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Oral Health for All Ages

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Learning Objectives

- Examine your own beliefs about aging.
- Review the use of the Seattle Care Pathway for developing treatment plans for older adults.

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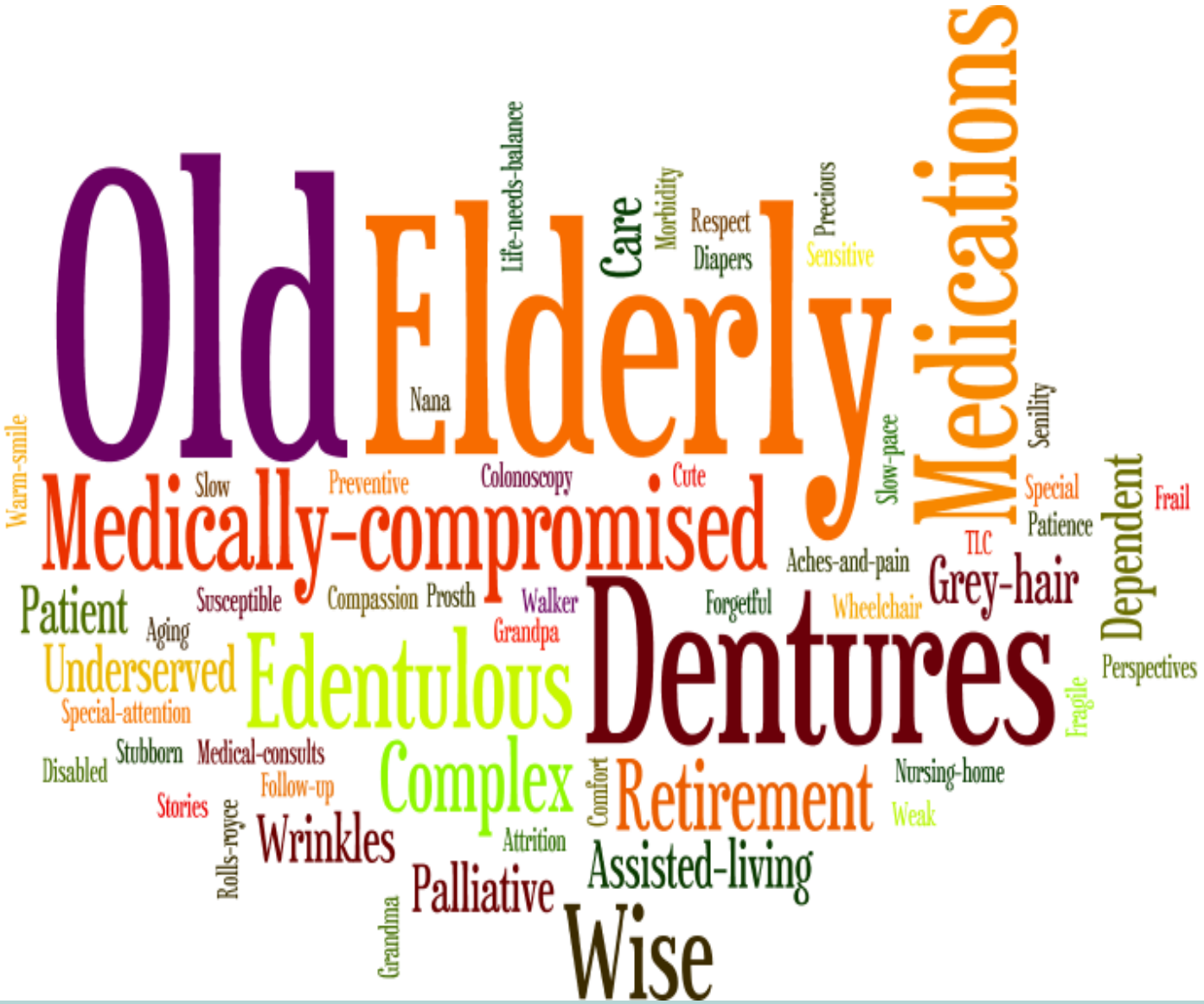
What is 'Geriatrics'?



Learning Objective #1: Examine your own beliefs about aging.

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What is ‘Geriatrics’?

- What does ‘geriatric’ mean to you?
  - A
  - B
  - C

Vote Now!

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Age of Champions

- **http://ageofchampions.org/host-a-screening/**
  - It's never too late to get healthy, be active in your community, and follow your dreams!

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Ageism

- **Health care providers unwilling to treat older adults**
  - Internalized societal age biases and negative attitudes
  - Time constraints and lack of appropriate reimbursement
  - Disinterest in treating medically compromised and frustration with maintenance rather than curative care
- **Older adults perceived their concerns downplayed, dismissive communication style, and did not receive needed treatment**
  - Internalized biases resulted in accelerated decline
- **To care optimally for this aging cohort, dentists need to be knowledgeable about the many conditions, disabilities, and age-related changes associated with aging.**

Higashi et al. J Aging Stud 2012.

Eymard et al. J Gerontol Nurs 2012.

Wiener et al. J Dent Educ 2014.

Clarke et al. Can J Aging 2014.

Yellowitz. JEBDP 2014; 4(1).

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Ageism in Dentistry

- **Age is a primary consideration when developing a treatment plan.**
  - Missing teeth are restored with fixed prosthodontics for patients under age 60, and removable for those over age 60.
- **Pain is a normal part of aging.**
  - Chronic pain is poorly managed in older adults. Effective pain management programs include opioids, exercise, and cognitive therapies.
- **Children have more cavities than do older adults.**
  - Caries incidence in seniors equals that in children, are more likely to remain untreated in seniors, yet no prevention interventions target seniors.
- **Polarized delivery of dental care during the last year of life.**
  - ½ of frail elders received no treatment, ½ received usual care with treatment completed within last 3 months of life.

Braun & Marcus. Gerodontics.1985. Warpeha. Northwest Dent. 2011.

AGS Panel. JAGS. 2009.

Griffin et al. J Dent Res. 2005. Thomson. Br Dent J. 2004.

Chen et al. JADA 2013;144(11): 1234-42.

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What is ‘Geriatrics’?

- **What does ‘geriatric’ mean to a geriatrician?**
  - Age
  - Functional status
  - Disease burden

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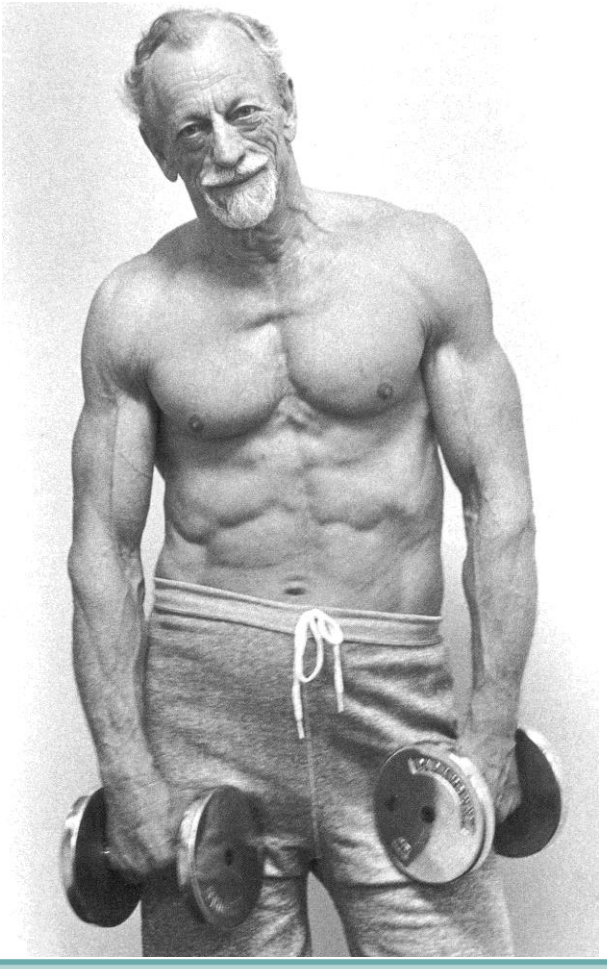

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Life-course Approach to Oral Health

- **Caries and periodontal disease are chronic conditions, highly prevalent, largely irreversible, and cumulative in nature**
  - Past and present disease experience are readily revealed and measured by dental examination
  - Social inequities follow the life course
- **85% of older adults have at least one major chronic disease, and 50% have ≥ two**
  - Functional limitation decreases the ability for self-care

Thomson et al. Socioeconomic inequalities in oral health in childhood and adulthood in a birth cohort. *Community Dent Oral Epidemiol*. 2004

Centers for Disease Control and Prevention, Merck Institute of Aging and Health. The State of Aging and Health in America 2004. Washington, D.C.: Merck Institute of Aging and Health. 2004.

Seattle Care Pathway

Pretty et al.
Gerodontology 2014





	No Dependency	Pre Dependency	Low Dependency	Medium Dependency	High Dependency
Description	Fit, exercises regularly	Well-controlled chronic disease	Chronic disease affects oral health, independent	Chronic disease, ADL dependency, home-bound	Complex medical management, long-term care
Assessment	Oral health risk assessments	Salivary flow	Cause of increasing dependency	Polypharmacy, ability to tolerate treatment	Medical, pharmacy, diet assessments
Prevention	1100ppm F paste	Powered brush, F rinse	5000ppm F paste, F varnish	Recall q3 months, chlorhexidine	Silver diamine fluoride
Treatment	Full range of treatment options	Plan easy maintenance treatment with long-term viability	Repair/replace strategic teeth to maintain shortened arch	Maintain shortened dental arch, F-releasing restorations, ART	Palliative care
Communication .	Oral hygiene instructions	Oral:systemic health connections	↑ dependency = ↑ oral health risk	Health care team, caregivers	Director of Nursing, family, caregivers

Oral Health Policy Approaches

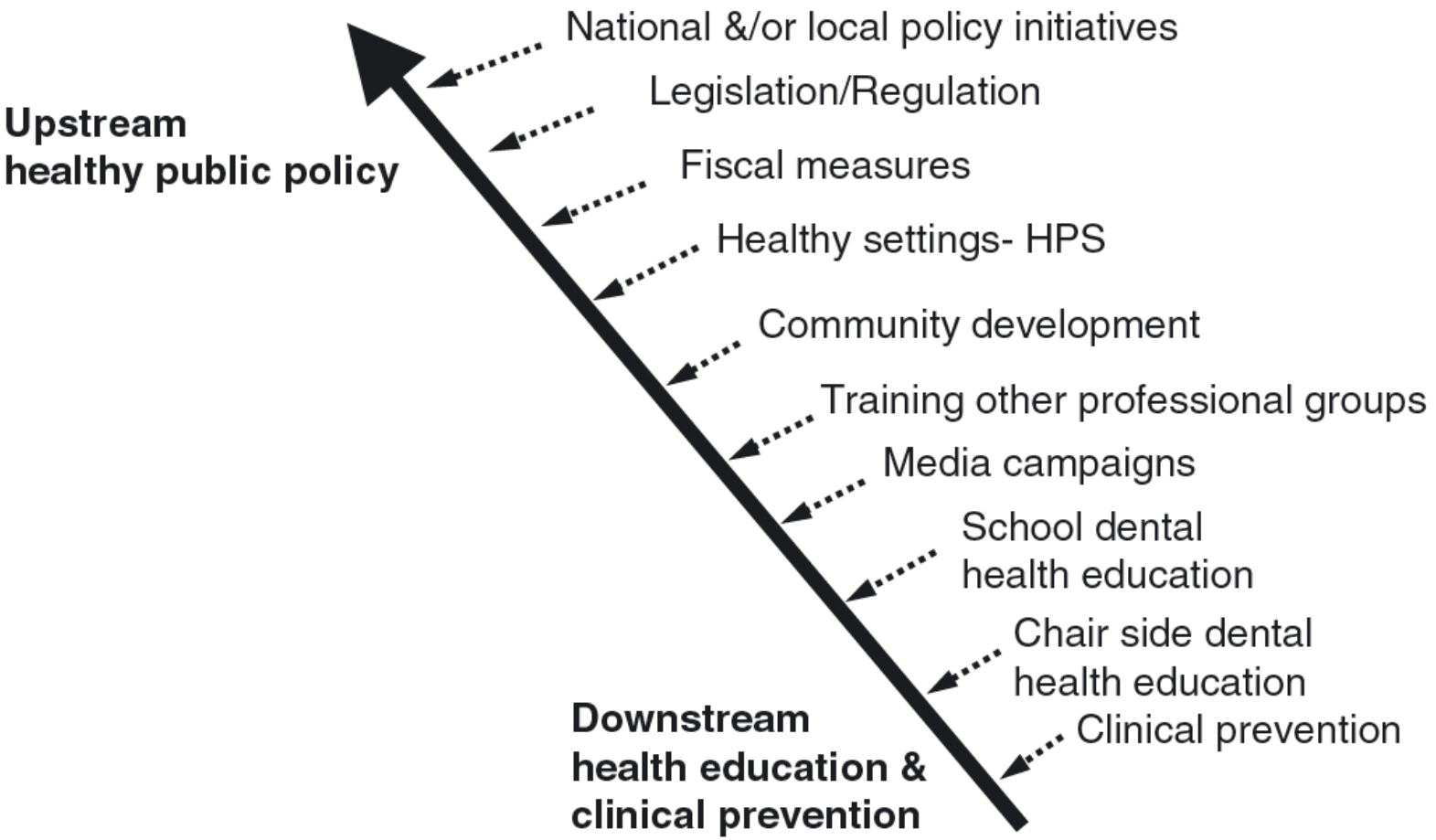

Fig. 1. Upstream/downstream: options for oral disease prevention.

Watt. Community Dent Oral Epidemiol 2007.

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Key Learning Points

- **Each of us brings our own beliefs and attitudes about aging when working with older adults.**
- **There is a wide range of clinical, physical, and cognitive presentation in older adults – results of disease burden and functional status rather than age.**
- **Developing treatment plans and delivering care for older adults must reflect the individuality of the aging process.**
  - The **Seattle Care Pathway** provides a structured, evidence-based approach to appropriate treatment planning for independent to frail older adults.

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Resources for Further Learning

- **ADA Dentistry in Long-term Care: Pathways to Success = 8-module online course on oral health delivery programs that serve nursing home residents; success.ada.org/ltccourse**
  - Train 1000 dentists to provide care in LTC, and serve as facility advisors and dental directors by 2020
- **CDA Journal July and August 2015 Dentistry for the Ages**

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Questions?

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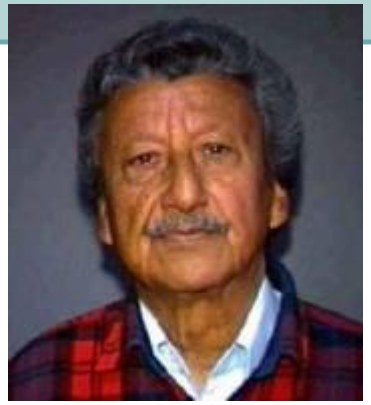
Case Study: Mr. Hernandez



- Mr. Hernandez, aged 75, has hypertension, glaucoma, and poorly controlled diabetes. He is taking Lasix, Lotensin, Betaxolol drops, Pilocarpine drops, and Glyburide. BP:140/90, P:75.
- CC: difficulty chewing his food
- IO: Generalized erythematous soft tissues with an occasional burning sensation

X| 2 | X | 4 | 5 | 6 | 7 | 8 | 9 |10|11|12|13| X |15|X

X| X | X |29|28|27|26|25|24|23|22|21|20|19|18|X

  - Generalized moderate periodontitis
  - Recurrent caries #2(non-restorable),7,8,9,10
    - Majority of his remaining teeth have restorations