

ORAL HEALTH AND DENTAL TREATMENT FOR PEOPLE WITH DEMENTIA

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7.12.18

QUALITY OF LIFE AND ORAL HEALTH

Functions: Mastication and speech

Pain/discomfort: Acute or chronic

Social: Appearance and self esteem



- The dentist faces the challenges when providing treatment for people with dementia who may no longer have, or will reach a stage when they no longer have, the ability to:
 - **Voice** their needs for oral health care and treatment
 - **Carry out** daily oral hygiene to a level that prevents dental disease
 - **Make** informed choice
 - **Give** valid consent for treatment



BARRIERS TO ORAL HEALTH :

- The severity and stage of the dementia
- The individual level of cognitive impairment and physical disability
- Lack of personal perception of oral health care problems
- Previous dental history, including oral health care and dental assistance
- Ability to receive oral hygiene care from carers and/or the dental team
- Impact of medications leading to xerostomia
- Capacity to consent to care
- Lack of information on how to access the dental services
- Attitudes of the dental team and carers regarding ageing and dementia

ORAL HEALTH

- People with dementia have poorer oral hygiene
- The loss of cognitive and motor skills as dementia progresses reduces the ability to carry out oral hygiene procedures. Reliance on carers who may not have the motivation, knowledge, skills or training necessary to carry out oral care
- Gingivitis, periodontal disease more common with higher plaque scores, more calculus and heavier gingival bleeding
- Higher coronal ,cervical and root caries



ORAL HEALTH RISK ASSESSMENT

- Three broad groups of assessment systems:
- An **Intra-oral assessment** can be simple, as in screening; or complex, as in full clinical examination
- **Observed or reported behaviour** may be more effective than those based on clinical examination, for individuals who are less able to be compliant
- Assessment of the **individual perception** of need and subjective value of oral health is valuable during the early stage of dementia

INDEX OF DENTAL MANAGEMENT TO ASSESS ABILITY TO CO-OPERATE FOR DENTAL TREATMENT

Can patient brush teeth or clean dentures? Yes(0)	Needs some assistance (1)	Needs complete assistance (2)
Can patient verbalise chief complaint? Yes(0)	To limited degree (1)	No (2)
Can patient follow simple instructions? Yes (0) e.g. sit in chair	Occasionally complies (1)	Cannot follow instructions (2)
Can patient hold radiograph in mouth with film holder? Yes(0)	Sometimes (1)	Never (2)
Is patient assaultive (bites/hits)? No(0)	Sometimes (1)	Always (2)
Total score 0	5	10
<i>Scoring system: 0-3, mild disease (no change in treatment); 4-7, moderate disease (modify treatment plan); 8-10, severe disease (emergency treatment only)</i>		

EXPRESSION OF ORAL SYMPTOMS (MOBID SCALE)

- Changes in behaviour, which can be indicative of oral pain include:
 - Refusal to eat (particularly hard or cold foods)
 - Constant pulling at the face
 - Increased drooling
 - Leaving previously worn dentures out of the mouth
 - Moaning or shouting
 - Disturbed sleep
 - Refusal to co-operate with normal daily activities like tooth brushing
 - Aggressive behaviour towards carers

○ The dilemma in decision making:

- When a dental condition requires intervention
- How to know if cognition is impaired to the point that pain perception is so altered that the patient neither perceives pain nor is able to describe it
- How to predict which seemingly asymptomatic oral conditions will become symptomatic in the absence of treatment



GENERAL PRINCIPLES FOR ORAL HEALTH CARE

- ◉ **Preventive measures** to minimize dental disease as soon as possible
- ◉ **Dental intervention** in the early stages of the condition to manage outstanding dental treatment needs
- ◉ Ensure **dentures** are named; cleaned professionally on a regular basis; and renewed using a duplication technique when their replacement is necessary
- ◉ **Regular reviewed** tailored oral health plan to the individuals needs to maintain the oral health status, avoid pain and minimise further interventions

GUIDELINES WHEN PROVIDING ORAL CARE FOR PEOPLE WITH DEMENTIA :

- ◉ Recognition that some people have good days and bad days. Dental care is postponed to a good day and to the individual's best time of the day
- ◉ **Short attention spans** mean the ability to cooperate is decreased and dental appointments should be kept within the individual's capacity to cope
- ◉ **Short-term memory loss** means communication can become difficult and tedious. Clear short instructions repeated in the same words are useful
- ◉ The person with dementia is likely to ask the same questions repeatedly

THE ROLE OF CARERS

- The carer has a role in maintaining daily oral hygiene and in initiating dental treatment, whether it is a routine or emergency care
- A balance is struck between maintaining independence and maintaining adequate oral health
- As manual dexterity decreases, electric toothbrushes or toothbrush handle adaptations may help to maintain independence
- The carer needs instructions and support from the dental team
- Family members must be trained in regular oral and denture hygiene procedures



DENTAL TREATMENT

- **Early Stage** (first 0-4 years) most high quality and low maintenance restorative treatment and preventive care measures are carried out, anticipating the person's decline in co-operation and ability for self-care.
- **Moderate Stage**, (2-8 years) the focus of oral care is maintenance and prevention, frequent recall visits and support of carers employed.
- **Late Stage**, treatment focuses on enforcing prevention, maintaining oral comfort and emergency treatment, non-invasive as possible

ADDRESSING THE BARRIERS

- ⦿ The provision of **domiciliary dental services.**
- ⦿ Development of **team working**
- ⦿ **Access to oral hygiene** equipment and maintenance of dignity in care settings
- ⦿ **Access to information** about oral health care and dental service provision
- ⦿ Appropriate **education and training** for care workers and healthcare professionals