

Oral Health for Home Care Professionals

**Satellite Conference and Live Webcast
Thursday, March 7, 2013
2:00 – 4:00 p.m. Central Time**

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Faculty

**Robert Meador, Jr, DMD, MAGD
State Dental Director**

**Sherry Goode, RDH
Assistant Director
Oral Health**

**Bureau of Family Health Services
Alabama Department of Public Health**

Most Common Oral Diseases

- 1. Tooth decay**
- 2. Periodontal disease**

**Both are caused by plaque, a
sticky film of bacteria that
constantly forms on your teeth**

Tooth Decay Begins As Enamel Decalcification or White Spots

Periodontal Disease

- Gingivitis**
 - The first stage of gum disease**
 - Symptoms include red, puffy, and bleeding gums**

Periodontal Disease

- Periodontitis**
 - Advanced gum disease**
 - Inflammation causes the gums to recede, forming pockets that trap tartar, plaque, and food debris**
 - This leads to infection and abscesses**

Healthy Gums

- The appearance is pink and firm
NOT red and swollen

Warning Signs of Gum Disease

1. Gums that bleed easily
2. Red, swollen, tender gums
3. Gums that have pulled away from the teeth
4. Persistent bad breath or bad taste
5. Permanent teeth that are loose or separating

Warning Signs of Gum Disease

6. Any change in the way your teeth fit together when you bite
7. Any change in the fit of partial dentures

Factors that Increase the Risk of Developing Gum Disease

1. Poor oral hygiene
2. Smoking or chewing tobacco
3. Genetics
4. Crooked teeth that are hard to keep clean
5. Pregnancy

Factors that Increase the Risk of Developing Gum Disease

6. Diabetes
7. Medications
 - Including steroids, certain types of anti-epilepsy drugs, cancer therapy drugs, some calcium channel blockers and oral contraceptives

The Mouth and Body Connection

- Left untreated, gum disease can increase the risk for a host of diseases linked to inflammation
 - Oral Health and Diabetes
 - Oral Health and Heart Disease
 - Oral Health and Pregnancy
 - Oral Health and Osteoporosis

The Mouth and Body Connection

- Oral Health and Smoking
- Oral Health and Other
- Conditions:
 - Rheumatoid Arthritis
 - Lung Conditions
 - Obesity

Treating Gum Disease May Help RA

- People with rheumatoid arthritis (RA) are eight times more likely to have gum disease than people without this autoimmune disease
 - Inflammation may be the common denominator between the two

Gum Disease and Diabetes

- Because of lowered resistance and a longer healing process, gum disease appears to be more frequent and more severe among those with diabetes
- Conversely, it appears that treating gum disease in people with diabetes can help improve blood sugar control

An Oral Health Assessment Is Not an Oral Exam

Other Oral Health Conditions and Diseases

- Mouth sores
 - Numerous varieties and causes
 - Infections from bacteria, viruses, or fungus
 - Irritation from a loose orthodontic wire

Other Oral Health Conditions and Diseases

- A denture that doesn't fit
- A sharp edge from a broken tooth

Canker Sore / Aphthous Ulcers

- **Appear on tongue, cheeks, or gums**

Cold Sores: Treatment

- **No cure but can alleviate the pain by:**
 - **Avoiding spicy or acidic foods**
 - **Applying ice**
 - **Using over-the-counter remedies**

Oral Cancer

- **Some symptoms:**
 - **A mouth sore that doesn't go away**
 - **Unexplained numbness in the face, mouth, or neck**
 - **Problems chewing, speaking, or swallowing**

Oral Cancer

- **Causes can include:**
 - **Smoking cigarettes**
 - **Using smokeless tobacco**
 - **Drinking heavily**
 - **Overexposure to the sun**
 - **Family history of cancer**
 - **HPV infection**

Leukoplakia

- **Can be a precancerous condition**

Actinic Cheilitis

- **Precancerous condition usually on the lower lips**

Bad Breath

- Frequent causes:
 - Poor oral hygiene, gum disease, diet, dry mouth, medications, and smoking

Medications Can Affect Oral Health

- Some Rx and OTC cause:
 - Dry mouth
 - Abnormal bleeding
 - Altered taste
 - Inflammation, mouth sores or discoloration of the soft tissues

Medications Can Affect Oral Health

- Enlarged gums
- Cavities
- Teeth and gum color changes
- Bone loss
- Thrush or an oral yeast infection

Medications and Oral Health

- These can cause dry mouth:
 - Antihistamines
 - Decongestants
 - High blood pressure medications
 - Including diuretics, calcium channel blockers, and angiotensin-converting enzyme inhibitors

Medications and Oral Health

- Antidepressants
- Sedatives
- Pain medications
- Parkinson's disease medications
- Antacids

Medications and Oral Health

- Can cause abnormal bleeding:
 - Aspirin and anticoagulants
 - Blood thinners
- Can alter taste:
 - Cardiovascular drugs
 - Some beta blockers and calcium channel blockers

Medications and Oral Health

- Central nervous system stimulants
- Flagyl (metronidazole), an antibiotic drug
- Nicotine skin patches for smoking cessation
- Some respiratory inhalants

Medications and Oral Health

- Can change teeth and gum color:
 - Minocycline
 - Used to treat acne
 - Chlorhexidine
 - Mouth rinse used to treat gum disease

Medications and Oral Health

- Can cause bone loss:
 - Corticosteroids
 - i.e., prednisone
 - Antiepileptic drugs
 - Bisphosphonates (used to treat osteoporosis) can sometimes cause a rare condition called osteonecrosis of the jawbone

Medications and Oral Health

- Can cause thrush:
 - Antibiotics, steroids or chemotherapy drugs

Other Medications

- Can cause soft tissue reactions:
 - Blood pressure medications
 - Immunosuppressive agents
 - Oral contraceptives
 - Certain chemotherapy medications

Other Medications

- Can cause gums to enlarge:
 - Antiseizure medications
 - For epilepsy
 - Immunosuppressant drugs
 - After organ transplants
 - Calcium channel blockers
 - Cardiovascular conditions

Other Medications

- Can increase the risk of cavities:
 - Antacid tablets, antifungal agents, cough drops, many chewable tablets (such as vitamins), and often children's medications contain sugar
- Too much sugar can lead to cavities

Oral Conditions Needing Follow-up

- Pain
- Sores, blisters or ulcers
- Swellings, growths or lumps
- Discoloration – red or white areas
- Broken or cracked dentures
- Broken or decayed teeth
- Dry mouth

A Lifetime of Good Oral Health

Preventing Oral Disease

- Thorough daily oral hygiene
- Good diet and nutrition
- Use of fluorides
- Use of sealants
- Regular dental visits
- Tobacco prevention or cessation
- Limited alcohol consumption

Proper Tools and Technique

- Always use a soft bristled brush with a small head

Technique

- Tilt brush at 45 degree angle under gum line
- Use short back-and-forth or circular strokes

Toothbrushing

- **Brush 2 or 3 teeth at a time**
- **Don't forget to brush your tongue**

Dental Flossing

- **Wrap about 18 inches of floss around middle fingers**
- **Use thumbs and pointer fingers to grasp / guide floss**

Dental Flossing

- **Gently follow the curves of the teeth, sliding the floss up and down the tooth's surface a few times**
- **Go below the gum line to remove bacteria**

Diet and Nutrition

- **Nutritious foods that promote overall health normally promote good oral health as well**

Diet and Nutrition

- **Eating patterns and food choices play an important role in keeping good oral health**
- **Foods and drinks rich in sugar and fermentable carbohydrates are harmful to teeth and gums**
 - **Especially if eaten frequently throughout the day**

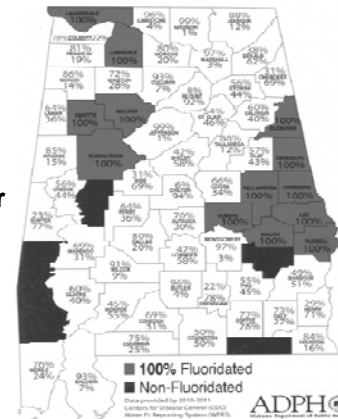
Fluorides

- **Systemic fluoride**
 - **Community water fluoridation**
 - **Fluoride tablets / drops**
 - **Fluoride vitamins**

Fluorides

- **Topical fluoride**
 - Fluoride toothpaste
 - Fluoride rinses
 - Fluoride treatment at a dental office
 - Fluoride varnish
 - Fluoridated water

Fluoridated and Non-fluoridated Public Water Systems in Alabama by County



Regular Dental Visits

- **Have dental visits at least every 6 months for:**
 - Teeth cleaning and x-rays
 - Preventive therapies
 - Checking the health of your gums
 - Performing a head and neck examination

Dental Sealants

- **A plastic material applied to the biting surface of the back teeth to prevent tooth decay**

Oral Rinses

- **Cosmetic oral rinses – OTC**
 - Bad breath
 - Teeth whitening

Oral Rinses

- **Therapeutic oral rinses**
 - Anti-plaque / anti-gingivitis
 - Anti-cavity - fluoride
 - Anti-tartar
 - Antibacterial / antimicrobial / antibiotic mouth rinses or chemotherapeutic mouthwashes

Oral Rinses

- **Possible side effects:**
 - Staining of teeth and / or dental restorations
 - Changes in taste sensation
 - Tartar build-up on the teeth
 - Burning sensation in the cheeks, teeth, and gums
 - Drying of mouth tissue

Oral Rinses

- Mouth and tongue irritation, numbness, or soreness
- Mucosal erosions
- Sodium retention
- Swollen glands on the side of the face or neck
- Sensitivity of tooth roots
- Mouth ulcers

Tobacco and Alcohol Prevention and Cessation

- The combination of smoking and drinking increases a person's risk much more than either by itself

– The American Cancer Society

Tobacco and Alcohol Prevention and Cessation

- About 80% of patients with oral cancers use tobacco
- The risk of developing these cancers increases with the amount smoked or chewed and the duration of the habit
- About 70% of all patients with oral cancer drink alcohol frequently

Teaching Oral Care to Caregivers and Home Health Staff

Dirty Mouths Can Make Home Care Patients Very Sick

When Providing Mouth Care Look for Problems

Before Providing Oral Care

- Determine if there are any reasons why oral care should not be provided
- Determine if the oral hygiene routine should be changed
 - Eliminate liquids and toothpaste if dietary restrictions, choking hazards, or swallowing problems are present

Supplies Needed for Patients with Natural Teeth

- Protective Personal Equipment (PPE)
- 2 clean towels
- Soft toothbrush
- Fluoride toothpaste

Oral Hygiene Supplies

- Two paper cups
 - One for water or mouthwash and one for spitting
 - Or use emesis basin
- Mouthwash
- Floss and floss holder
- Lip lubricant

After Positioning Patient

1. Place a towel around patient's neck and wash hands thoroughly

Important!

- After washing hands, put on gloves and **DO NOT** touch anything except the patient's own oral hygiene supplies before providing oral care
 - Touching other items (even adjusting pillow) can transfer microorganisms into the patient's mouth

After Positioning Patient

2. Put on Personal Protective Equipment gloves, mask, and safety glasses
3. Lubricate patient's lips to prevent irritating lips and corners of mouth

Most Effective Way to Remove Plaque

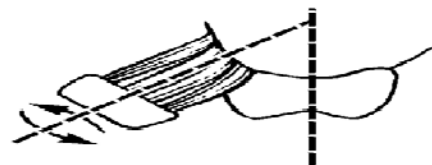
- Brush and floss thoroughly using proper technique
- Clean morning and night if possible

Brushing a Patient's Teeth

- Start in same place each time
 - Upper right back
- Place brush on cheek side of back tooth

Effective Brushing Technique

- Place the tips of the bristles at an angle to the gums
- Press lightly to spread the bristles under and around the gums



Move Brush in Small Circular or Back-and-Forth Motion

- Brush outside, inside, and tops of upper teeth

Move to the Bottom Teeth

- Brush outsides, tops, and insides of bottom teeth

Dental Flossing

- Curve floss around each tooth and go under the gumline to remove bacteria

After Brushing and Flossing

- Have patient rinse with water or mouthrinse
- Empty liquid into 2nd paper cup

The Collis Curve Toothbrush

- May make toothbrushing easier
- Brush has three layers of bristles and brushes all 3 sides of teeth at one time

What If the Gums Bleed When Brushing?

- If gums do not stop bleeding, report this to your supervisor
 - Patient needs to see a dentist

What If Patient Has No Teeth?

- Gently brush the gums and tongue with a soft toothbrush dipped in mouthwash

What If Patient Has No Teeth?

- If this is uncomfortable, a toothette (swab) dipped in mouthwash can be used to clean inside of the mouth

Daily Care for Dentures and Partial Dentures

1. Place a cloth towel in the sink and fill the sink with warm water
 - Never put dentures over the sink without a towel
 - If you drop the denture it could break

Daily Care for Dentures and Partial Dentures

2. Wearing gloves, bring the denture to the sink in a cup or the patient's denture container
3. Hold the denture in the palm of hand over the sink

Daily Care for Dentures and Partial Dentures

4. Apply denture paste to denture brush
 - Do not use toothpaste as it is too abrasive
5. Scrub denture on all surfaces using a denture brush
6. Rinse the denture completely

Do NOT Use Toothpaste, Mouthwash, or Water On:

- Comatose patients
- Patients on a restricted diet of thickened liquids that can't have thin liquids
- Care resistant patients

Do NOT Use Toothpaste, Mouthwash, or Water On:

- Patients who hold liquids and can't or won't spit out
 - Could swallow liquids or aspirate

For Those Cases . . .

- Something is better than nothing
- Moisten toothbrush with very small amount of water or mouthwash and brush teeth as normal
- Floss teeth if possible
- After brushing and flossing, wipe the mouth out with a toothette or gauze moistened with mouthwash

If Patient Can't Hold Their Mouth Open for Toothbrushing

- Mouth props are available
- Moist washcloth can be rolled up and placed between back teeth

Care-resistant Behavior and Oral Care

- Don't force the mouth open
- May just brush the outside surfaces of the teeth
 - Some brushing is better than not brushing at all
- Try again later when the patient may feel better

Care-resistant Patients

- The caregiver should tell the patient:
 - What they are about to do won't hurt them
 - It will help them feel healthier and make their mouth feel clean

Care-resistant Patients

- Approach the patient at eye level
- Maintain eye contact
- Avoid baby talk
- Smile, praise, and encourage often

Care-resistant Patients

- When brushing teeth:
 - Give breaks often
 - Use a gentle touch
 - Always use a soft bristled toothbrush that fits the mouth

Care-resistant Patients

- Patient may cooperate more if:
 - They hold the toothbrush
 - The caregiver guides the brush with their hand over the patient's hand

Acknowledgments

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