

# G2C Case Studies - Primary Care

Regional Geriatric Programs of Ontario  
GiiC Initiative for FHTs and CHCs

# think

**Geriatrics**  
**Interprofessional**  
**Interorganizational**  
**Collaborative Care**

## ORAL HEALTH

Mrs. Orlando, a 79 year old patient was seen at home by a geriatric nurse practitioner because of concerns of persistent weight loss. She is frail with mild cognitive impairment but is still able to make her care decisions. She lives with her 83 year old husband and both are determined to remain in their home. She is more home bound since starting home oxygen for her cardiopulmonary disease. She has diabetes, severe osteoarthritis, unstable bladder, poor sleep and recurrent episodes of pneumonia.

Her chief complaint is that her teeth were hurting, her mouth was extremely dry like she had cotton balls in it from chronic mouth breathing and medications. She has difficulty chewing and eating. Throughout her life she had attended a dentist regularly but as she aged, her cardiopulmonary disease worsened, became less independent, and her oral health care diminished.

On examination, her partial dentures were ill-fitting; she had various carious lesions on some of her remaining teeth and severe gingivitis. Her oral hygiene was poor. She is suffering considerable oral pain. She weighs 52 kg and has lost 20kg over the last 4 months.

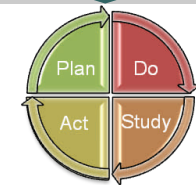
### Medications

Metformin 500mg BID  
Detrol LA 4mg OD  
Elavil 25mg QHS

Altace 5mg OD  
Hydrochlorothiazide 12.5mg OD  
Tylenol #3 I QID PRN

**Collaborating for better patient outcomes . . .**

- ◆ Is ideal oral health achievable?
- ◆ What are the challenges?



*Mrs. Orlando demonstrates the complexities of oral care for frail older people with chronic illnesses. Her tooth decay was compounded when oral care was deemed unimportant and only noticed when she had lost significant weight. Oral diseases are progressive and cumulative if untreated and become more complex over time. There is an important link between oral disease and systemic diseases such as heart disease, diabetes and respiratory diseases. Poor oral health is an important contributing factor to involuntary weight loss. Oral disease, pain and dysfunction can have an acute impact on their eating, speaking, self-esteem, health, social interactions.*

### How and why?

How does oral care relate to general health? Is it marginalized?  
Who should be involved in her care? Why?  
Are dental health professionals part of the geriatric team?  
How can health and dental care professionals work collaboratively?  
What is the goal of care? Maintaining dentition? Is it age-appropriate?  
What about discrimination of older adults re oral health care?  
What about her medical conditions, medications, functional decline, husband, community supports, other issues?  
How will her choices and values be respected? Who will advocate?  
What about her quality of life?

### Who and Where?

Who will be assessing, monitoring and treating her oral health?  
How will preventive and maintenance oral care be provided?  
Who are the dental health professionals?  
Are there *geriatric* dental health professionals?  
Are there mobile dental care services?  
Are there financial and physical barriers to receiving care  
Should we consider new practice patterns that include oral health assessments as part of home visits/primary care?  
Should health care professionals be educated re oral health?