

# Navigating the Quiet Road of Dental Care for the Elderly

Caring for a patient or loved one with cognitive limitations

# Introduction

We are taught from the time we were very young that brushing and flossing are important to taking care of our teeth. Recent research from the NIH has indicated there is an association between chronic oral infections and diabetes, stroke, heart, lung, and kidney disease. In other words, oral health refers to the health of our mouth and, ultimately, supports and reflects the health of the entire body.<sup>1</sup>

Seniors are especially predisposed to aggressive periodontal disease and rampant tooth decay. The most common reasons are loss of dexterity, medications that decrease saliva flow, and depression/dementia.

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# Quality of life

Oral health problems that go unchecked result in pain and costly future treatments. As overall medical health declines, elders are at risk for serious infections that could lead to deterioration of life quality, hospital stays, and death.

While most people want to keep their own teeth as long as possible, a 2016 survey found that nearly 20% of adults aged 65 years and older had lost all their teeth due to untreated oral disease.<sup>2</sup> Unfortunately, many seniors with severe medical conditions, dementia or other disabilities are offered only tooth removal and dentures, rather than the more functional and cosmetically appealing dental solutions made available to the general public.

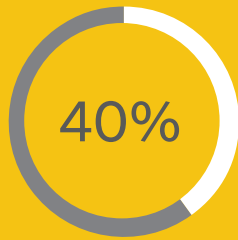
As dementia progresses, the person will no longer be able to maintain their own oral health, understand that their oral health is important, express symptoms of oral health problems or pain, or give informed consent. For some, dental treatment may be frightening or confusing as the senior struggles with an unfamiliar environment, strange faces and disruption of their routine. Almost all patients with cognitive impairment are unable to tolerate removable prosthesis, such as dentures.

There are strategies and resources to help.

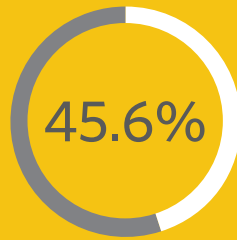


**20% of adults aged 65 years and older have lost all their natural, permanent teeth due to untreated oral disease.<sup>4</sup>**

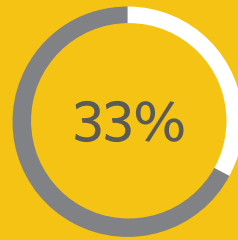
# A Mount Sinai Visiting Doctor Program Research<sup>2</sup> Found:



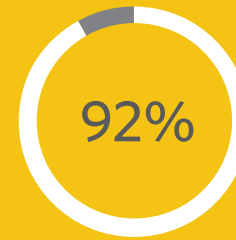
of homebound  
elderly needed  
restorative  
dental care



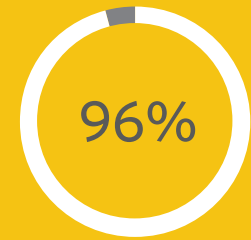
needed dental  
extractions



complained of  
current oral pain



needed some  
type of  
dental care



stated that they had  
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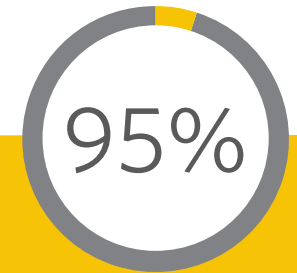
“ Findings show the oral health status of the homebound elderly was poor and their quality of life was significantly affected by the lack of basic dental care.<sup>3</sup> ”



# Dental health and Alzheimer's Disease

We recommend that caregivers take their partners, parents, or patients who have Alzheimer's to their dentist as soon as symptoms appear. The lips cloak the teeth like a shroud, shielding it from view. There's a social taboo about inspecting or peering in the mouth of someone past a certain age and certainly in the mouth of our parents or spouse. As a result, things go undiscovered. 95% of all disease in the mouth is preventable.

The underserved and abandoned mouth ultimately becomes a nest of infection. Bacteria in the mouth overgrow and seed out into the heart, lungs and kidneys. The major cause of aspiration pneumonia are the bacteria loads that are harbored between broken down teeth and are improperly swallowed. It is stunning when we ask the adult children, "who brushes your mother's teeth"? When they answer "my mother does". We merely ask them to observe their parent brush and then look in their mouth. They must then find a brushing partner to help them finish the task properly.



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# Dry Mouth – the warning signs

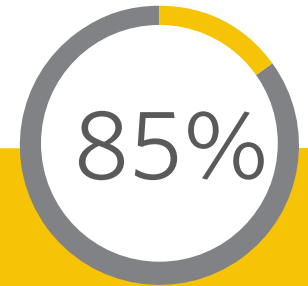
When a caregiver or family member is taking care of a patient, what they always want to look for is an increase of plaque accumulation that leads to tooth decay. This is usually due either to the loss of dexterity, forgetfulness, or the loss of saliva flow.

As we age into our 60's, 70's or 80's, our saliva flow can diminish. When someone becomes distressed and they're given one of the 400 drugs for anxiety, heart conditions, or pain medication they risk the side effect that all those medications have of drying out the mouth. If the saliva dries, the mouth dries up. By the time one notices they have "dry mouth" they've already lost 50% of their saliva flow.



# A good routine is everything

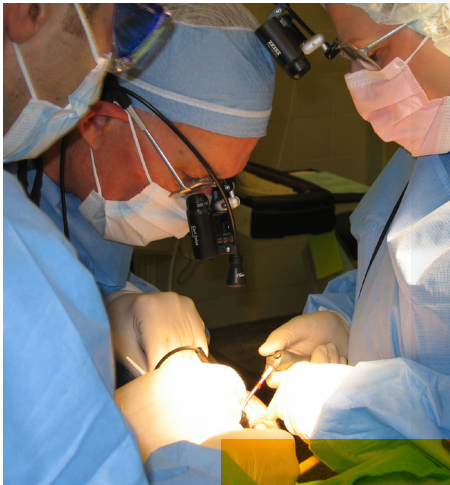
A great reminder for caregivers is to ensure that the patient or parent has a good home routine. It's critical that they have regular dental visits more frequently than before. When someone has a toothache, or their face is swollen it is simple to diagnose the problem. However, 85% of oral disease is insidious and silent and it slowly, but perniciously, destroys the mouth.



**the insidious  
disease and the real  
infection is silent.**

# New options for the homebound

When an elderly patient with cognitive challenges falls beyond the scope of their regular dentist's ability to treat them or if the family is dealing with years of deferred maintenance and neglect, a house call might be just the answer. The House Call Dentists team can offer palliative care in the home or care facility. If the family wants to restore the mouth so that the patient can go back to enjoying food, that option exists. This unique service allows the dentist, combined with the skills of a physician anesthesiologist, to treat the patient comfortably and safely asleep in a hospital setting.



**A House Call Dental team can offer the elderly palliative care in the home or living facility or restore the mouth so they can go back to enjoying food.**



# Advice for caregivers

A caretaker will want to ensure that they are brushing the teeth of their patient or parent, ideally after every meal or at least two times a day. When possible, it is recommended that the person rinse their teeth after snacks and beverages. Finally, they'll want to check visually by pulling the cheeks away from the teeth to see if there is anything broken, inflamed, or if there are any mouth sores.

The most important message is that if a patient is beginning to be affected by a debilitating condition, the caregivers must visit the dentist. They need to insist that the dentist evaluate the trajectory of the patient's life. To the best of their ability, the dentist should restore the mouth in a fashion that will outlast that condition or make an appropriate referral to a provider that can accommodate taking care of the special needs of that individual.

To abandon a patient to the progressive disease of the mouth is unethical and a disservice to the patient and the caregivers who provide the day after day care.



# About the team

**House Call Dentists' vision is to remove all barriers to receiving dental care - and we have been doing so for over 30 years. We've provided premier medical-dental services to more than 12,000 patients. Our multidisciplinary team of nationally recognized specialists include general dentists, endodontists, periodontists, oral surgeons, pediatric dentists, and anesthesiologists. Learn more about our team, technology, partnerships, and hospital affiliations at [www.HouseCallDentists.com](http://www.HouseCallDentists.com).**

<sup>1</sup> Regina M. Benjamin, Oral Health: The Silent Epidemic, Public Health Rep. 2010 Mar-Apr; 125(2): 158-159.

<sup>2</sup> Gluzman, R., Meeker, H., Agarwal, P., Patel, S., Gluck, G., Espinoza, L., Ornstein, K., Soriano, T. and Katz, R.V. (2012), Oral health status and needs of homebound elderly in an urban home-based primary care service. Special Care in Dentistry. doi: 10.1111/j.1754-4505.2012.00316.x

<sup>3</sup> Blackwell DL, Villarroel MA. Tables of Summary Health Statistics for U.S. Adults: 2016 National Health Interview Survey. National Center for Health Statistics. 2018. Available from: <http://www.cdc.gov/nchs/nhis/SHS/tables.htm>.

<sup>4</sup> CDC/National Center for Health Statistics

