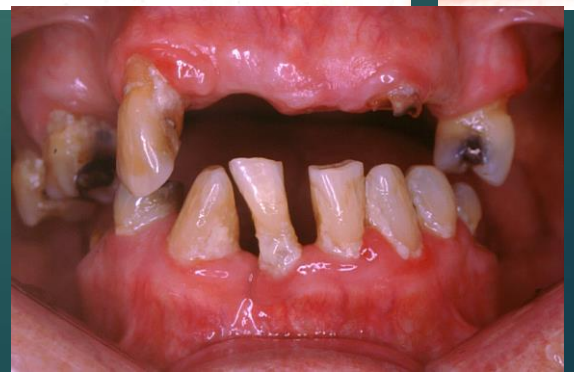
## SECTION L. ORAL/DENTAL STATUS

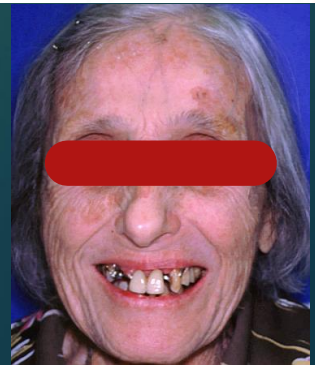
| | | | |
|---|---|---|---|
| 1. | ORAL STATUS AND DISEASE PREVENTION | Debris (soft, easily movable substances) present in mouth prior to going to bed at night | a. |
| | | Has dentures or removable bridge | b. |
| | | Some/all natural teeth lost—does not have or does not use dentures (or partial plates) | c. |
| | | Broken, loose, or carious teeth | d. |
| | | Inflamed gums (gingiva); swollen or bleeding gums; oral abcesses; ulcers or rashes | e. |
| | | Daily cleaning of teeth/dentures or daily mouth care—by resident or staff | f. |
| | | *NONE OF ABOVE* | g. |

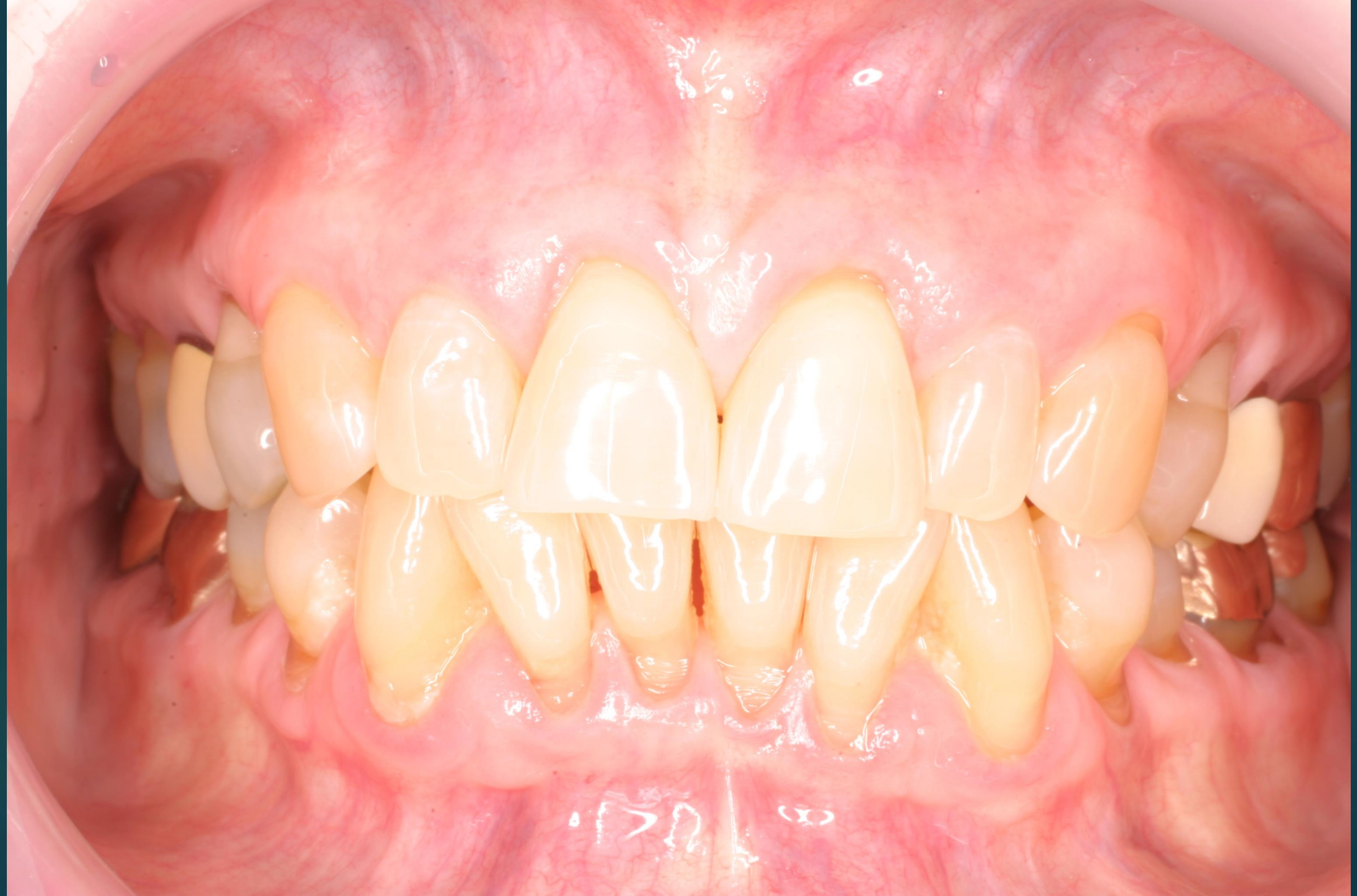


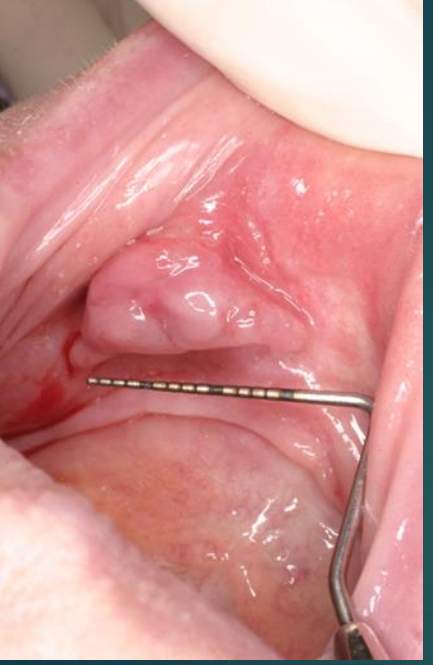


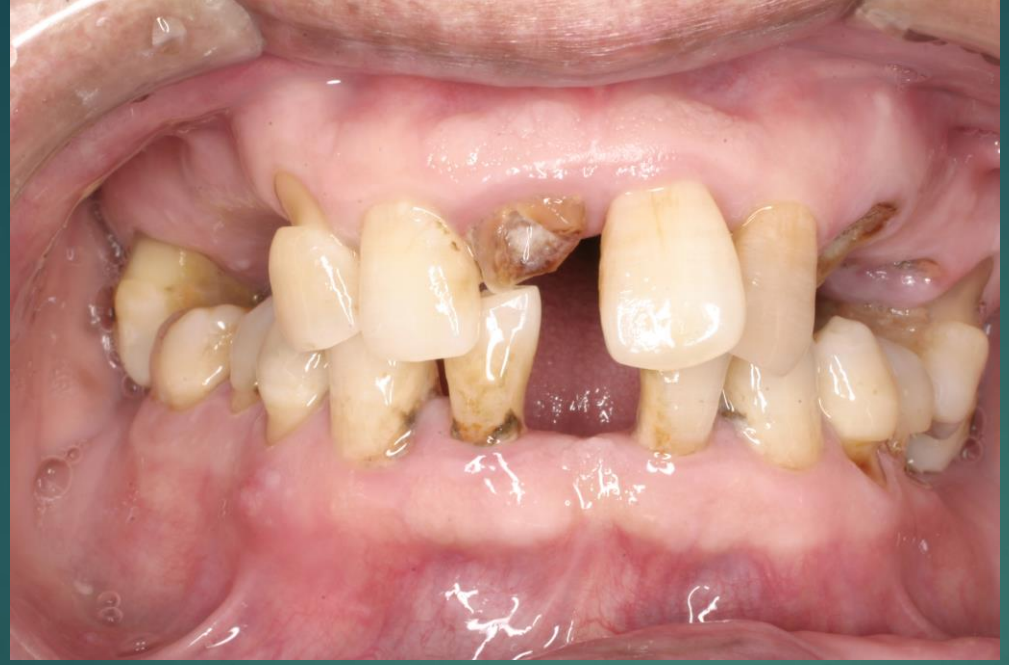


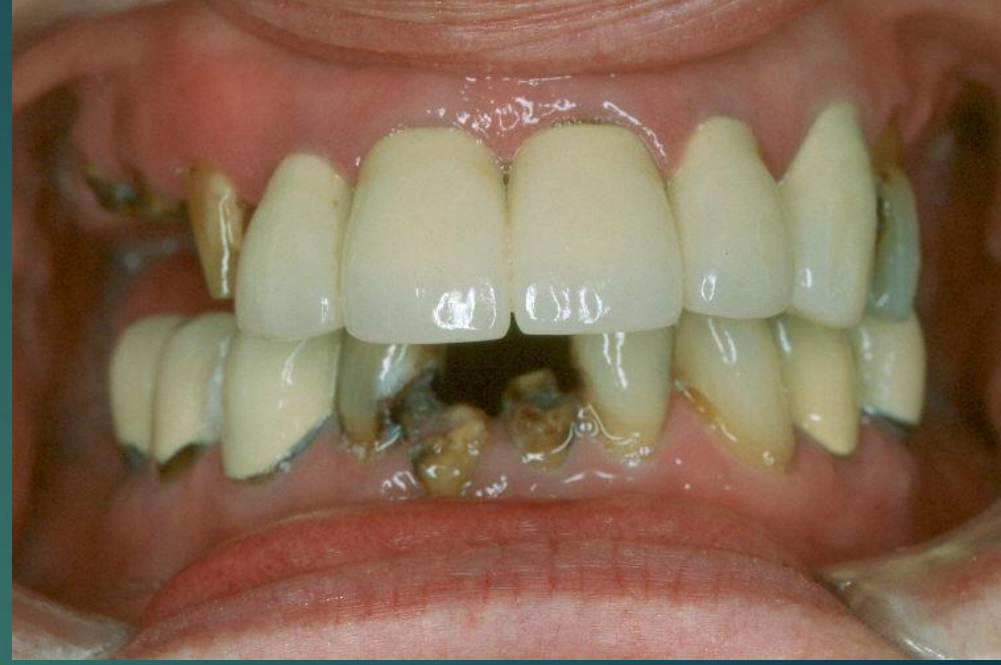


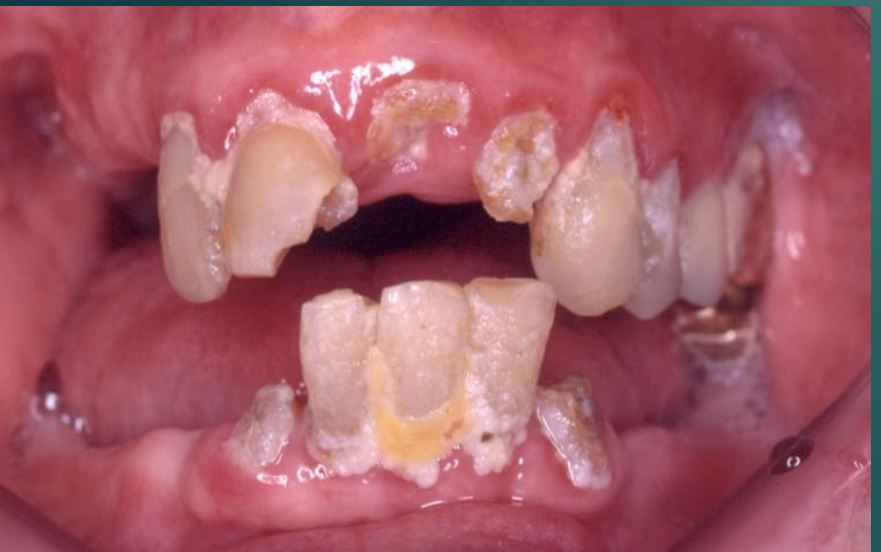


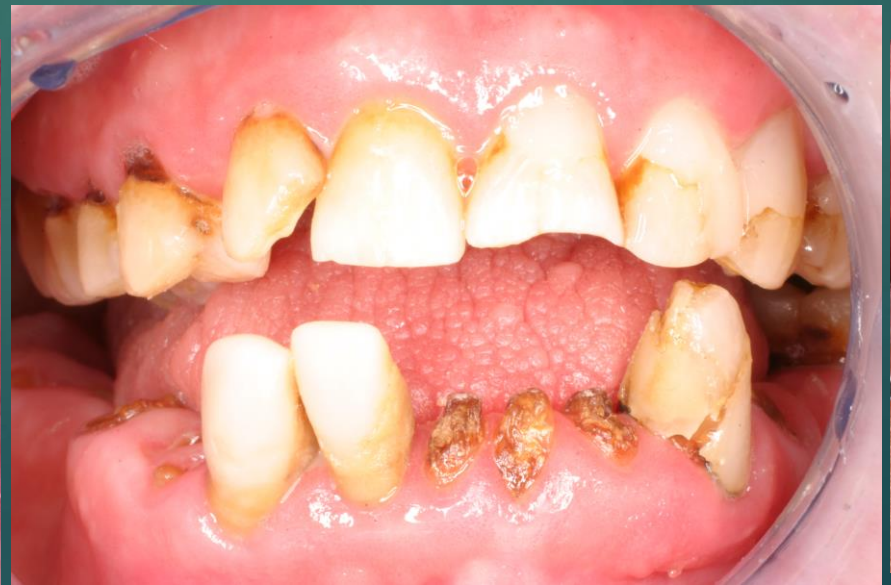


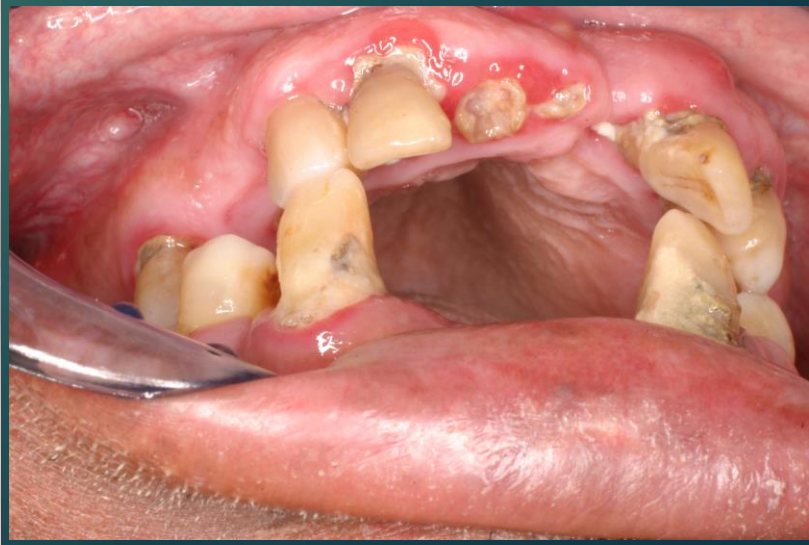


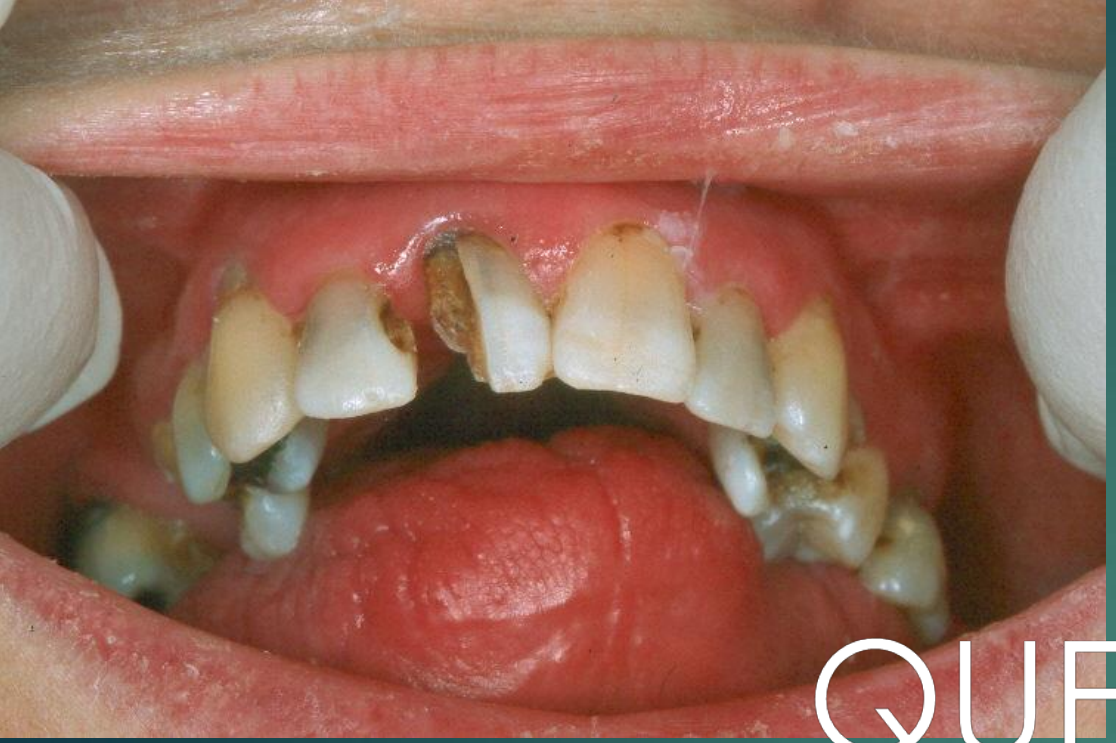


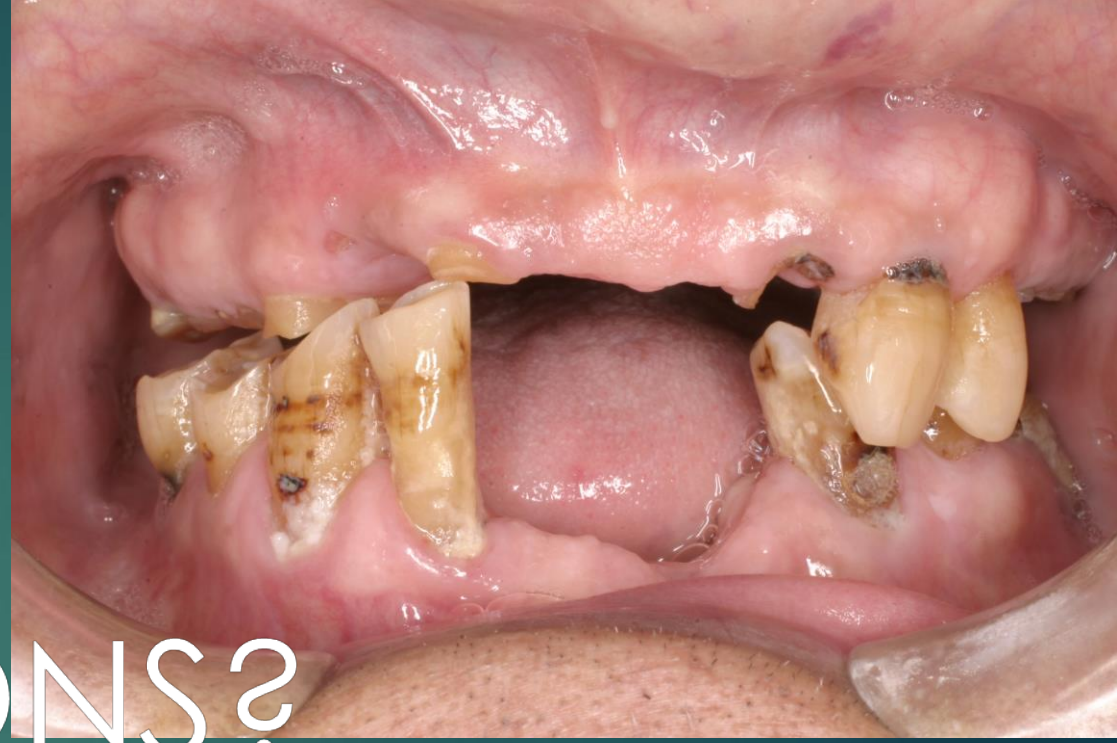




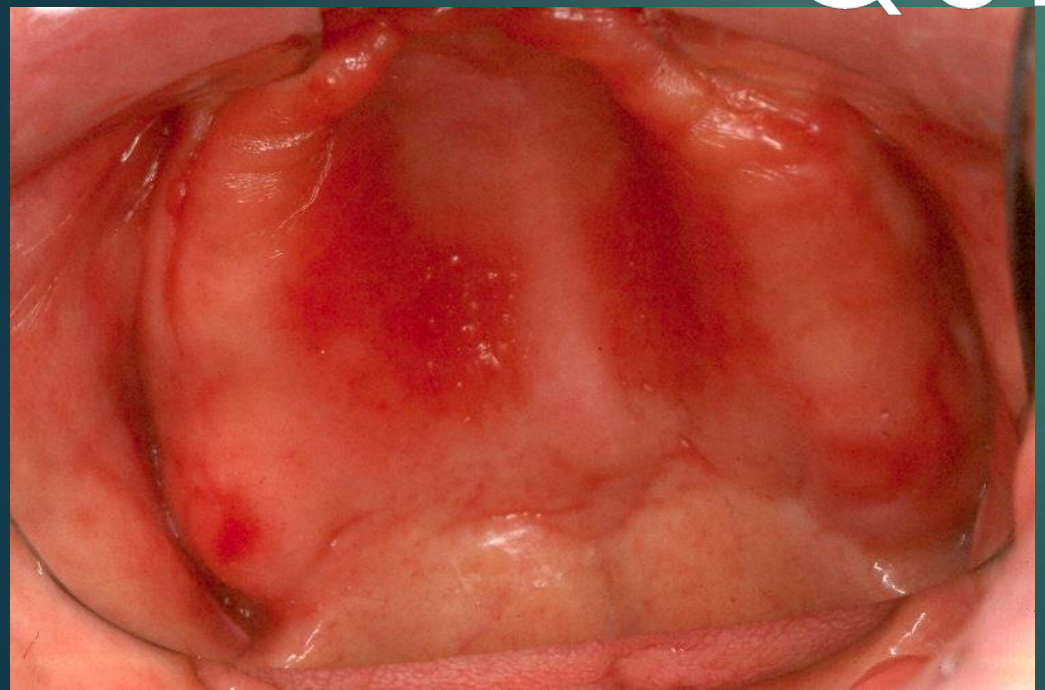


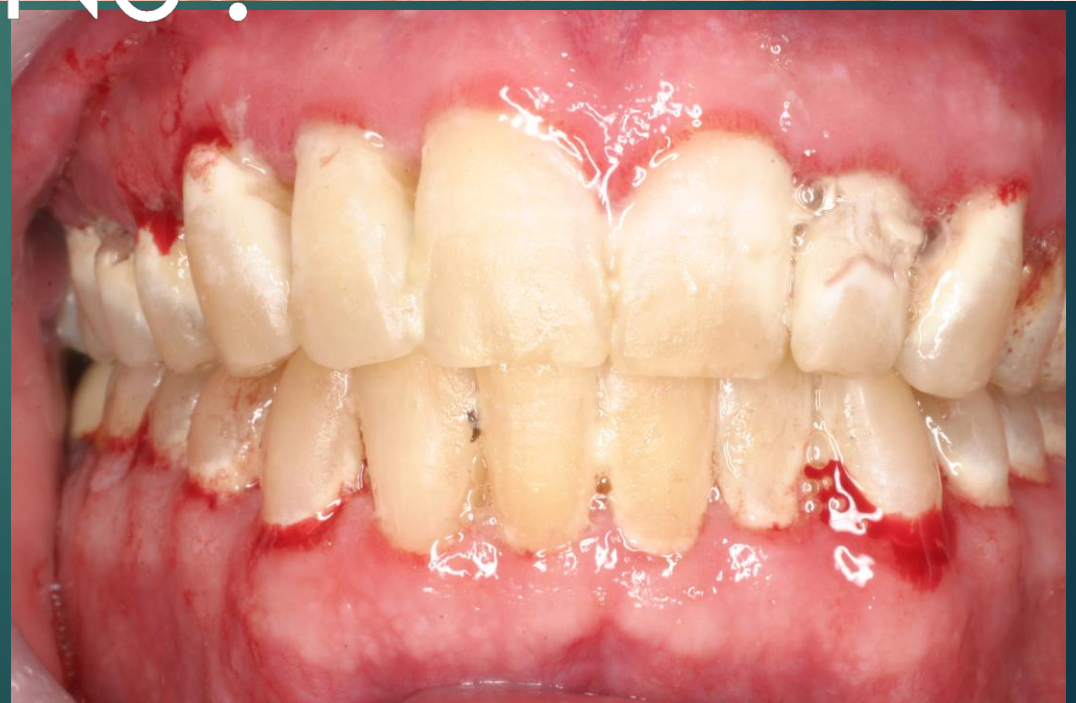






# QUESTIONS?





1. Along with other personal care, my husband has lost interest in brushing his teeth.  He has an electric toothbrush, which makes a noise and vibrates. Is it more annoying to a dementia patient than using a non-electric toothbrush?
2. Even though we brush my wife's teeth every morning, I am not confident that we are doing an adequate job, but she is resistant to allow anyone to open her mouth to allow some visibility. She doesn't allow a dentist to do so either. Any suggestions?
3. Would you comment on Alzheimer's medications and their effect on dental care? Is there something I should be looking for regarding side effects?
4. Would you please speak to how special needs dentistry differs and why one might consider changing to this type of specialty practice?
5. My question is how do I obtain dental care locally for my loved one who is immobile? With his dental insurance plan, he used to be seen annually for oral health care. It has now been years since he has seen a dentist. His CNA and I do the best we can. However, we are not dentists. Now he is under hospice care.
6. For someone who wears dentures, what is the best way to work with the dentist to get the person to get new dentures? Add in the anxiety factor. What are some products for cleaning dentures?
7. General teeth cleaning -- how will a dentist deal with a person that has moderate anxiety?

1. How can families determine when it is okay to no longer go to the dentist? As the disease progresses or dental care becomes more challenging, how do family caregivers let “good enough” be an acceptable answer?
2. Outside of brushing and flossing, are there other tools families can use to help maximize oral care: (i.e. avoiding certain foods, chewing gum, use a water pick, etc.).
3. What strategies can be used during an appointment to promote a successful visit? Weighted blanket, music, environment, etc.
4. What qualifies someone for your specialty clinic? One of our support group participants tried to get her husband an appointment there but was told he didn’t meet their criteria.
5. For people with dementia who might have anxiety or be difficult at a dentist appointment, do you recommend that families get a prescription to make the appointment a bit easier?
6. When people can’t communicate their symptoms of dental pain or discomfort, are there signs that a family could be on the lookout for that could tell them their person needs a dentist?
7. Are there concerns about choking or swallowing toothpaste/rinses?