

an individual with dementia, however, may be difficult for both the caregiver and care receiver. Here are some things to keep in mind when providing or assisting with oral care:

- Most care receivers will fall into one of four categories for oral care capabilities: independent/no assistance required; needs prompting and reminding; needs some assistance; needs full assistance
- Think of each step required in brushing teeth or daily care of dentures
- Observe the care receiver during their oral hygiene routine to determine what steps in their oral care routine they are able to perform independently
- Encourage them to perform as many steps as they are able to do independently and assist them with the remainder
- This process is referred to as “Task Breakdown” and promotes dignity and independence

Advice for Caregivers Assisting with and Providing Oral Care

- Have all equipment ready
- Have care receiver sit in comfortable position
- Sit or stand at same level as care receiver and maintain eye contact

- Describe what you are doing prior to each step
- Smile, speak in a calm voice and minimize sensory stimulation in environment
- If care receiver becomes overly agitated or resistant to oral care, caregiver should not force the task, but instead stop and re-try a few minutes later or ask another care giver to try if possible

Strategies

Bridging

- Engaging the care receiver’s senses including sight and touch, which helps to clarify your actions
- Place toothbrush or dentures in care receiver’s hand
- After a short period of time some care receivers will independently brush teeth/clean dentures at this stage

Distraction

- Involves placing familiar object (towel, activity board, small pillow) in care receiver’s hand during oral hygiene routine
- This helps to distract care receiver from task being performed
- Familiar music may also be played during oral care

Chaining

- Caregiver begins oral hygiene routine and then asks care receiver to help complete the task

Hand-over hand

- Technique to help improve the sensory awareness of the task
- Caregiver places his/her hand over the care receiver’s hand and begins to brush teeth or remove/replace denture

Resources

Canadian Academy of Periodontology (CAP)

#105 Alta Vista Drive
Ottawa, Ontario K1G 3Y6
E-mail: central-office@cap.acp.ca
Telephone: 613-523-9800

Canadian Dental Association

1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y5
E-mail: reception@cda-adc.ca
Telephone: 613-523-1770

For more information on NICE or any of the NICE tools, please visit www.nicenet.ca

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National Initiative for the Care of the Elderly
263 McCaul Street, Room 328, Toronto, Ontario M5T 1W7
Tel: 416-978-0545 • Website: www.nicenet.ca

PDOA

Periodontal Disease and Older Adults



NICE National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées
We care together
Ensemble pour le bien-être des aînés

www.nicenet.ca

What is periodontal disease?

- chronic bacterial infection in the mouth
- can occur at any age but is prevalent in older adults
- usually starts with gingivitis; red and slightly swollen gums caused by accumulation of plaque on the tooth if let untreated, gingivitis may progress to “periodontitis”

What are the symptoms of periodontitis?

- tender, bleeding gums
- painful chewing
- chronic bad breath
- teeth that are sensitive to cold/heat
- change in fit or comfort of partial dentures
- receding gums
- untreated periodontitis may lead to destruction of gums and tissues that support teeth
- teeth may become loose and if untreated tooth extraction may be required

Impact on physical health

- gums pull away from the teeth and form pockets that become infected

- immune system fights the bacteria as plaque spreads and expands below gum line
- bacteria toxins and immune system response may break down bone and connective tissue
- evidence of relationship between cardiovascular disease and poor oral health
- oral infections increase glucose levels in blood and make diabetes harder to control

Impact on psychosocial well being and quality of life

- sense of bereavement associate with tooth loss
- decreased self-confidence
- poorer self-image
- social isolation
- embarrassment

Risk factors

- smoking (can lower chances for successful treatment)
- hormonal changes (women)
- genetics
- age
- vitamine C deficiency

- poor diet
- poorly fitted partial dentures or bridges
- poorly aligned teeth
- medications that reduce saliva and cause dry mouth increase vulnerability to gum disease
- medications that cause abnormal overgrowth of gum tissue make proper oral hygiene more difficult
- illnesses including cancer or AIDS and their treatments may negatively affect health of gums
- illnesses including diabetes and Parkinson’s disease may affect salivary glands and cause dry mouth, which increases production of bacteria

Diagnosing periodontitis

- symptoms may be sign of serious problem
- see your dentist
- dentist or hygienist may take medical history to identify underlying conditions or risk factors
- dentist or hygienist will examine guns
- may use “probe” to check for and measure pockets (this is usually painless)
- may take x-ray to determine if bone loss has occurred
- may refer to periodontitis if needed

Treating periodontitis

- deep cleaning (scaling and root planning)
- dentist may prescribe medication as part of treatment (medication alone is insufficient treatment)
- dentist may recommend surgery including flap surgery, or bone and tissue grafts

Treatment decisions

- when considering any extensive dental or medical treatment options, you may want to get a second opinion
- to find a dentist or periodontitis for a second opinion call your local dental society for a list of qualified dental professionals in your area

Preventative measures

- reduce sugar intake
- stop smoking
- use toothpaste containing fluoride
- brush teeth twice a day
- floss daily
- antimicrobial mouth rinse can assist in controlling plaque
- visit dentist regularly

- take a complete list of all medications to dental appointments and advise dentist of side effects including dry mouth
- maintain cleanliness of dentures and dental bridges
- ensure dentures and bridges fit properly

Advice for special needs

- electric toothbrushes can help individuals with arthritis or mobility restrictions
- who have difficulty or pain holding standard toothbrush maintain good oral hygiene
- for mildly impaired mobility, a washcloth or sponge can be wrapped around toothbrush handle and secured with elastic

Older Adults Requiring Assistance with Oral Hygiene

Oral hygiene may be very difficult for individuals living with dementia and they may sometimes require assistance from caregivers. Behavior problems or agitation often associated with dementia may be symptomatic of undiagnosed oral pain, including cavities, tender gums or lesions in the mouth. It is important for caregivers to ensure that their care receiver maintains a good oral hygiene routine. Providing oral care to