Dementia and Oral Care

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Aims

To understand:

- The importance of oral health and its maintenance
- Common oral disease seen in patients with dementia
- The provision of oral care to people with dementia
- The importance in communication and multi-disciplinary team working for this patient group
Objectives

- The relationship between oral health and quality of life
- The short and long term impact of oral disease
- The challenges related to dental treatment, in particular- access, consent, treatment planning, treatment provision
- Dental referrals
- The roles of different agencies and how they contribute to optimal dental care
Why is maintaining a healthy mouth and teeth important?

- Comfort and general well being
- Prevent disease and tooth loss
- Diet and Nutrition
- Speech and communication
- Dignity and self esteem
- Social integration
Common oral disease

1. Decay (Dental Caries)

Can occur at different surfaces of the tooth

Symptoms:
1. Sensitivity (hot/cold, sweet)
2. Pain (intermittent or continuous)
3. Swelling

http://ranchodontistry.com/patient-education-list/tooth-decay/
Causes of dental decay

- Decay = sugar + bacteria + time + tooth surface
- Frequency of sugar consumption is important
- Modifying factors: Dry mouth, availability of fluoride

*It’s an equilibrium*
Dental decay

• Progression of decay takes time

• Could be difficult to detect by the naked eye during the early stages (even by dentists)

• Early disease = Unspecific symptoms, no signs or discolouration

• Established disease = Cavity

• Advance disease = Broken down tooth and tooth loss is highly likely
2. Gum disease (Gingivitis, Periodontal disease)

Symptoms:
- Bleeding, pain and swollen gums
- Bad breath, bad taste
- Tooth mobility
- Gaps
- Sensitivity

[Image showing healthy, gingivitis, moderate periodontitis, and severe periodontitis teeth and gums]
Causes of gum disease

- Plaque and calculus
- Inflammatory reaction causes destruction of gum tissue and the bone supporting our teeth
- Poor oral hygiene, Dry mouth, systemic disease e.g. poorly controlled diabetes
Gum disease

- Progression of gum disease takes time
- Early disease = gum bleeding, red gums, no signs
- Established disease = shrinkage of gums
- Advance disease = mobile tooth, tooth loss, abscess

Treatment – dental decay

- **Restoration**
  - Fillings
  - Root canal treatment
  - Crown

- **Extraction**

- **Replacement of teeth if appropriate**
  - Bridge
  - Denture
  - Implant

[Links]
- [http://heritagedentalcentre.net/root-canal-therapy/](http://heritagedentalcentre.net/root-canal-therapy/)
Treatment – gum disease

• The damage caused by periodontal disease is irreversible. Bone and gum loss generally could not be replaced.

Gaps, sensitivity, mobile teeth, poor aesthetics, difficulty maintaining oral hygiene, difficulty eating & social interaction

• Removing calculus and plaque (may require local anaesthesia)

• Extraction
Challenges with dental treatment

• Receiving treatment

  - treatment proceeding too quickly
  - Confused, Embarrassed
  - Intrusive
  - unable to communicate clearly
  - Forgets
  - Transport problems
  - General anxiety, dental anxiety

  ‘Why am I here?’
  ‘Are you going to hurt me?’
• **Delivering treatment**

  - Cognitive decline affects acceptance of dental intervention (refuse to enter the surgery, refuse examination, x-rays, restlessness)
  - Transferring to dental chair
  - Equipment: hoist, wheelchair recliner or transport
  - Difficulty maintaining long-term good oral hygiene
  - Ideal treatment not always suitable
  - Lack of capacity
  - Difficult to achieve a clear diagnosis
  - Lack of capacity
What could be done

Different methods of delivering treatment

1. Behavioural management technique (e.g. distractions, desensitisation)
2. Sedation (oral, inhalation, intravenous)
3. General Anaesthesia

Other factors that help

1. Specialist dentist, dentist who knows the patient well
2. Environment – domiciliary care
3. Carer who understands the patient well and has a clear account of oral complaints
Sedation or general anaesthesia

- Pharmacological interventions
- Serious medical treatment - medical risk
- What happen after the treatment is completed
  - May cause acute confusion and disorientation in a short term (e.g. risk of falls and serious injuries)
- Consent – Best interest meeting
- Justification ?
- Least restrictive option?
Capacity to consent for dental treatment

- Mental Capacity Act 2005 - The legal framework that protects those who lacks capacity
- Time specific and task specific

Options:
- Second dental opinion
- NOK involvement, LPA
- IMCA, advocate involvement
- Best interest meeting
Nature of treatment

Urgent vs non urgent treatment

• When is it urgent?

1. Facial swelling
2. Persistent pain (refusal to eat, interrupted sleep, face/gum rubbing, removing denture, agitation, change in behaviour)
3. Systemic involvement (temperature)
Reversible vs Irreversible

Irreversible
• Extraction
• Procedure that can lead to loss of tooth

Reversible
• Temporary dressing
• Gum treatment
Is this in the patient’s best interest?

- Balancing risk
- What are the patient’s preferences?
- How stressful is it for the patient to go through with the treatment?
Dental referrals

1. General dental practitioners
   – Could be suitable for patients with early stage of dementia

2. Community dental service (referred required)

3. Secondary care (referral required)
   – Suitable for patient with moderate to advance dementia
Case 1

Mr Jones visited the dentist 2 months ago and received gum treatment. You saw him today and noticed a lot of deposits on his teeth. You asked his carers about his oral hygiene routine. They told you Mr Jones resisted help and would pushed them away.

“There is nothing we can do if Mr Jones does not want to brush his teeth”
Duty of Care

- Oral care is an essential part of personal hygiene
- Training may be required to help carer feel more confident in delivering daily oral care
- Failure to brush his teeth will lead to pain and infection, irreversible loss of tooth, reduced quality of life
- It is neglect if there is a persistent failure to provide routine oral care
- Having teeth cleaned by the hygienist/dentist every 2-3 months is not an adequate measure to prevent gum disease
Prevention is key

1. Daily oral care plan
   - Tooth brushing
     ✓ Be sensitive and try to maintain their dignity
     ✓ Make adaptations
   - Diet
   - Denture care
   - Regular dental check up
   - Raise concerns early
Professional care plan

- Engage NOK, carers, advocates early
- Plan dental treatment in advance, with cognitive decline in mind
- Preventing the need of urgent care
- Allow preventive treatment to be put in place

1. Fluoride toothpaste
2. Toothbrushing technique / aids
Thank you

Any questions?