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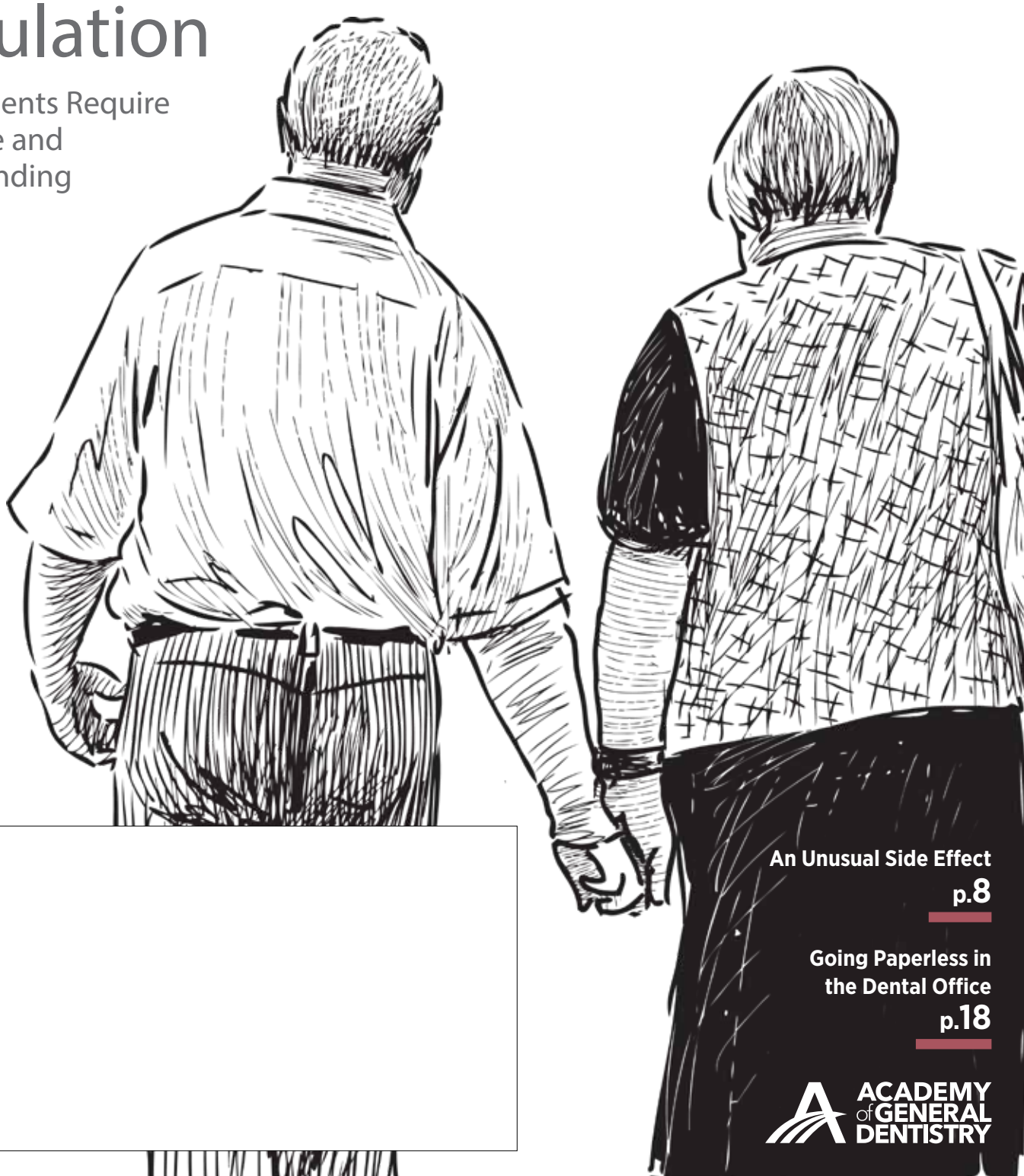

ACADEMY of GENERAL DENTISTRY

A High-Priority Population

Older Patients Require Extra Care and Understanding

By Erik J. Martin

According to the U.S. Census Bureau, American seniors (age 65 and older) grew from 35 million in 2000 to 49.2 million in 2016 — that represents over 15 percent of the total population.[1] The country's senior citizens are anticipated to exceed 83 million by 2050.[2] That makes for a lot of extra mouths to treat — and the potential for plenty of additional business. But is your practice prepared to meet the unique needs of this quickly growing demographic? Providing care for older patients can be challenging because it requires being aware of their special needs and taking extra steps in treatment.

But, by understanding this cohort better and practicing compassion and patience, the experience of treating seniors can be positive and rewarding.

An Eye-Opener

Toronto-based Gary Glassman, DDS, FRCD(C), experienced a lightbulb moment two years ago when an 87-year-old nursing home resident arrived at his office with a caregiver. The patient was frail and exhibited mild signs of dementia. While she had regularly visited a dentist and practiced responsible oral care in her younger years, her oral health had clearly diminished. She had withdrawn from dining room and social activities at the nursing home and was losing weight.

Glassman found that painful teeth were making it difficult to chew.

"She had an ill-fitting partial denture, poor oral hygiene, cavities in almost all of her remaining 18 teeth and multiple necrotic pulp exposures," said Glassman, who treated her with the least invasive procedures possible. The patient felt much better within a week and healed well.

"This case was an eye-opener for me about how crucial it is that the elderly get the oral care they need," he added. "Now, my staff knows to always make the elderly a priority when they are booking appointments."

Increasing Complications

Common oral health problems that beset seniors include: an increased risk of oral disease due to lack of saliva; root decay provoked by exposure to decay-inducing acids; periodontal disease; tooth loss; a decreased sense of taste; and oral and pharyngeal cancers.[3] (See "Geriatric Dentistry by the Numbers," p. 14, for more information.)

"As patients age, the prevalence of other various chronic diseases increases, too, such as heart disease,

diabetes, stroke, cancer and arthritis, which have implications for oral health," said Linda Niessen, DMD, MPH, MPP, dean and professor of Nova Southeastern University College of Dental Medicine, Davie, Florida. "As the number of chronic diseases increase, the number of medications also increase, which can cause decreased salivary flow and put the patient at risk for tooth decay."

Oral cancer is another concern.

"The average age of most people diagnosed with mouth cancer is 62. Regular dental visits are important for seniors because, in the early stages, oral cancer typically doesn't cause pain, and early detection saves lives," said Glassman.

Sadly, older Americans with the poorest oral health are typically those who are economically disadvantaged, lack insurance and are

members of racial and ethnic minorities, Glassman added. Being disabled, homebound or institutionalized also increases the risk of oral health deficiencies.

Real Teeth, Real Challenges

People are reaching age 65 today after growing up with advanced dental treatments and materials, improved public health outreach, and fluoridated water. The prospect of preserving teeth that once would have been pulled, however, presents a new set of challenges.

"Historically, geriatric dentistry primarily involved removing infected teeth until a dentist prescribed dentures. But, beginning in the 1960s and 1970s, education and awareness shifted to preserving most, if not all, teeth," said David Blende, DDS, chief of the Dental Division of Sutter Health and Kaiser Permanente, San Francisco. "Before, the mouth became a desert with no place for disease to hide. Currently, with so many remaining teeth, the mouth has become a source of enjoyment, both socially and nutritionally, for seniors."

"This is the first generation to anticipate dying with their teeth," said Glassman. "But maintaining a mouthful of teeth is more complex and costly than wearing dentures."

Krysta Manning, DMD, MBA, Louisville, Kentucky, says it's only natural that, as patients live longer, they're more interested in keeping their natural dentition.

"Decades ago, it may have seemed impractical to complete a full-mouth rehabilitation on a patient who was 70. But today, in some cases, that's a treatment the patient may live with and enjoy for 20 or more years," said Manning. "The moral here is that age should never be the determining factor in treatment rendered to this population. Instead, a multifactorial approach should be used, and the provider should take into account the patient's overall health status, motivation and ability to maintain the treatment."

Prevention and restoration materials also continue to improve.

"Selection of preventive products and restorative materials that have both anti-cariogenic potential and remineralizing factors, such as calcium ions or compounds, are optimal," said Piyuse Das, DDS, who practices in Webster, Texas. "In addition, materials with self-adhesive properties, such as conventional or resin-modified glass ionomers, reduce the need to remove sound tooth structure to achieve retention."

There has also been a dramatic increase in the use of dental implants to improve chewing function in the fully and partially edentulous patient.

"The advent of implants and better knowledge of bone regeneration has led to a paradigm shift for seniors. Being able to replace lost teeth is a huge quality-of-life leap for this generation," said Debra Oro, DMD, FAGD, Oro Valley, Arizona. "They do not want their teeth to end up in a glass on the bedside table at the end of the day."

Age-Old Problems

While dental products and techniques have advanced, many perennial problems persist, such as simply motivating seniors to visit a dentist.

"Even though there is now a higher utilization of dental care among the general population, those 65 and older are still least likely to use dental services. The majority in this group may believe they have no need for dental care until they develop pain or have eating difficulties or suffer from social embarrassments," said Das. (See "Geriatric Dentistry by the Numbers.")

Recruiting and contacting senior patients often isn't easy.

"Our primary advertising to patients is through digital media, but we primarily reach geriatric patients through word-of-mouth," said Manning. "We also must be mindful of seniors' use of technology and make an effort to call or send traditional mail instead of text or email, when appropriate, in order to ensure retention."

Another challenge is balancing the current treatment needs and desires of these patients with their ability to tolerate and maintain the dental work.

Geriatric Dentistry by the Numbers

Among senior patients age 65 and older:

- Only 62.7 percent visited the dentist in 2015 vs. 84.7 percent of 2- to 17-year-olds.[4]
- Roughly 1 in 4 haven't visited the dentist in the past five years.[5]
- They have 9.24 decayed or missing permanent teeth and 43.02 decayed and missing surfaces, on average.[6]
- 93 percent have had dental caries in their permanent dentition.[6]
- 68 percent have periodontitis.[7]
- 50 percent of those age 75 or older have root caries affecting at least one tooth.[8]
- 30 percent have xerostomia.[9]
- 18 percent suffer from untreated decay.[6]
- Around 5 percent are edentulous.[6]
- They will represent 20 percent of the total U.S. population by 2030 — nearly double the number tallied in 2000.[10]

"As providers, we must assess a patient's overall health to determine whether or not they are candidates for the procedures they are requesting," said Manning. "On the other end of the spectrum are patients who require dental care but struggle to attain access due to physical or financial limitations. Without advocates, these patients may not be able to explain that their discomfort is a result of dental pain."

An older patient with dementia visited Manning. When facility caregivers tried providing home oral care, the patient was combative and non-communicative about the problem. Manning took radiographs and determined that the patient had advanced periodontal disease, multiple carious teeth and several abscesses.

"She was in pain," Manning recalls. "But after we took her to the OR and removed her remaining dentition, she was a different person — smiling and kind. She lived her remaining two years free of dental pain."

Other Barriers to Proper Care

Some elder patients may desire treatment but are physically unable to visit the dentist.

"They may struggle to find caregivers to take them to appointments, facilities that can accommodate their wheelchairs or walkers, or dental providers who are able to manage their complex medical needs," Manning said.

For the frail, non-ambulatory or homebound, "the dental team must come to them," said Blende, who founded House Call Dentists, a service that, in partnership with Alliance Homecare, dispatches participating dentists to treat older dental patients in their homes. The average age of these patients is 85. The oldest is 107.

Blende cites a recent study within the Mount Sinai Visiting Doctor Program that assessed the oral health status, dental utilization and dental needs of homebound elderly care patients.[11] Ninety-two percent needed some type of dental treatment beyond oral hygiene needs, yet 96 percent had not seen a dentist since they became homebound — typically three to six years prior.

Perhaps the greatest geriatric dentistry challenge facing the profession is a growing imbalance between supply and demand.

"As the graying of America continues, we will approach a time when the demand for geriatric care will far exceed the number of dentists currently willing and able to provide such care," cautioned Das.

The American Dental Association (ADA) has a goal to train at least 1,000 dentists in nursing home care by 2020 and is developing a series of online continuing education courses aimed at helping oral health professionals understand the nursing home environment.[12,13]

Payment Predicaments

Another area of concern for elderly patients is insurance. Sixty-two percent of those 65 and older lack dental insurance, according to the Health Policy Institute (HPI) and ADA; the rest have either private dental benefits (27.9 percent) or dental benefits through a public program (10.1 percent).[14]

"Often, these private benefits are lost when they retire," said Glassman. "And, since routine dental coverage is not available under original Medicare, seniors are generally responsible for the full cost of their dental care."

Most seniors aren't aware of this.

"That's an issue on which we have been deficient in educating patients," Oro said. "Consequently, the dentist looks like the bad guy when

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— Gary Glassman, DDS, FRCD(C)

we talk about the lifetime cost of keeping your teeth."

Fortunately, some newer supplemental Medicare Advantage Plans are beginning to cover routine dental services, according to Das. "But, because of the paucity of dentists accepting Medicare, these patients have a difficult time finding providers," said Das.

Many seniors also qualify for Medicaid, which provides optional adult dental benefits and, currently in 30 states, delivers at least limited dental benefits for adults beyond emergency services, according to HPI. However, only 38 percent of U.S. dentists accept Medicaid, as of 2015.[15]

Elder Care Advantages

For many practitioners, these complications don't outweigh the benefits of providing geriatric dental care. For some dentists, older patients can be the ideal clientele.

"In many instances, geriatric patients are retirees who have flexibility in their schedules that allows them to visit regularly," Manning said. "These patients retain a loyalty to their current provider that is less common in younger generations, and they move less frequently, too."

Treating seniors also makes a difference in your community.

"Not only does geriatric dentistry provide a way to increase the scope of our skills, but it also represents a way to increase our impact on our community," Das said.

Das and his team recently helped a World War II veteran who had been wearing dentures for over three decades but wasn't able to eat comfortably, leading to weight loss and frailty. But, after undergoing implant restorations, he regained his quality of life and was able to return to his favorite pastimes — gardening and church volunteering.

"His optimism and joy for life energized everyone in our practice," Das said.

Pre-Treatment Tips

To improve outcomes with senior patients during office visits, general dentists first need to put themselves in their patients' shoes and be cognizant of their needs.

"Ask yourself," said Blende, "if this was your mother or father, what would you want to have done for them?"

The second step is to communicate effectively; for a full list of tips on this topic, see "Recommendations for Communicating with Older Adults," below.

Next, before rendering any treatment, review dietary habits. Learn what kinds of foods the patient enjoys and if he or she is on a

Recommendations for Communicating with Older Adults

The Gerontological Society of America suggests these best practices for improved communication with senior patients.[16]

1. Recognize the tendency to stereotype older adults, then conduct your own assessment.
2. Avoid speech that might be seen as patronizing to an older person ("elderspeak").
3. Monitor and control your nonverbal behavior.
4. Minimize background noise.
5. Face older adults when you speak with them, with your lips at the same level as theirs.
6. Pay close attention to sentence structure when conveying critical information.
7. Use visual aids such as pictures and diagrams to help clarify and reinforce comprehension of key points.
8. Ask open-ended questions, and genuinely listen.
9. Express understanding to help older patients manage fear and uncertainty related to the aging process and chronic diseases.
10. Ask questions about an older adult's living situation and social contacts.
11. Include older adults in the conversation, even if their companion is in the room.
12. Customize care by seeking information about older adults' cultural beliefs and values pertaining to illness and death.
13. Engage in shared decision making.
14. Strike an appropriate balance between respecting patients' autonomy and stimulating active participation in health care.
15. Avoid ageist assumptions when providing information and recommendations about preventive care.
16. Providing information to patients is important, but how you give information to patients may be even more important.
17. Use direct, concrete, actionable language when talking to older adults.
18. Verify listener comprehension during a conversation.
19. Set specific goals for listener comprehension.
20. Incorporate both technical knowledge and emotional appeal when discussing treatment regimens with older patients.
21. To provide quality care, focus on enhancing patient satisfaction.
22. Use humor and a direct communication style with caution when interacting with non-Western older patients.
23. Help internet-savvy older adults with chronic diseases find reputable sources of online support.
24. If computers are used during face-to-face visits with older adults, consider switching to models that facilitate collaborative use.

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Debra Oro, DMD, FAGD, uses imaging technology to educate her older patients about the condition of their teeth.

Linda Niessen, DMD, MPH, MPP, talks with a senior patient.

Wayne Kerr, DDS, MAGD, (right) pictured with Mitch, a patient he treated for 28 years, says the key to providing care to older patients is treating them with respect.

mechanical soft diet. "This will help assist in the type of restorative care you can provide," Blende said.

In addition, be prepared to assess a senior's ability to administer self oral care and identify any impediments.

"Sometimes, poor home care is the result of arthritis. This can be overcome simply by recommending an ultrasonic toothbrush with a wide-grip handle or embedding a manual brush in a plastic bicycle handlebar grip with plaster," said Wayne Kerr, DDS, MAGD, Conyers, Georgia. He also recommends floss holders and interdental cleaners/brushes.

Post-Treatment Tips

After administering dental care, provide clear written documentation of the treatment plan and post-op instructions. Be sensitive to those with visual impairments; make sure he or she clearly can see whatever you're trying to show them, including radiographs and home care instructions. Make a point to stress that, at this stage of life, the patient needs to see you more often to ward off future problems.

"Scheduling elder patients for more frequent preventive care visits can help identify potential problems at an earlier stage, which generally reduces the overall cost for restorative care," Kerr said.

Lastly, be willing to go that extra step for seniors. That means making house calls, if necessary and possible, to accommodate homebound elders. Let them know if this is an option.

"It's possible that every procedure usually done in an operatory, including restoratives, denture and bridgework, extractions, and periodontal treatments, could be done by a mobile dentist at a private home or assisted living facility," said Glassman.

Being compassionate toward older patients — as well as taking extra steps to accommodate their needs — will undoubtedly result in happier patients and more well-rounded dentists. ✦

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