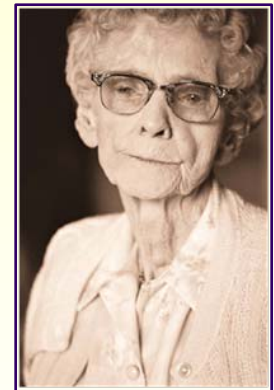


# Oral Health for Frail Older Adults

Introduction to Oral Health

## Dementia, Oral Health and Approaches to Oral Care



Mary-Lou van der Horst

Donna Scott

Barb McCoy

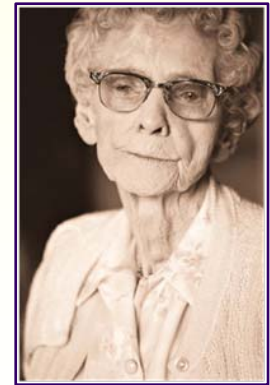
February 2, , 2009



*Soci t  Alzheimer Society*  
HAMILTON AND HALTON  
HAMILTON ET HALTON  
*Where memories are lost... We'll be found.*

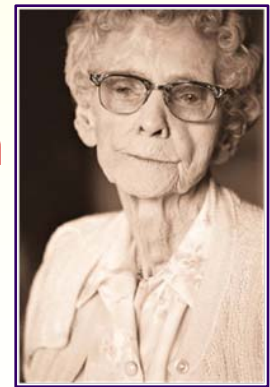
# Learning Objectives

- To understand more about
  - Oral care strategies for older adults with dementia
    - View: 10 min DVD: Oral Care for Residents with Dementia
  - What we know about the oral health of older adults with dementia
  - Approaches to providing oral care (resources)



# Oral Health and Dementia

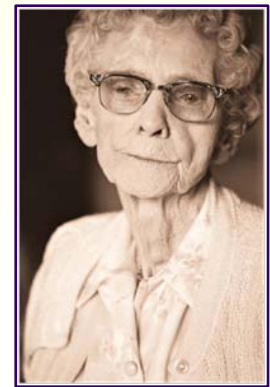
- There is abundant international data providing evidence that homebound and institutionalized older adults have the poorest oral health of nearly any group in society.
- Many studies have shown that cognitively impaired patients have poorer oral clinical status than patients without dementia
- The causal relationship between oral health and dementia is not clear.
  - There is a confounding effect
  - Oral health declines fast



# Oral Health and Dementia

## What's happening?

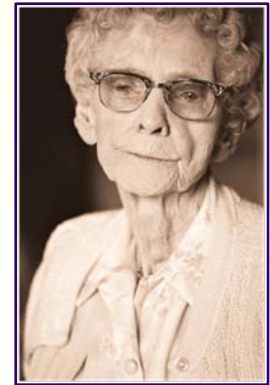
- There is a **deterioration** of their
  - abilities, knowledge, understanding and concern about proper oral health and good general health behaviours
  - ability to practice daily oral hygiene self-care
- **With moderate to severe dementia**
  - become functionally dependent on caregivers to maintain their oral health
  - increasingly refuse oral hygiene and dental plaque remains (environment for caries and periodontitis)
  - Difficulty perceiving/communicating oral pain



# Oral Health and Dementia

## What's happening ?

- Higher risk of dysphagia and subsequently, aspiration pneumonia from poor oral hygiene
- Higher risk for depression, anxiety, delusion, agitation, insomnia , hallucination
  - May be medicated which have anticholinergic side effects (dry mouth/xerostomia)
- More are retaining their natural teeth

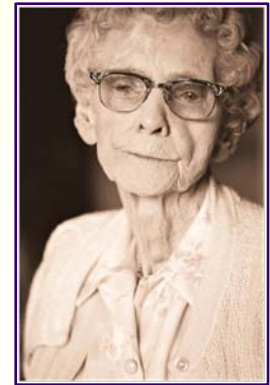


# Oral Health and Dementia

## What do we know? ....

### Status of the teeth, dentures and mouth

- ❑ more dental plaque
- ❑ higher number of carious teeth
- ❑ higher debris index
- ❑ poorer periodontal condition
- ❑ less often have dentures and have poor denture hygiene
  - ❑ early dementia - have dirtier and older dentures
  - ❑ moderate to severe cognitive impairment had the poorest denture hygiene
- ❑ more unrestorable teeth
- ❑ fewer filled and sound teeth
- ❑ Edentulous and don't using dentures



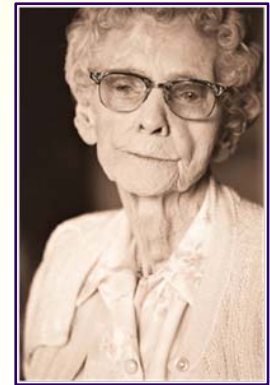
# Oral Health and Dementia

## Oral status continues to decline in long-term care....

- The probability is high that the majority of residents in LTC homes will be in a high risk group and experience severe oral diseases at some time during their residence
  - Any dental treatment provided to LTC residents WILL FAIL in the long-term if **adequate daily regular preventative oral care** is not provided

### Statistics

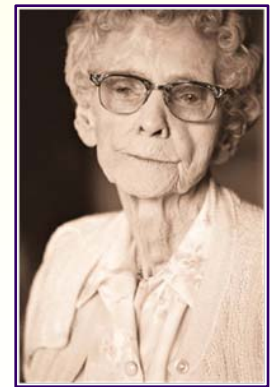
- Cognitive impairment rates: 70-80% of residents.
- 75-95% of residents require assistance with their daily oral care
- Dental caries is a serious health problem
- 35% of residents have dysphagia & swallowing problems



# Oral Health and Dementia

- **Going to need to work together– many barriers**
  - **Care providers, older adults, families, system, organization.....**
  
- Collaboration between oral health care is needed
  - health care professionals
  - oral health professionals and
  - care givers

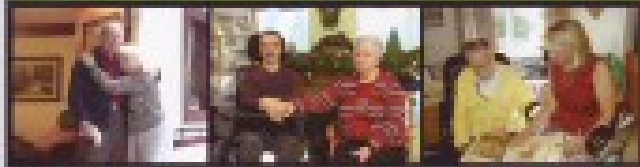
in an effort to inform and motivate everyone to take care of the complex and challenging oral health of older adults with dementia.
  
- **Reflective back on Session 2: OHAT and individualized oral care planning**



# Dementia Resources

Managing and Accommodating  
Responsive Behaviours in  
Dementia Care

A Resource Guide for  
Long-Term Care



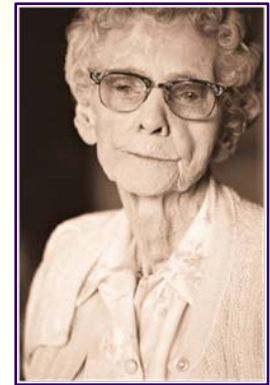
**MAREP**  
Mental Health and Aging Research  
and Education Program



## *Managing and Accommodating Responsive Behaviours in Dementia Care*

project represents a collaborative effort between MAREP at the University of Waterloo and the Psychogeriatric Resource Consultants (PRCs) of Alzheimer Societies of Central South Ontario and has been funded by the Ministry of Health and Long-term Care.

For more information,  
contact Leah Sadler at  
[lsadler@uwaterloo.ca](mailto:lsadler@uwaterloo.ca) or  
519-888-4567 ext. 36880.

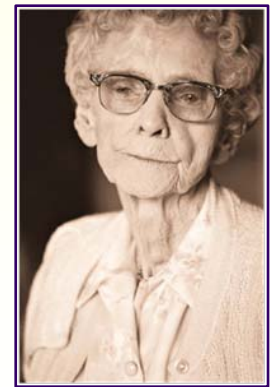


## WEBSITE:

<http://www.marep.uwaterloo.ca/products/managing.html>

# Oral Care Resources


- **Approaches for Oral Care**
  - Based on current research and best practice guidelines (BPGs)
  - Identifies common barriers to completing oral care
    - Getting in the mouth
    - Responsive behaviours
    - Communication, cognition & functional issues
  - Summarizes strategies for care givers to utilize when providing oral care



## Approaches for Oral Care

### Interventions for Residents in Long-Term Care with Responsive Behaviours, Communication or Functional Impairments

LTC Home staff can consider these approaches to care in order to achieve successful oral hygiene outcomes.

Preparing for Oral Care	PAGE 1	Resident Care Issue	Basic Interventions	Other Interventions
<ul style="list-style-type: none"> <li>◦ Oral care should be completed at least 2x each day</li> <li>◦ Never awaken a resident to complete oral care</li> <li>◦ Oral care should be done in the bathroom because of its physical cues (sink, water, etc)</li> <li>◦ Ideal times to do oral care is after meals and at bedtime</li> <li>◦ Review the resident's oral care plan</li> <li>◦ Assemble all oral care supplies and have them ready to use in the resident's bathroom. Check that the supplies are labeled with the resident's name.</li> <li>◦ Review if the resident has dysphagia (problems swallowing, choking, spilling)</li> <li>◦ NEVER use toothpaste or mouth rinses with residents with swallowing difficulties – WATER ONLY</li> <li>◦ NEVER use lemon glycerine swabs for oral care</li> <li>◦ Remove dentures daily for at least 3 hours for gums to rest. Clean dentures with denture paste, denture brush and soak in cool water. Always brush mouth tissues including the tongue with soft bristled toothbrush.</li> <li>◦ NEVER use denture tablets for soaking dentures of residents with dementia, ingestion of tablets/solution is serious</li> <li>◦ Always communicate to the resident what you are planning to do</li> <li>◦ Have the resident do as much of their oral care as they can possibly do, finish up what they couldn't do</li> <li>◦ Always talk with the resident and describe the tasks you want them to do or will be doing</li> <li>◦ Familiarize yourself with the severity of the resident's cognitive impairment and the resident's responsive behaviours (pushing, turning head, biting)</li> <li>◦ Familiarize yourself with the resident's communication and sensory impairments</li> <li>◦ Familiarize yourself with the resident's functional impairments (arthritis in hands, mobility)</li> <li>◦ Always use proper body positioning when providing oral care</li> </ul>		<p><b>Getting in the Mouth</b></p> <p>Resident will not open their mouth</p> <p>Difficulty getting dentures in or out of the resident's mouth</p> <p>Resident refuses oral care</p> <p>Resident bites down on the toothbrush</p> <p>Resident cannot rinse and/or spit</p> <p>Resident swallows all liquids/toothpastes</p> <p>Resident has swallowing difficulties (dysphagia)</p> <p><b>Responsive Behaviours</b></p> <p>When the staff tries to do oral care, the Resident:</p> <ul style="list-style-type: none"> <li>- pushes away</li> <li>- turns head away</li> <li>- kicks</li> <li>- punches</li> <li>- hits</li> <li>- bites</li> <li>- spits</li> <li>- swears</li> <li>- other</li> </ul>	<ul style="list-style-type: none"> <li>◦ Use the interventions described in the resident's oral care plan</li> <li>◦ Document successful interventions</li> <li>◦ Encourage resident to do their oral care, participate and encourage</li> <li>◦ Come back and try again</li> <li>◦ Think pain and infection if resident is refusing, could also be fear or loose teeth – assess and obtain treatment</li> <li>◦ Massage the cheeks and over the TMJ areas to relax the muscles and encourage opening</li> <li>◦ Use a toothbrush with a small head, soft bristles, larger handle with rubberized grip</li> <li>◦ Use pea-sized amounts of toothpaste. ONLY WATER for residents with swallowing difficulties</li> <li>◦ Talk-talk-talk with the resident about the oral care and talk them through the oral care tasks. If two staff are providing care, only one does the talking</li> <li>◦ Prop the mouth open using the 2-toothbrush technique (resident bites down on rubberized handle while the 1<sup>st</sup> toothbrush is used for oral care. Switch sides by sliding handle of 2<sup>nd</sup> toothbrush between teeth then pulling 1st toothbrush out to use for oral care</li> <li>◦ Mouth propping devices may be used</li> <li>◦ Place fingers inside cheek or lips, never between teeth</li> <li>◦ Replace toothbrush every 3 months or after an infection</li> </ul>	<ul style="list-style-type: none"> <li>◦ Use other techniques during oral care (below Page 2) <ul style="list-style-type: none"> <li>◦ Distraction</li> <li>◦ Rescuing</li> <li>◦ Bridging</li> <li>◦ Hand-over-hand</li> <li>◦ Chaining</li> <li>◦ Task-breakdown</li> </ul> </li> <li>◦ Have another staff attempt the oral care</li> <li>◦ Seek the assistance of second staff</li> <li>◦ Seek assistance of family member</li> <li>◦ Consult with medical and oral health professionals</li> </ul> <hr/> <ul style="list-style-type: none"> <li>◦ Have another staff attempt the oral care</li> <li>◦ Seek the assistance of second staff</li> <li>◦ Use other techniques during oral care (below Page 2) <ul style="list-style-type: none"> <li>◦ Distraction</li> <li>◦ Rescuing</li> <li>◦ Bridging</li> <li>◦ Hand-over-hand</li> <li>◦ Chaining</li> <li>◦ Task-breakdown</li> </ul> </li> <li>◦ Ignore the swearing</li> <li>◦ Give the resident something to hold in their hands</li> <li>◦ Use the HUG technique (2 staff) to control hands and arm movements</li> <li>◦ Seek assistance of family member</li> <li>◦ Consult with medical and oral health professionals</li> </ul>
 Red Practice Coordination in Long-Term Care Initiative				

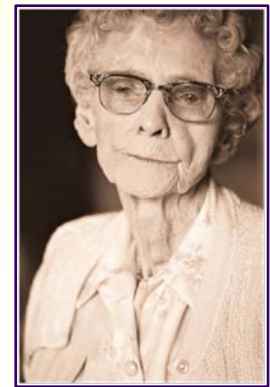
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Always brush mouth tissues including the tongue with soft bristled toothbrush.</li> <li>◦ NEVER use denture tablets for soaking dentures of residents with dementia, ingestion of tablets/solution is serious</li> <li>◦ Always communicate to the resident what you are planning to do</li> <li>◦ Have the resident do as much of their oral care as they can possibly do, finish up what they couldn't do</li> <li>◦ Always talk with the resident and describe the tasks you want them to do or will be doing</li> <li>◦ Familiarize yourself with the severity of the resident's cognitive impairment and the resident's responsive behaviours (pushing, turning head, biting)</li> <li>◦ Familiarize yourself with the resident's communication and sensory impairments</li> <li>◦ Familiarize yourself with the resident's functional impairments (arthritis in hands, mobility)</li> <li>◦ Always use proper body positioning when providing oral care</li> </ul>		<p><b>Communication, Cognition and Functional Issues</b></p> <p>Resident does not understand staff directions</p> <p>Resident forgets to do oral care</p> <p>Resident can't remember how to do oral care</p> <p>Resident can do some of the oral care but not all of it</p> <p>Resident is tired, sleepy or poor attention</p> <p>Resident's head moves around constantly</p> <p>Resident's head faces downward</p>	<ul style="list-style-type: none"> <li>◦ Use the interventions described in the resident's oral care plan</li> <li>◦ Document successful interventions</li> <li>◦ Encourage resident to do their oral care, participate and encourage</li> <li>◦ Come back and try again</li> <li>◦ Think pain and infection if resident is refusing, could also be fear and loose teeth – assess and obtain treatment</li> <li>◦ Massage the cheeks and over the TMJ area to relax the muscles and encourage opening</li> <li>◦ Use a toothbrush with a small head, soft bristles, larger handle with rubberized grip</li> <li>◦ Use pea-sized amounts of toothpaste. 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Iowa City, Iowa: Author/Gerontological Nursing Intervention Research Centre. <a href="http://www.nursing.uiowa.edu">www.nursing.uiowa.edu</a></p> <p>Hellon Region Health Department (2006). <u>Oral health manual for LTC home staff</u>. <a href="http://www.health.hellonregion.ca">www.health.hellonregion.ca</a>. Guelph, ON: Author.</p> <p>The Registered Nurses Association of Ontario (2007). <u>Oral health, dementia assessment and interventions</u>. Toronto, ON: Author. <a href="http://www.rnao.org">www.rnao.org</a></p> <p>The Registered Nurses Association of Ontario (2007). <u>DVD Oral care for residents with dementia</u>. Toronto, ON: Author. <a href="http://www.rnao.org">www.rnao.org</a></p> <p>Centre for Community Oral Health- Long Term Care Red Sheet: Nov 2005 <a href="http://www.univictoria.ca/faculties/health/eryltooth/">www.univictoria.ca/faculties/health/eryltooth/</a></p> <p>BP Blogger Myth-Busting Newsletter (April 2007). <u>Mouth Care Issues</u>. <a href="http://www.rnps.ca">www.rnps.ca</a></p>

### Communication Techniques for Oral Care

Task breakdown : the activity or task is broken down into steps which are individually and slowly presented	Distraction: the use of singing, holding items, gentle touch and talking to distract a resident from a distressing situation	Hand-over-hand: the caregiver's hand is placed over the resident's hand to guide the resident through the activity
Rescuing: a second caregiver enters a situation and offers to 'help' the resident by taking over for the initial caregiver	Bridging: to improve sensory connection and task focus, the resident holds the same object while the caregiver carries out the activity	Chaining: the caregiver starts an activity and the resident completes it

# Oral Care Resources

- **Oral Care Strategies for Older Adults with Dementia, Responsive Behaviours, Communication &/or Functional Impairments**
  - Information from “Approaches to oral care” adapted to primary care and community settings
  - Brochure format facilitates distribution to caregivers



## When doing oral care becomes difficult

Older adults who are having difficulty either remembering to do or actually doing their oral care, need to be encouraged to do as much of their oral care as possible and have help when they can't do it.

When helping an older adult, always describe to them what you want them to do or what you will be doing, like brushing their teeth.

Talk them through each oral care step, from opening their mouth, brushing of their teeth, no biting on the toothbrush or swallowing toothpaste to spitting it out in the sink.

Massage the cheeks to relax the muscles as this encourages opening of the mouth.

If the older adult is refusing oral care, think about possible mouth pain, infection, fear of oral care or loose teeth in the mouth.

Only place your fingers inside the cheeks or lips, never between the teeth.

### Developed by

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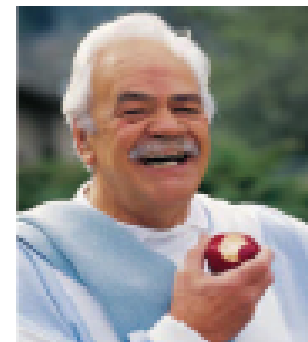


More resources for  
download at these Websites  
[www.rgpc.ca](http://www.rgpc.ca) and [www.halton.ca](http://www.halton.ca)

September 2008

## Primary Care For Caregivers

## Oral Care Strategies for Older Adults with Dementia, Responsive Behaviours, Communication and/or Functional Impairments



GiiC  
Geriatric Information Institute  
of Canada

# Oral Care Strategies for Older Adults with Dementia, Responsive Behaviours, Communication and/or Functional Impairments

## Some oral care problems that can happen

### Problems: Getting in the Mouth

Sometimes the older adult,

- Refuses oral care
- Won't open their mouth
- Has problems getting dentures in/out
- Bites down on their toothbrush
- Can't rinse their mouth or spit out
- Swallows toothpaste
- Has swallowing difficulties

### Problems with Responsive Behaviours

Doing oral care can be even more difficult because they may

- Push you away
- Turns their head away
- Move or walk away
- Hit, punch, kick
- Bite the toothbrush or fingers
- Spit
- Swear



### Problems with Communication, Cognition and Functional Issues

Other problems may be that the older adult,

- Doesn't understand your directions
- Forgets to do their oral care
- Doesn't remember how to do their oral care
- Can do some but not all of their oral care
- Has poor attention or is sleepy
- Moves their head or face downward in an awkward position

## Basic oral care—some tips

Oral care should be completed at least 2x each day.

Use a toothbrush with a small head, soft bristles, a large handle with rubberized grip.

Only use a pea-sized amount of toothpaste.

Never use toothpaste or mouth rinses if the older adult has swallowing difficulties—use water only.

Always brush the inside of the mouth, gums, tissues and tongue with a soft bristled toothbrush.

Replace toothbrushes every 3 months and after any oral or chest infection.



Remove dentures daily, usually overnight or for at least 3 hours for the gums to rest. Clean dentures with denture paste and a denture brush, and then soak them in cool water.

Never use denture tablets for older adults with dementia as swallowing of tablets or solution is serious.

## Special strategies that can be used while doing oral care

**Distraction:** the use of singing, holding items, gentle touch and talking to the older adult distracts them while you're doing their oral care.



**Hand-over-hand:** place your hand over the older adult's hand to guide them through brushing their teeth, mouth and/or dentures.

## Other ideas for doing oral care

Try one of the special strategies listed below.

Provide oral care when a second care giver is available to assist you. It may be easier to do the oral care with 2 people.

Give clear and simple instructions and break down the oral care tasks into many small steps, prompting and encouraging them through each step. Finish each step before going on to the next step.

Create and post reminders for the older adult to do their oral care, such as a note on the bathroom mirror.

Do oral care when they are awake, cooperative and not tired.

Contact oral health professionals or occupational therapists to determine the most appropriate adaptive toothbrushes and oral care devices.

**Task breakdown:** the activity or task is broken down into steps. Complete one step before starting the next step, keep it simple and clear.

**Bridging:** have the older adult hold a second toothbrush while you brush the teeth, it helps them connect with what you're doing.

**Chaining:** you start the oral care and ask the older adult to continue and complete it.

**Rescuing:** a second person enters the room and offers to "help" the older adult and you hand-off the oral care to the second person, sometimes a new person changes things and the oral care gets done

# Contact Information

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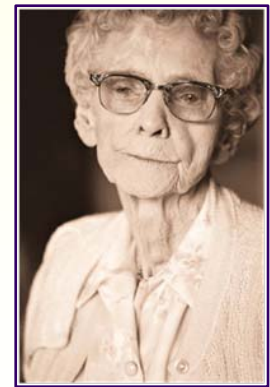
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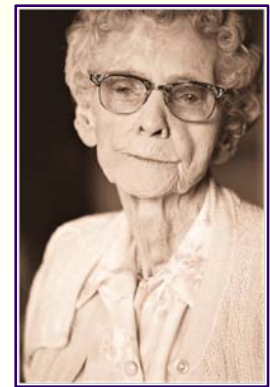
1685 Main St. W., Suite 206

Hamilton Ontario L8S 1G5

P: 905-529-7030 x 31

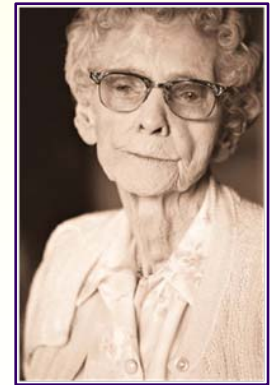
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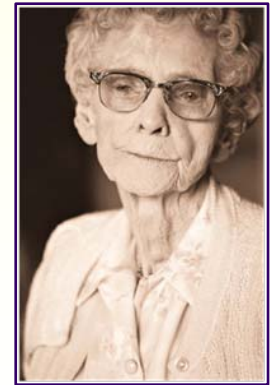
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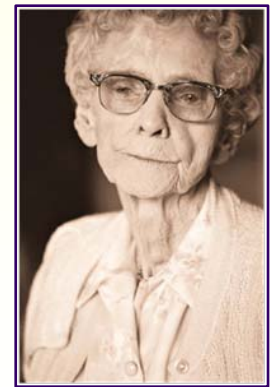
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# Website Resources

Regional Geriatric Program Central: [www.rgpc.ca](http://www.rgpc.ca) (long-term care and primary care)

Regional Geriatric Programs Toronto (GiiC link): [www.rgp.toronto.on.ca](http://www.rgp.toronto.on.ca) (primary care)

Halton Region Health Department – Dental Health:  
[www.halton.ca/health/services/dental/](http://www.halton.ca/health/services/dental/)

Centre for Community Oral Health- Long Term Care Fact Sheets,  
University of Manitoba  
[www.umanitoba.ca/faculties/dentistry/ccoh](http://www.umanitoba.ca/faculties/dentistry/ccoh)

Registered Nurses Association of Ontario: [www.rnao.org](http://www.rnao.org)  
(best practice guidelines)

