Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

HEALTHY AGING 101

ORAL HEALTH AND OLDER ADULTS:

SPECIAL CARE for SPECIAL PATIENTS

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- Head, program for Special Needs

FOCUS ON:

STROKE

DEMENTIA

- GOALS:
- WHY ORAL CARE IS IMPORTANT
- HOW TO PROVIDE CARE (REALISTIC EXPECTATIONS)
- PREVENTION (TO AVOID/ SLOW DECLINE IN ORAL HEALTH)

SPECIAL CARE PATIENTS

- STROKE
- GERIACTRIC (FRAIL)
- DIALYSIS
- HEAD INJURY (TRAUMATIC, NON TRAUMATIC)
- DEMENTIA
- DEVELOPMENTALLY DELAYED

Issues related to Strokes

- Cognitive changes/emotional changes
- Motor changes/loss or decrease in use on one side/muscles weaker on one side of face/mouth
- Ambulation
- Speech (dysphasia/aphasia)
- Swallowing (dysphagia)
- Attention deficit

How it may affect the oral condition - what to do

- Cognitive changes/emotional changes
- Lack of motivation (leave me alone..)
- Try and encourage re time heals…(need to care re oral hygiene).
- Re emotional outbursts- give them a moment and then move on (if fuss about it, only embarrasses them).

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Motor changes

- Re: Lack of use of dominant hand, oral hygiene re use of new hand, lots of tools re interproximal care on the market…
- Re ambulation- if come in wheelchair, have them enter and exit on strong side

- Re dysphasia/speech- hard for the patient to articulate their concerns/needs (which frustrates them),so keep questions so that get a yes or no reply

Dysphagia one of biggest concerns of patients

FEAR OF CHOKING!!

- Decrease function of swallowing muscles on affected side
- A deterrent for the patient to go to the dentist, is the fear they will choke re water….
- Need to reassure the patients that the airway is one of your primary concerns
- Patient will be more comfortable upright
- Posture the patients head forward
- Can use cavitron, just use with head forward to block the airway (plastic bib is useful) and both suctions on
- Stand up dentistry (not a reason to refer to the hospital!).

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Re attention deficit

- Why I think patients need to be seen ASAP after stroke, to ensure they don't have an attention deficit disorder
- If they do, they will be unaware of one half of the mouth, they won't brush it, as it is not there to them (one side perfectly clean, one side untouched).
- This must be reviewed, not only with the patient, but with the care giver/family member, as this side most likely will break down…
- Show them with a mirror, show the family, have someone help if necessary

DENTURES AND STROKES

- Many consults re change of dentures after a stroke
- “The dentures are loose because I lost weight”
- The denture didn’t change, the patient did (the muscles supporting it)
- Don’t loose weight under the ridge, loose the muscle bulk with lose of overall weight
- Reassure the patient with time, may improve
- Unless the stability is poor, I would suggest not touching the dentures (they will only be disappointed).
- building up the buccal acrylic may help?

- Don’t delay treatment after strokes - not the same as MI 6M wait unless urgent care.

- Important to see these patients as soon as possible, to avoid trouble, as attention deficit is a big problem in these folks!

Many of these patients are on Anticoagulants / Antiplatelets

THEY ARE ON IT FOR A REASON!

•If need, consult and educate the MD (some think they need to lower or stop coumadin all together).

•I don't ever tell them to stop the medication (unless I am willing to deal with the stroke that may occur)(thromboembolytic events noted up to one month after anticoagulants reduced…as per the 2008 SCDA meeting, Dr Robert Henry).

•As long as the INR is 3.0 or less, I will treat. (U.S often work up to an INR of 3.5, here the usual is 3.0). IF INR is over 3.0, we reschedule (why done 1-2 days before).

•No need to do PT, PTT, INR for aspirin or low MW heparins, appropriate test is the bleeding time, but it does NOT predict increased blood loss in dental surgery. Patient past history more valuable.

•Low MW heparins are considered a “non measurable” medication

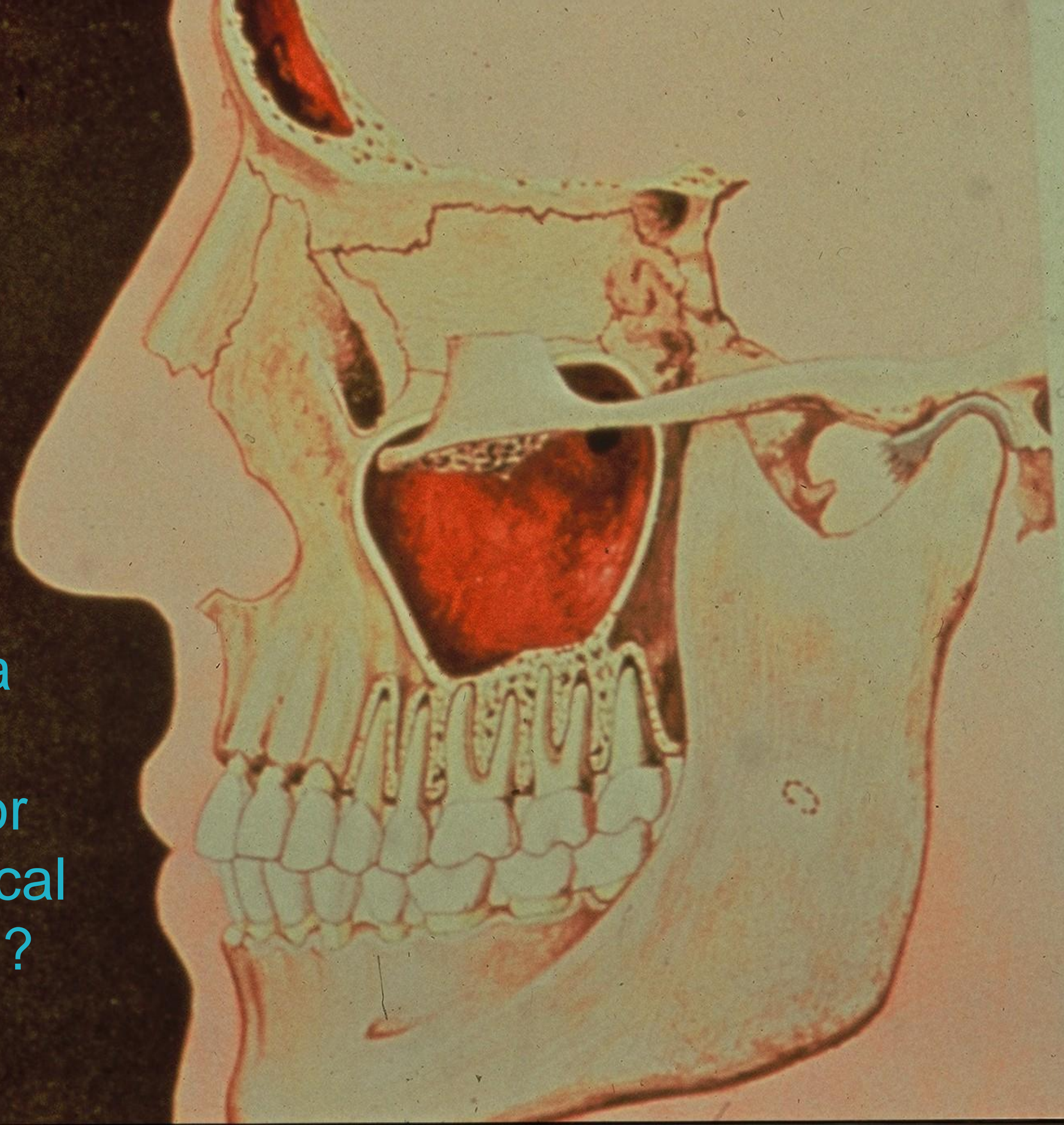
•If on asa and heparin and plavix…I may do a BASELINE PT, PTT, INR

.

•Patients with the potential to be thrombocytopenic i.e. Hepatitis C and chronic Etoh abusers: CBC with platelet count recommended.

•Consult with MD when in doubt!!!

- Newer drugs such as xarelto….if can, don’t take their daily dose until the evening, and if bleeding, have patient bite on gauze, even if for a full day, and miss the evening dose. This is done in collaboration with MD.



Is there a dental source for the medical condition?

SWALLOWING ISSUES (head injuries, strokes…)

•Risk of aspiration

•Good suction and rubber dam for restore!

•Aspiration pneumonia and oral bacteria - why good oral hygiene and regular cleanings are so important!

•Aspiration risk of grossly mobile teeth

• usually will spit tooth out or swallow it….but may aspirate if cognitive or motor function is compromised-remove these teeth!

•Can use cavitron, with patient upright and head is postured forward to block airway, and high and low volume on at all times (and plastic bib!!)- operator stands-care with back! (I put my foot up on a stool!).

“DEMENTIA” patients (Geriatric psychiatry)

- Pain and infection can contribute to negative behavior (often behavior better, without adjusting meds, after an extraction!).
- Goal for advanced dementia: pain free, infection free (many have lost their verbal skills, so can’t tell you if something is troubling them, will act out in lieu). QUALITY OF LIFE issue! Treat these patients while you can!
- Long term prognosis in the face of poor cooperation and lack of hygiene, is very poor….think down the road, can they maintain it? If it fails in 5 years, they will be 5 years older, more frail, often more aggressive- so deal with it now while can. Later, often must leave and observe… (if can get out most of caries and seal it for comfort measure, most likely will stabilize the area..).
- Early stages: frequent recalls, fluoride…keep trouble away, as often too hard to address/fix when behavior is an issue. (easier to prevent than fix!).

How to treat an uncooperative dementia patient safely:

- Short term memory issues: explain often, when treating-"restart" the appointment as soon as feel their agitation start to rise.
- Be on guard: stand at side of patient (never directly in front)
- Arm posture - protecting myself ("on guard")
- Don't hold them – they will fight you! (hands hover over their arms to block, vs hold).
- Explain (even if they have reverted to their mother tongue!).
- Quiet environment with exception of patients music choice (limit talking unless to patient, as confuses the patient).
- "Cute" patients…may not help you, but they won't hurt you
- They often don't like to recline back too far (breathing, control...)
- GENDER PREFERENCES!

DEMENTIA and DENTURES

- Name tags (go missing easily) - do same day, as often out of sorts without them
- If lost- should we remake?
- Dentures rely on cognitive and motor factors in order to succeed.
- Do they need them- most likely, diet already modified due to change in motor functions and compromised swallowing (regardless of dentures)
- Could you make them if you wanted to?
- Will they wear them (coping is poor)?
- Who are they for? The patient or the family?
- OUR RULE IS: if they can’t manage them on their own, we do not recommend they use them, as they now become an airway risk!
- If early in dementia and appropriate, implant supported dentures? Retrofit existing or new…one less thing to annoy patient.

CONSENT with DEMENTIA (from POA)

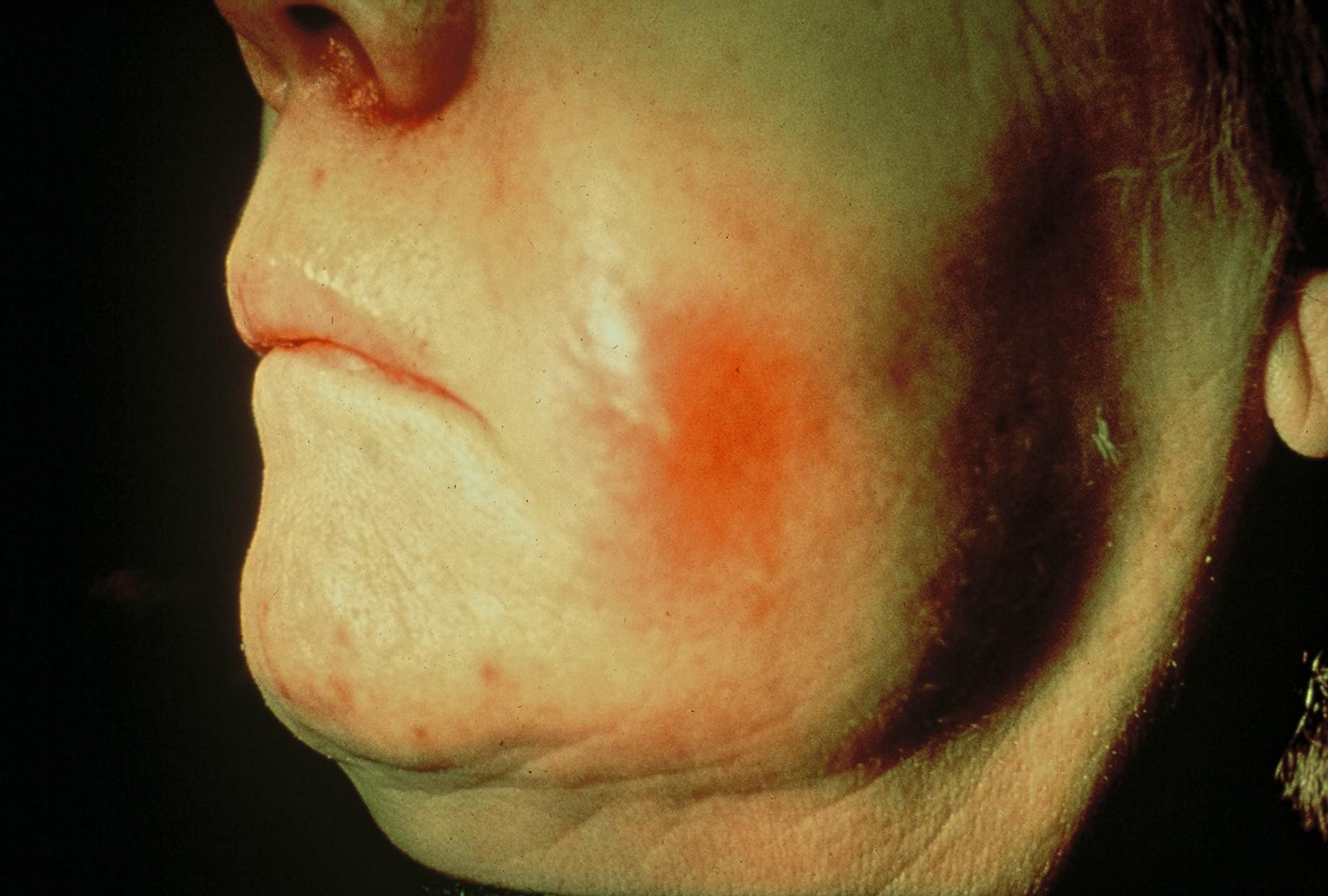
- Need re care/treatment and $
- Often write on the consent form (after I have verbally explained it to them) that if I am not able to take an x-ray of the tooth to be removed, I will remove it, even without the x-ray (as it is easier to take out a tooth than do an x-ray on patients with cooperation issues!)
- Remind them we are doing the best we can, and may not get all treatment completed…(windows of cognition, sedation working?)
- if can't treat and medically well…consider GA referral
- if not medically fit, monitor and treat palliatively (antibiotics and analgesics, to push acute back to chronic)
- goal is pain free, infection (acute) free!

Often the aggressive demented patients will let us treat them, yet they resist others with ADL!

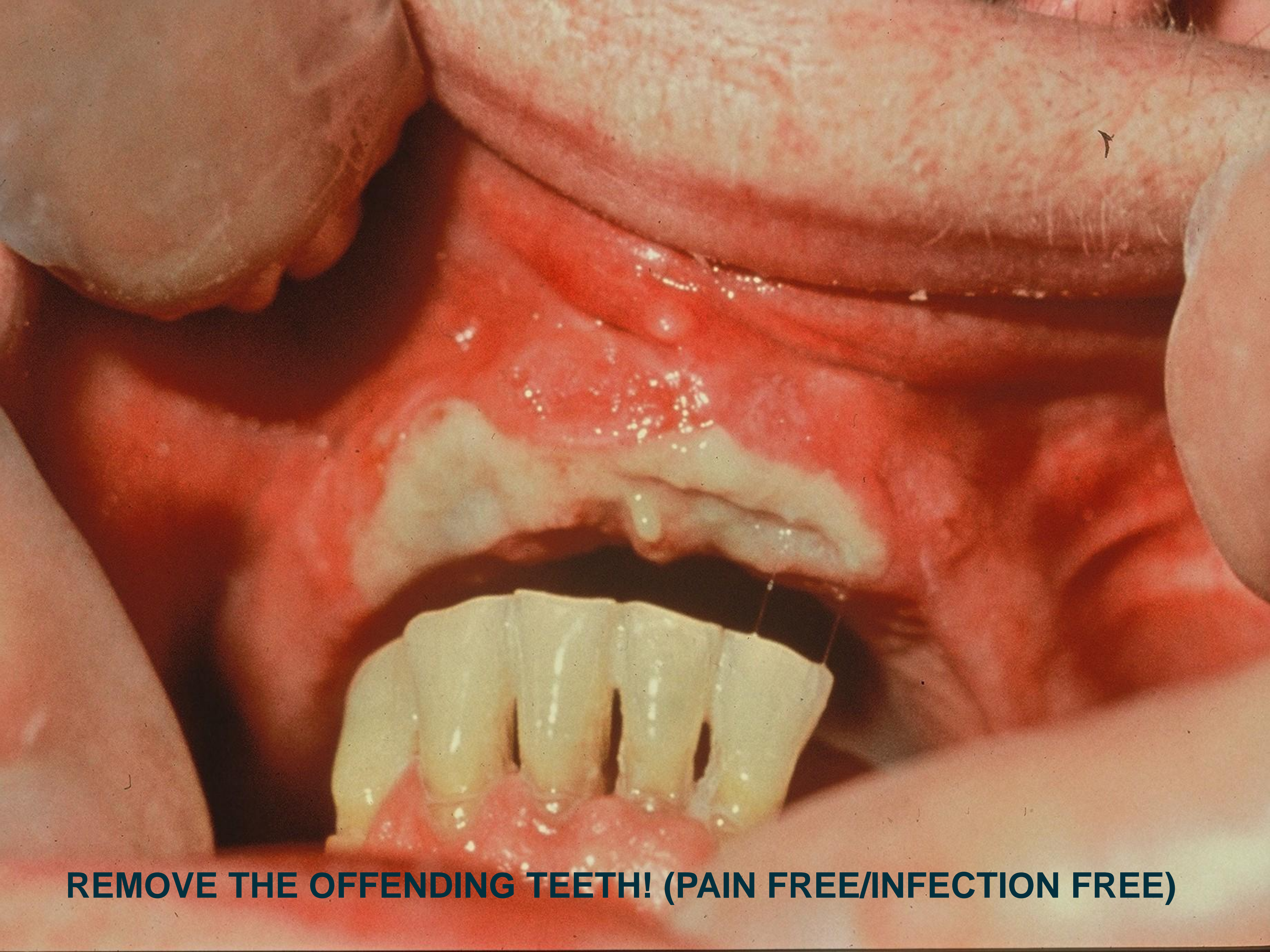
We often get told not to bother, will get nothing done….yet we often can!

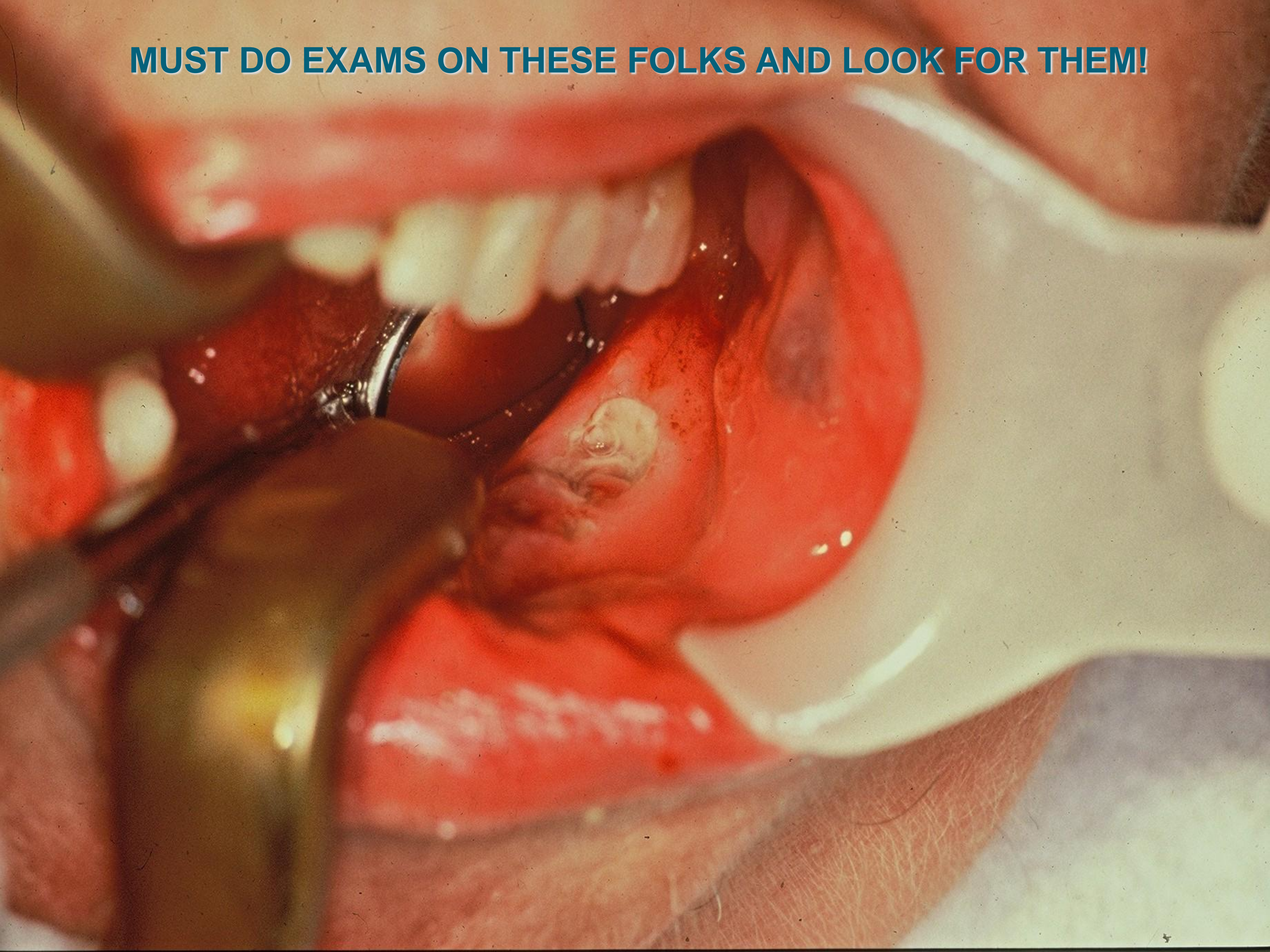
There is no one better to treat these patients than their dentist of years.

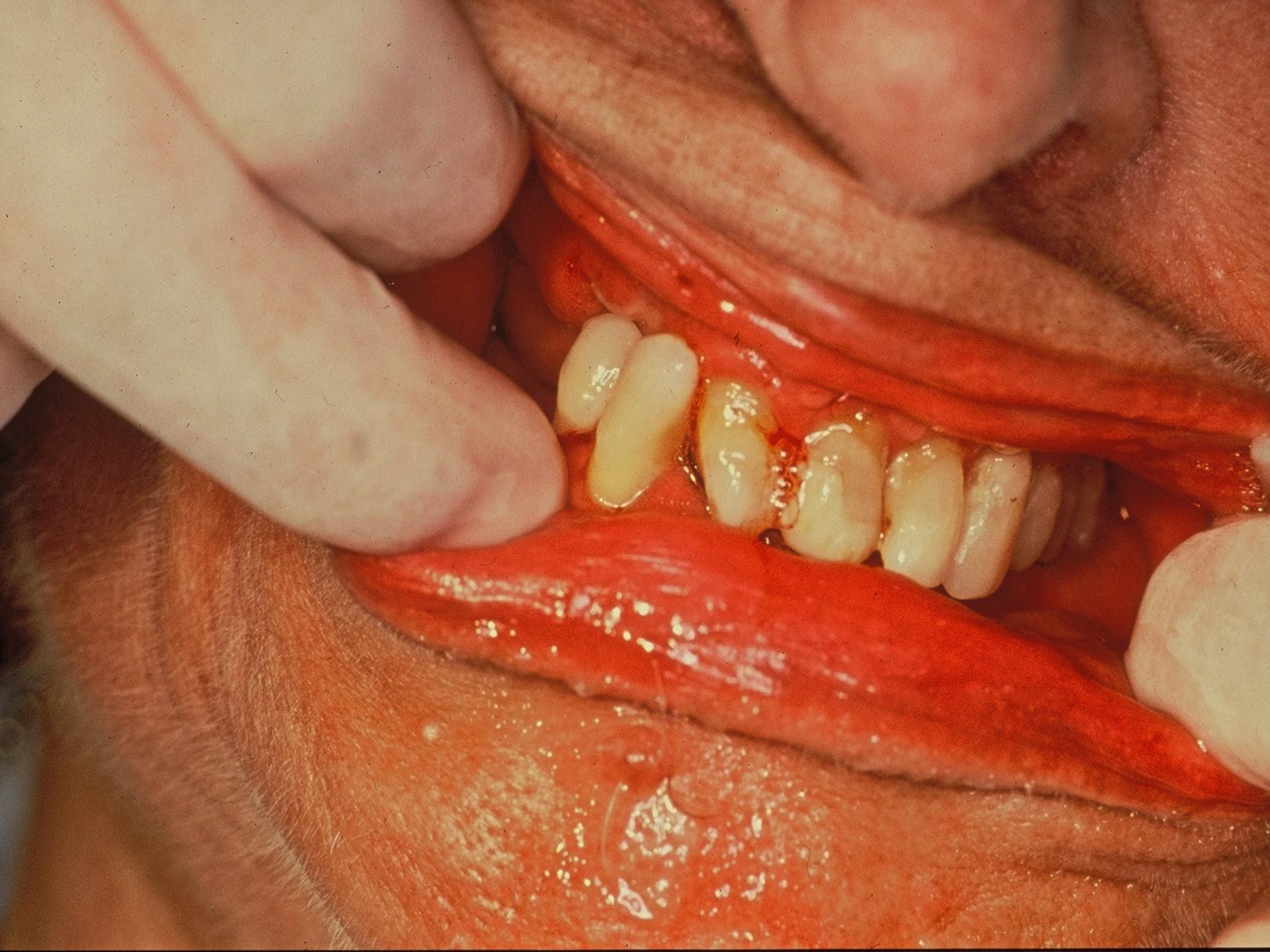
These patients should be seen, to look for trouble! Things that can affect their behavior and quality of life are not often visible, as we know.



ASYMETRY FROM INFECTION vs ‘NATURAL’ ASYMETRY


REMOVE THE OFFENDING TEETH! (PAIN FREE/INFECTION FREE)


MUST DO EXAMS ON THESE FOLKS AND LOOK FOR THEM!



TRANSFERS

•If in a wheelchair, I ask, “can you *transfer*” – NOT ” can you walk?”.

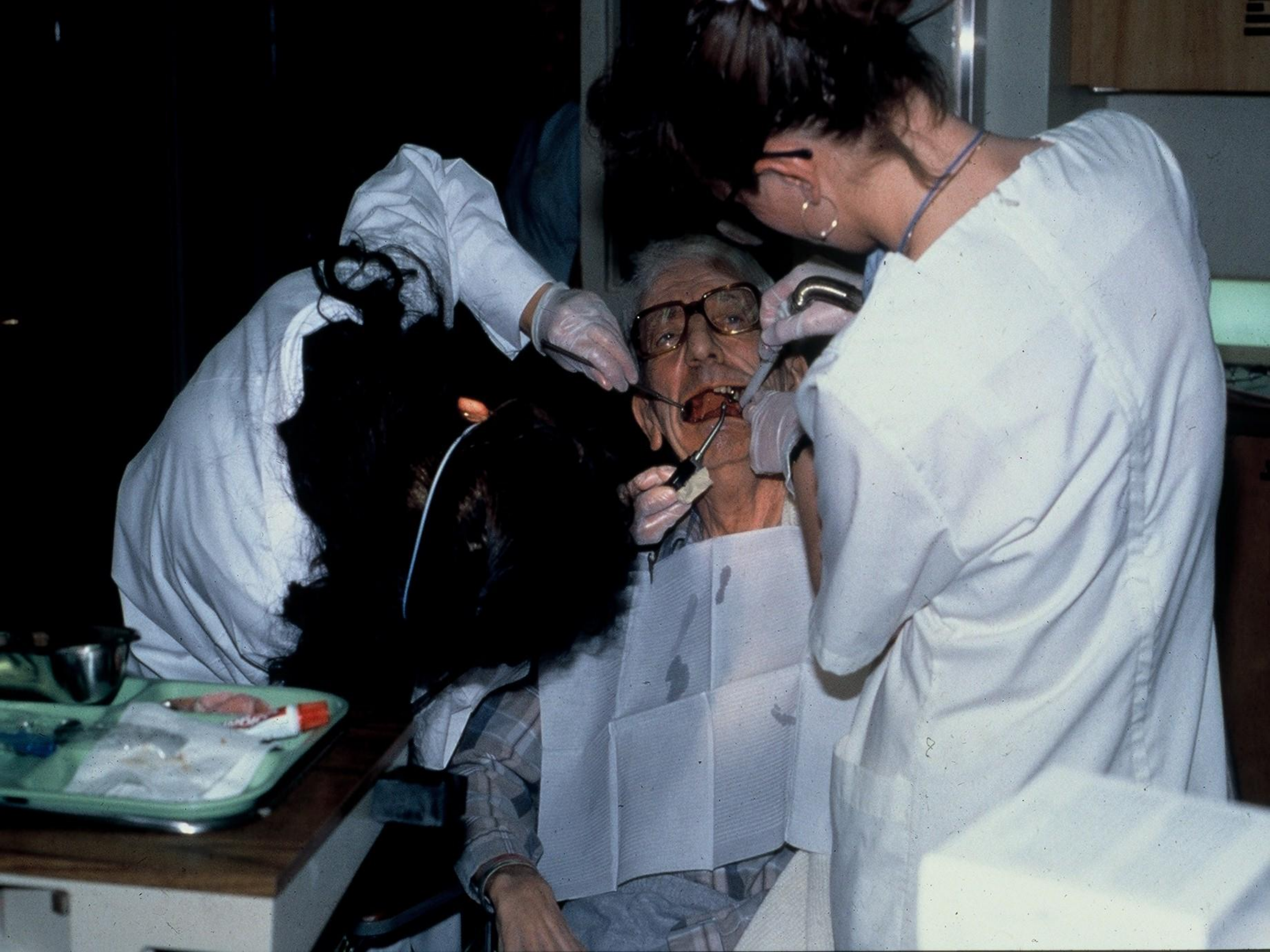
•If they say no, I ask “*how did they get into the chair?*”

•They just need to weight bear in order to transfer

•For hemiplegic patients, if able, transfer in and out on “good” side

•If something very quick, I will leave them in their chair, if not, *transfer -* for your **backs’** sake!

•If not transferring -use your legs and protect their neck/head support.



ACCESS DIFFICULTIES

- Difficult getting some of the frail folks around. If they come, I want to know I can treat them that day, since they are usually coming because there is a problem
- A Referral list must be completed before I will see someone - so as not to waste theirs, their family member’s, and my time!

MEDICAL HISTORY FOR DENTAL CONSULT

This form must be faxed to the UC dental clinic **prior to** dental appointment
(Fax 416-597-7115, attn. Zara Comer)

SECTION 3: MEDICAL HISTORY (to be completed by MD)

Attending physician: ______________________

Patient's surname ______ Given
Admission date (day/month/year)
Health card number ______ Version code
Date of birth (day/month/year)

1. Medical history summary:
____
____
____

2. Does patient need antibiotic coverage prior to invasive dental treatment (according to AHA guidelines)?
o No
o Yes, due to : o Heart murmur o Shunt o Central line o Other ______________

3. Is patient on blood thinners? o No o Yes ______________________________

4. Is patient medically fit for routine dental treatment (cleaning, filling, simple extractions)?
o Yes o No - if no, the dentist will contact the MD prior to treatment.

5. Special precautions before dental treatment of this patient:
____
____

6. Allergies: ______________________________ Normal BP ____________

7. Current medications (o list or o attach photocopy of current Nursing mar):
____
____
____

8. Is patient competent to give informed consent?
o Yes o No. If no, substitute decision-maker _______________ must accompany patient.

9. Is patient competent to give financial consent? o Yes o No

______________________________ ____________________
Signature of referring physician OHIP reference number

Advice re providing oral hygiene to patients

(whether from DD or head injury or dementia)

•Mantra to the students, family and PSW's: if you get bit, it is your own fault- don't put your fingers between unpredictable patients teeth!! (PSW's often say they won't brush for fear of getting bit)

•Most of the trouble is on the bucal surfaces, look there and clean there (if they are very vocal…can look on palatal side!). (PSW's often say can't brush as they won't open- no worries, brush the bucal)

•Take care at the gum line, no scrubbing (I offer to scrub the psw's teeth and see how they like it!).

•Gentle but thorough

•"You can't clean it if you can't see it" (to the students or the psw)

•Hypertonic lips, finger in mucubucal fold, small toothbrush…or will miss the gum line

•From behind the patient, so sweeping motion same as the one we do in our own mouth, and gives a "birds eye view"

•Do the best you can, not a perfect situation, but try (if never try, never will desensitize the patient…gets harder)

- Give written instructions to the family

Date:

To Care giver of __________,

________ was seen in the Toronto Rehabilitation Institute Dental clinic today for assessment/a recall and a cleaning. She/he presented/came with ___________.

Thank you for your care of _______.
__________will need someone helping with the dental brushing on a daily basis.

Just some general dental oral hygiene reminders:

Brush from the gum line onto the tooth, in a gentle, slow sweeping motion. This will clean more efficiently, and be more comfortable for the patient. Lift the lip so you can see the gum line area (if you can't see it, you can't clean it!).

Don't put your fingers between their teeth, as if they close, you don't want your fingers in there. You will not get bit if you keep your fingers on the outside of the teeth. If they won't open, at least clean the outer surfaces (as most of the decay happens on the outer surfaces..and the tongue will self clean the inner surface).

It is often easier to clean someone else's teeth from behind the patient, as the sweeping motion is the same as if we are doing our own mouth. Her/his head can rest on your arm, that way her/his head is supported, and you have a "birds eye view".

A smaller head on a soft toothbrush will get to the gum line area easier, in comparison to a larger head.

_______ may say ouch every now and then, but if the motion is truly gentle, just reassure her/him that she/he is doing well and you will be done shortly (and continue).

When brushing, the mantra is : gentle but thorough" (like a slow dance with someone!).

If you have any questions….please do not hesitate to contact me at 416-597-3422, ext 3048.

Thank you very much,

Sincerely,

Dental staff
Toronto Rehabilitation Institute (UHN)

- they are often not the ones doing the oral care!

General, repeated tools/tips re: hygiene, prevention…

•Clean q3m and a neutral fluoride

•Magnifying mirror in the bathroom

•Chlorohexidine (swallowing?)

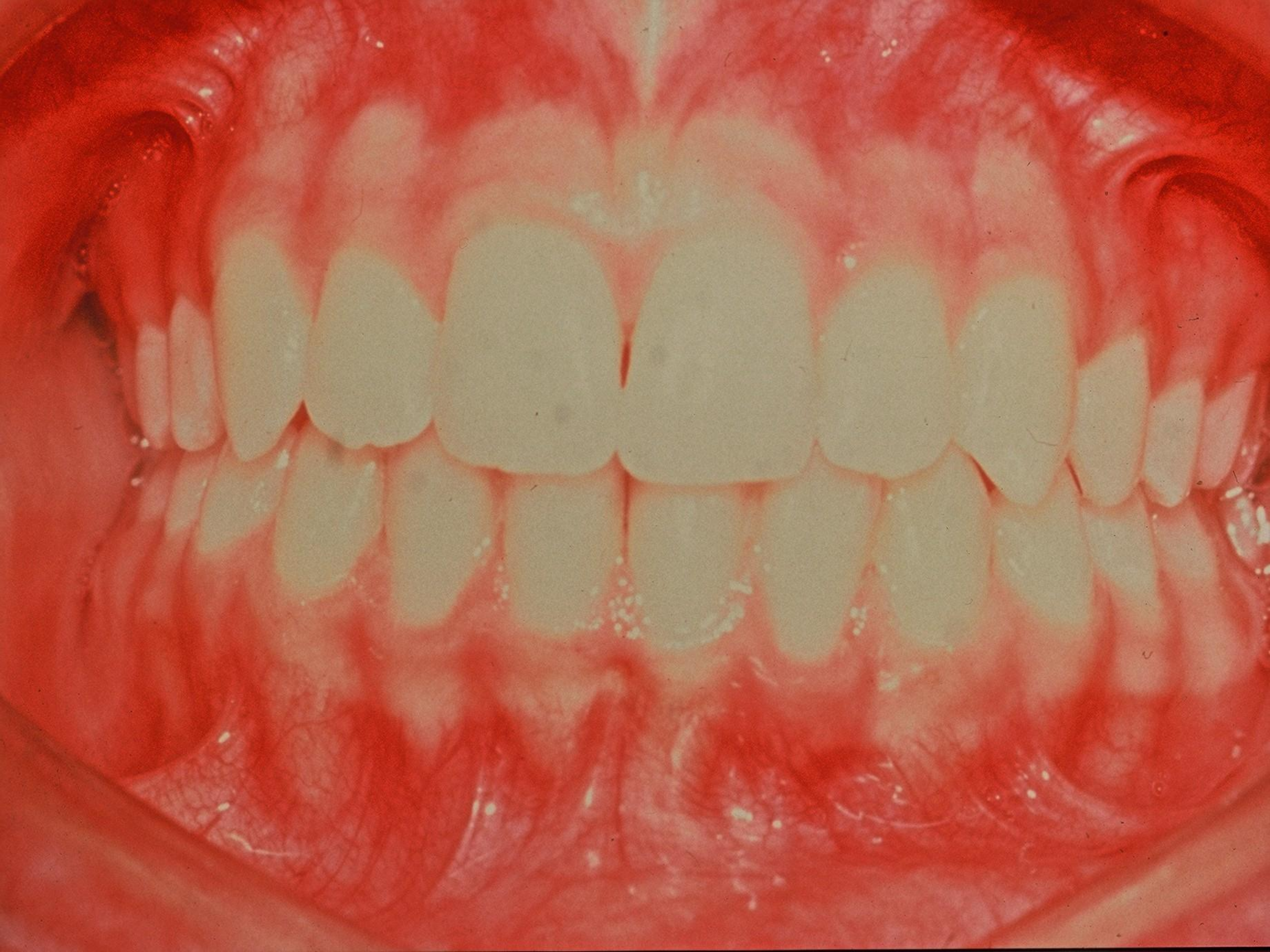
•Weekly use of a high fluoride toothpaste

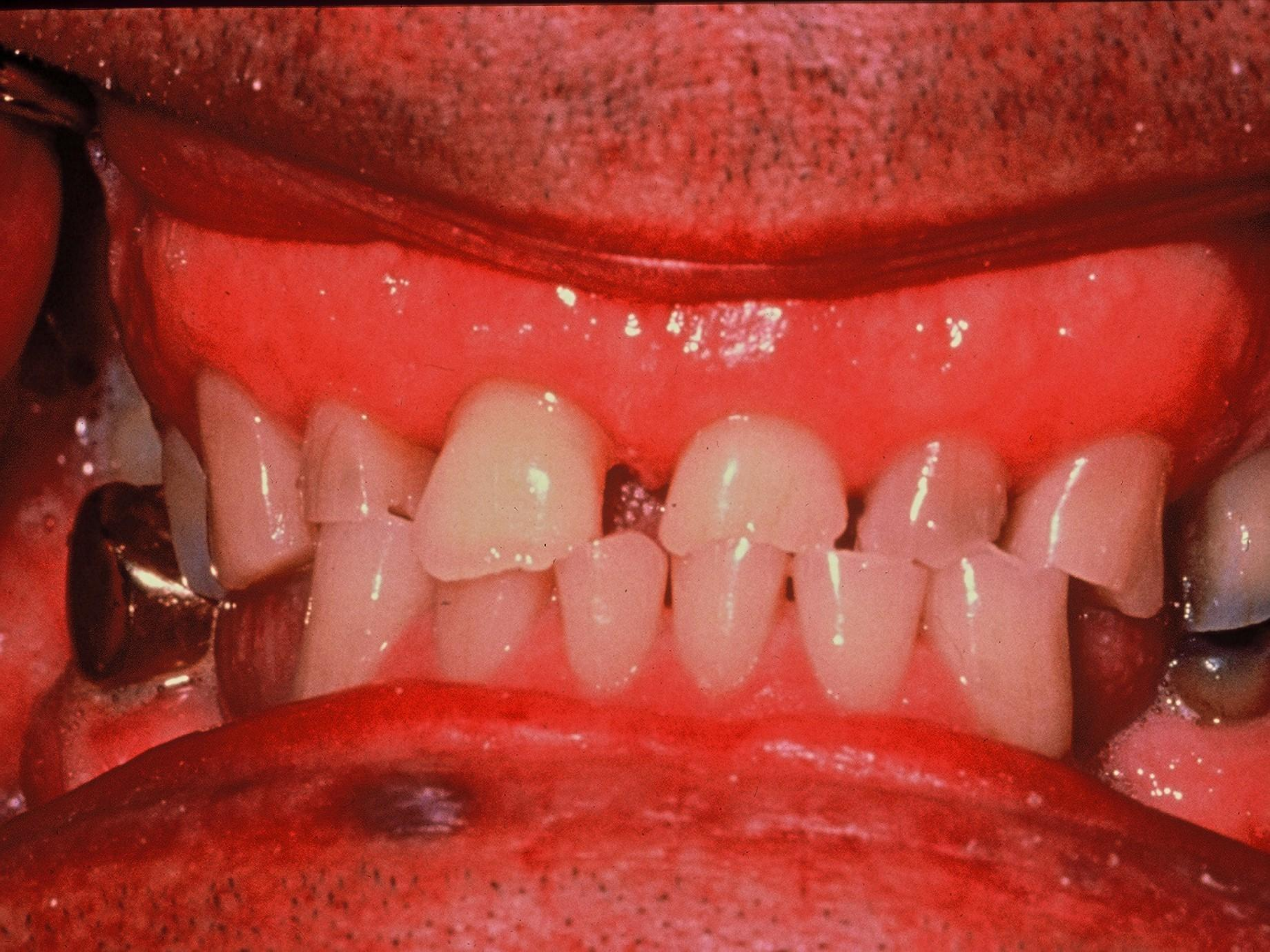
•Sips of water to spread their own saliva

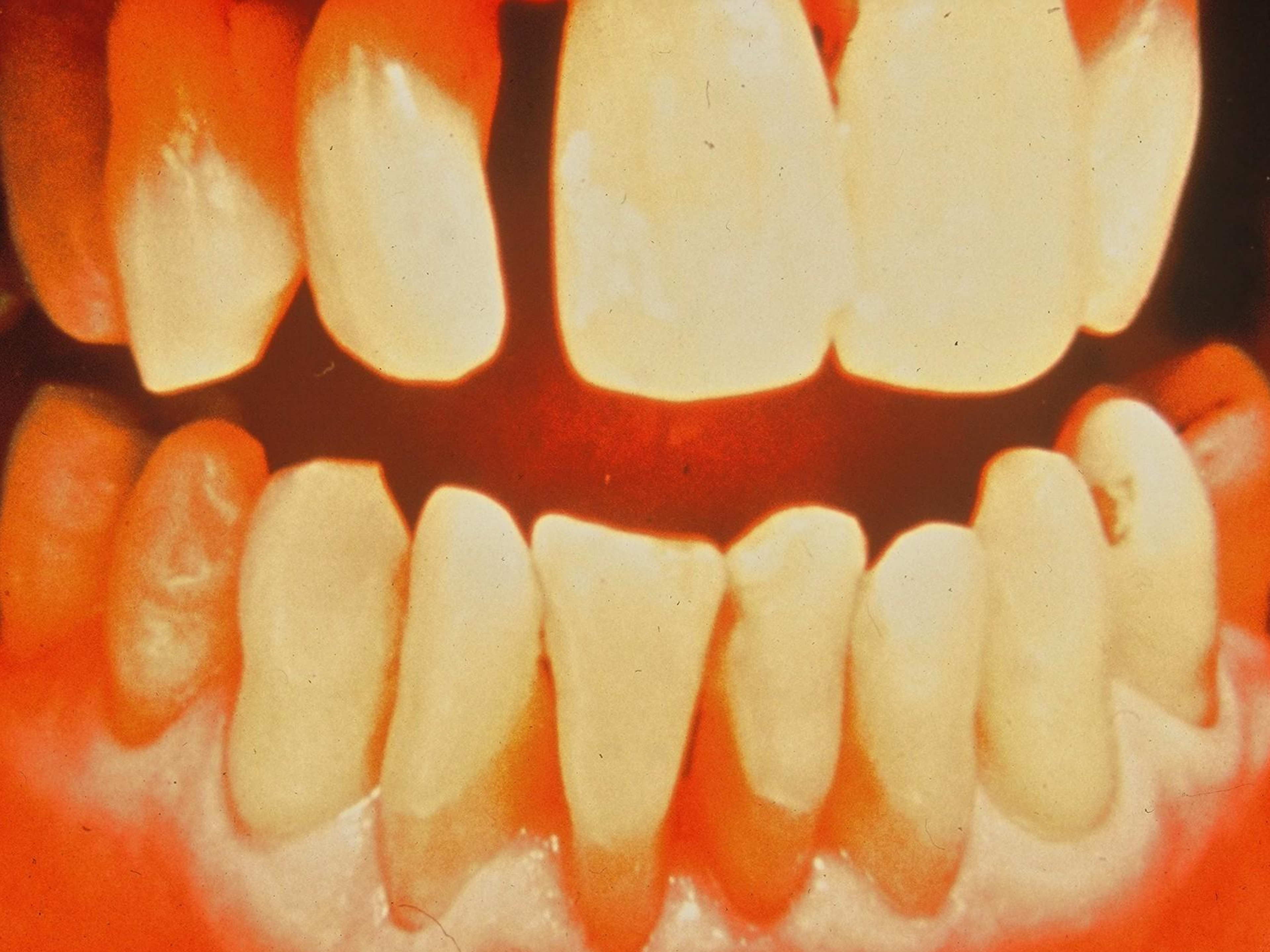
•Non alcohol mouthwash

NEWER AIDS: SDF and PREVORA

SO, HOPEFULLY, THIS…







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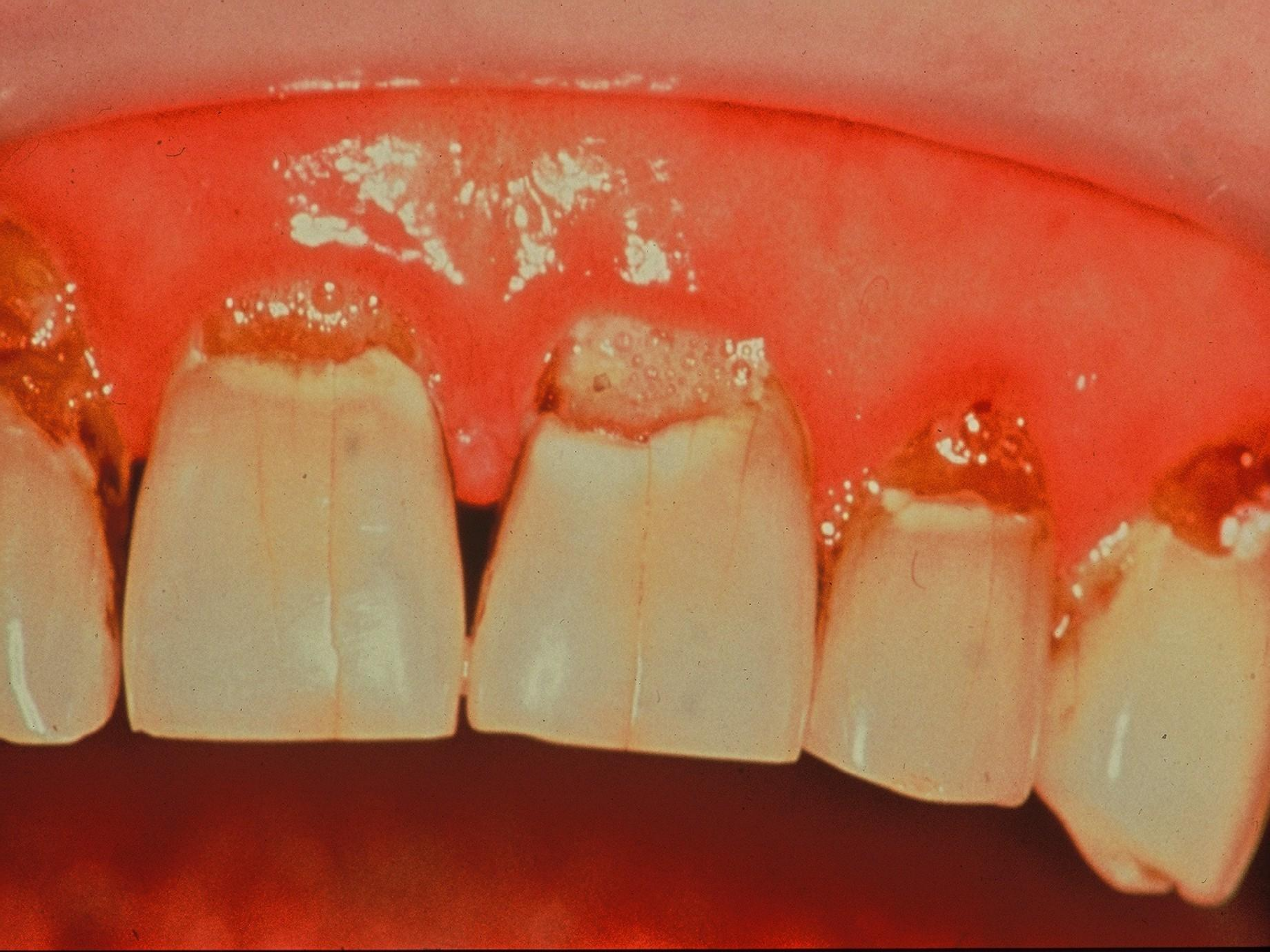

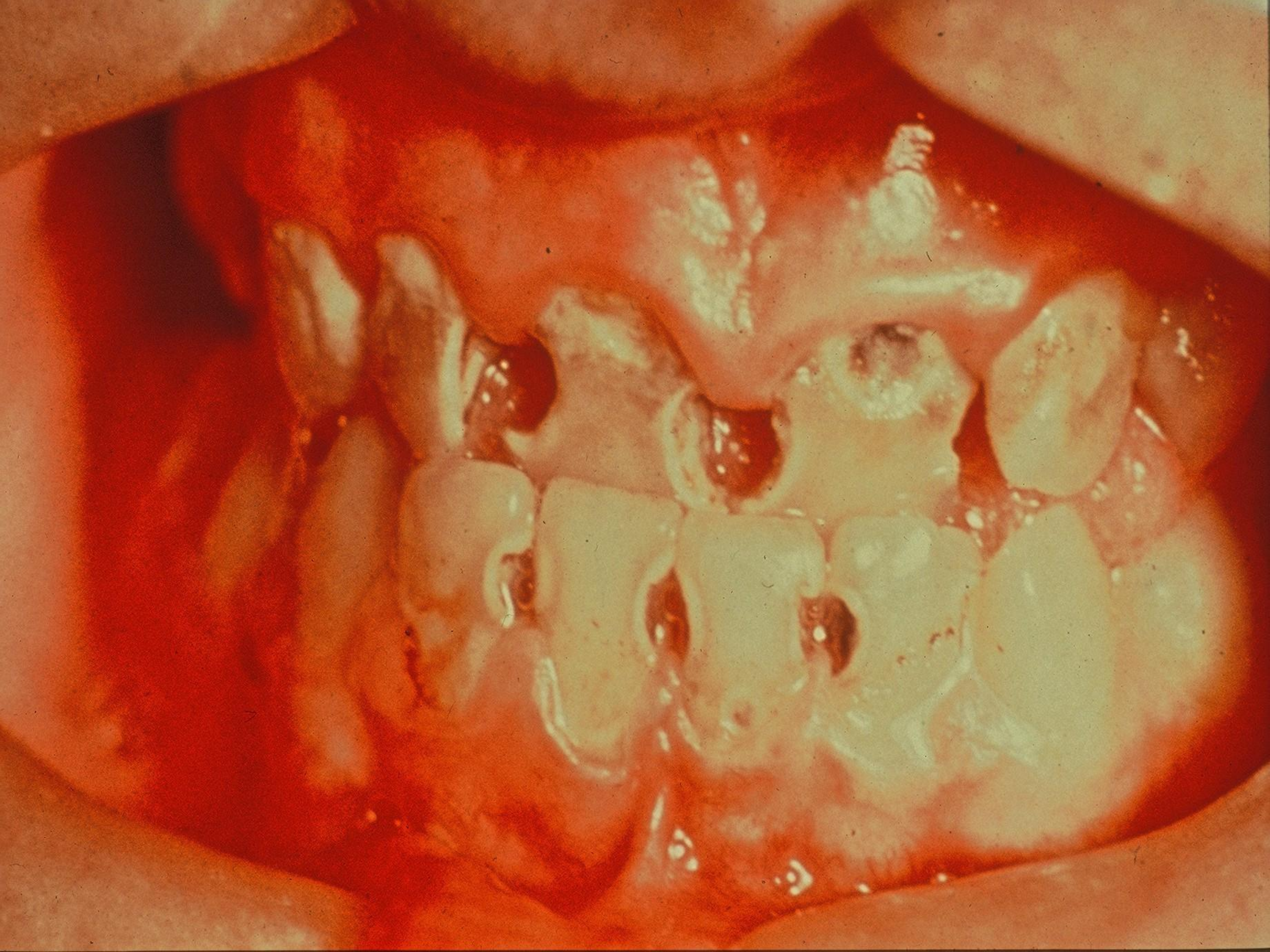

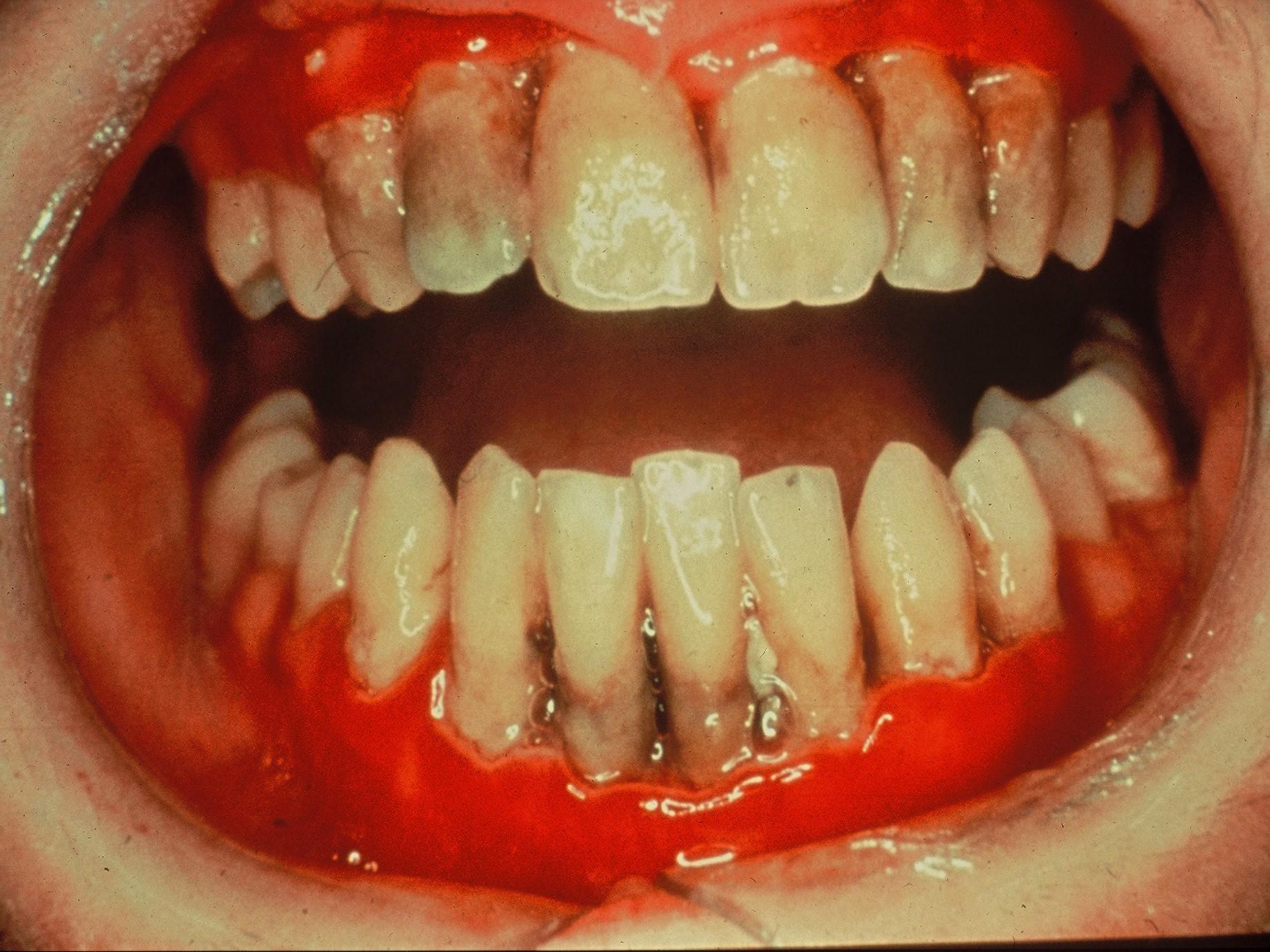

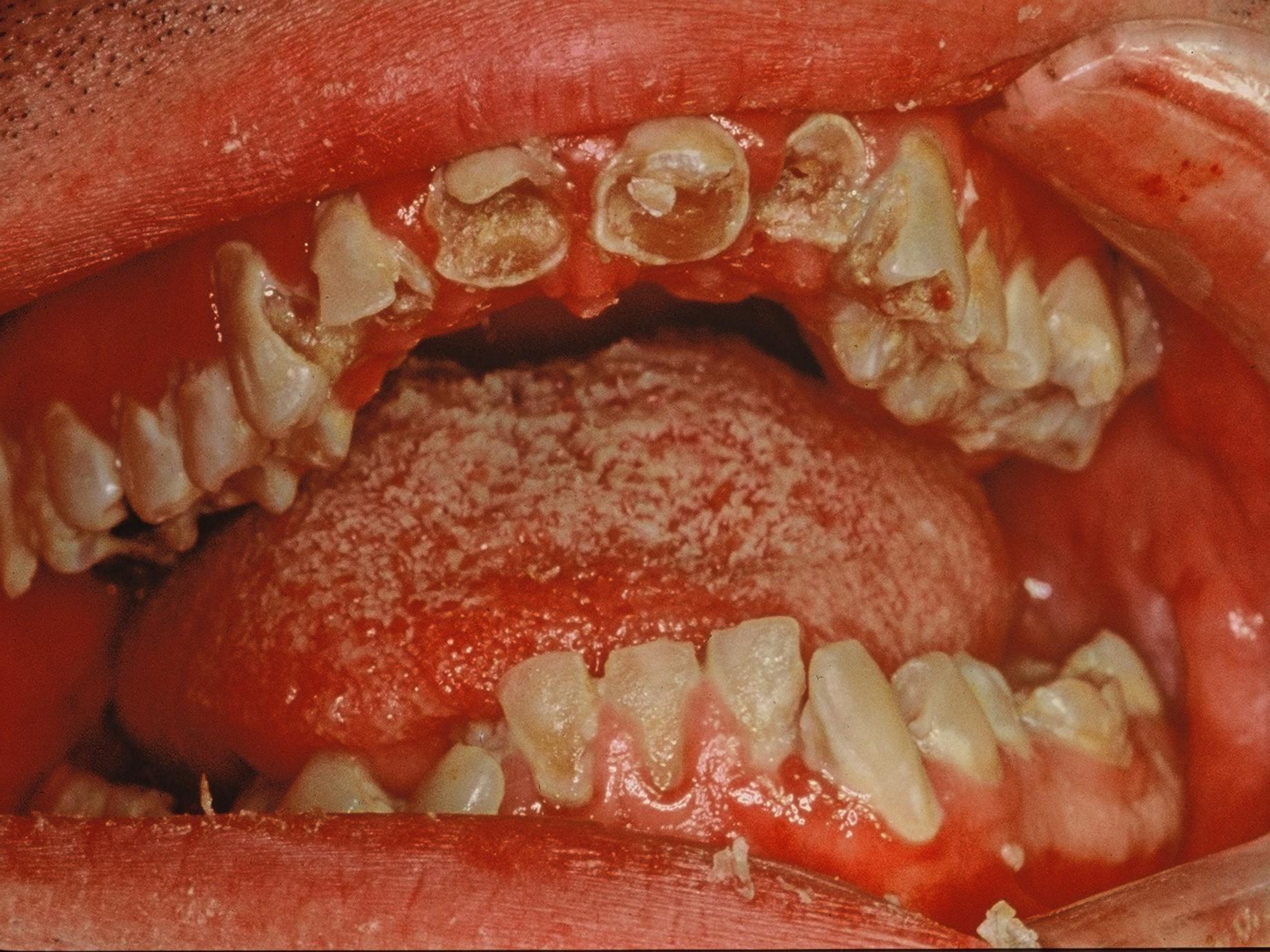

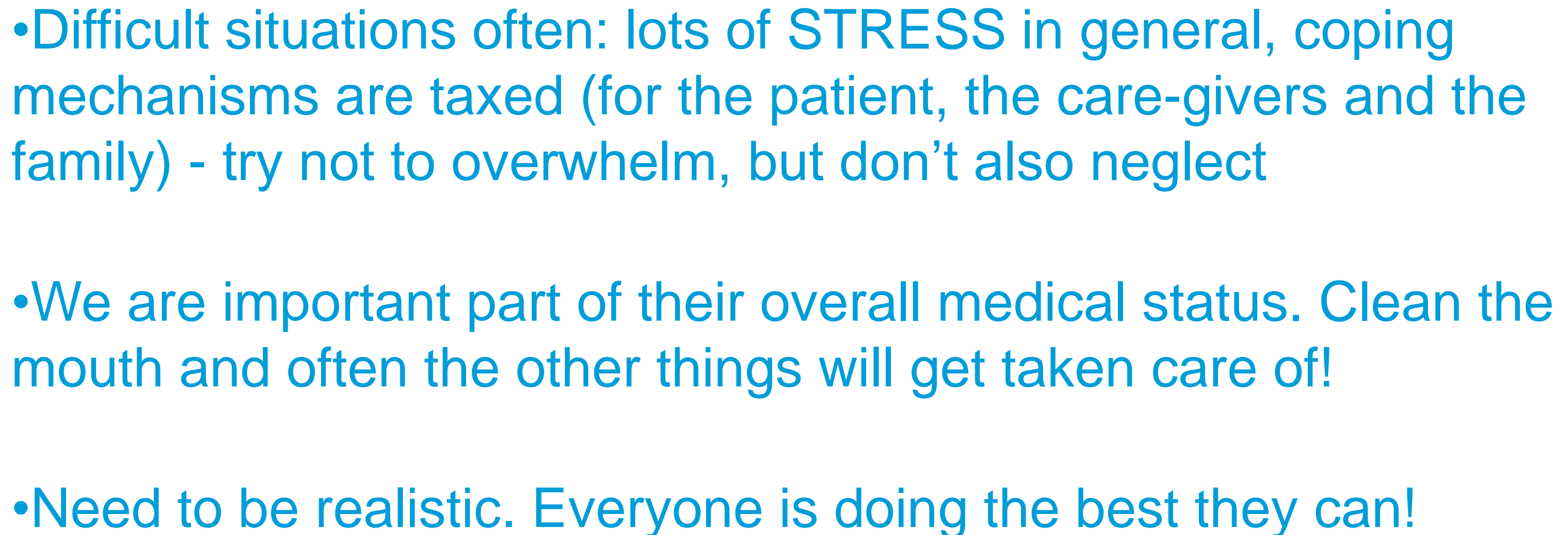
•Difficult situations often: lots of STRESS in general, coping mechanisms are taxed (for the patient, the care-givers and the family) - try not to overwhelm, but don’t also neglect
•We are important part of their overall medical status. Clean the mouth and often the other things will get taken care of!
•Need to be realistic. Everyone is doing the best they can!

Thank You!