

Oral Health Care for Home Health Patients

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Oral Health Care for Home Care Patients

**The Mouth:
The Gateway to the Body**

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**

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**

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

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

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

When in Doubt . . . Check It Out!

- **Report anything suspicious to your supervisor**

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

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
 - Such as those for epilepsy
 - Immunosuppressant drugs
 - Typically used after organ transplantations
 - Calcium channel blockers
 - For 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

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

A Dirty Mouth Could Be Making Your Patients Sick

Brushing and Flossing Is Important for Your Patients

- Daily removal of plaque by brushing and flossing is essential to prevent tooth decay and gum disease

Before Providing Oral Care

- Check with your supervisor to see if there are any reasons why you should not provide oral care
- Check to see if you need to change your oral hygiene routine for any patient to eliminate liquids and toothpaste
 - Any dietary restrictions, choking hazards, swallowing problems

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
- Patients who hold liquids in the mouth and can't or won't spit
 - They swallow the liquids instead

Oral Care Without Toothpaste, Mouthwash, or Water

- Simply moisten a toothbrush with a very small amount of water or mouthwash and brush teeth as you normally would
- Floss teeth if possible
- After brushing and flossing, wipe the mouth out with a toothette or gauze moistened with mouthwash

Oral Hygiene Supplies

- For patients who have natural teeth:
 - Set up near patient on a clean towel
 - Soft toothbrush (labeled)
 - Fluoride toothpaste (labeled)
 - 2 clean towels

Oral Hygiene Supplies

- 2 paper cups
 - One for water and one for mouthwash
- Mouthwash (labeled)
- Floss and holder (labeled)
- Lip lubricant (labeled)

If Possible, Patients Should Be Sitting Up for Oral Care

- Elevate head of bed for those unable to get out of bed

After Positioning Patient . . .

1. Place a towel around the patient's neck
2. Wash hands thoroughly
3. Put on Personal Protective Equipment (PPE) gloves, mask, and safety glasses
4. Lubricate patient's lips

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 things will get germs on your gloves that will go into the patient's mouth

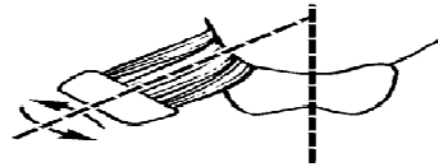
How to Brush a Patient's Teeth

- Start on the upper right side
- Place the brush on the cheek side of the back tooth

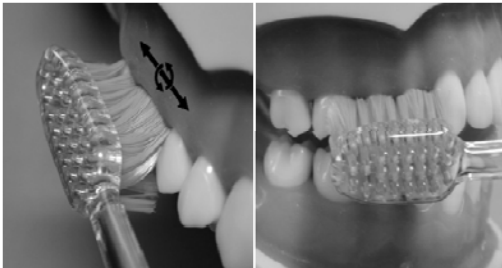


How to Brush a Patient's Teeth

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

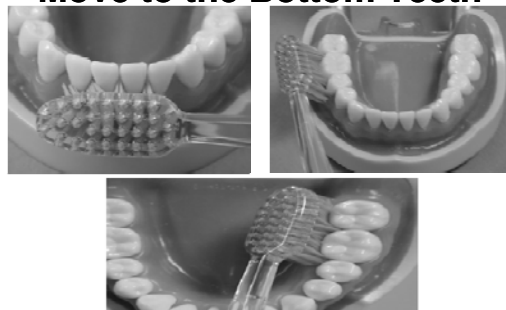


Move Brush in Small Circular or Back-and-Forth Motion



Brush outside, inside, and tops of upper teeth

Move to the Bottom Teeth



Brush outsides, tops, and insides of bottom teeth

Don't Forget to Brush the Tongue

Dental Flossing

- Using your middle fingers, wrap about 18 inches of floss around them
- Use thumbs and pointer finger to grasp / guide floss

Floss Aids Work Well for Patient Care

Dental Flossing

- Gently follow the curves of the teeth, sliding the floss up and down the tooth's surface a few times
- Be sure to go below the gumline to clean out bacteria

After Brushing and Flossing

- Rinse with water
- Spit into a paper cup and dispose of the 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 Patient Won't Cooperate?

- Don't force mouth open
- If possible, brush the outside surfaces of the teeth
- Brushing some of the teeth is better than brushing none of the teeth

What If the Gums Bleed When Brushing?

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

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

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

Dentures and Partials

- Remove every night to let mouth rest
- Store in labeled denture container covered with clean water and put in a safe place

When in Doubt . . . Check It Out!

- Report anything suspicious to your supervisor

Report to Your Supervisor Any of the Following:

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

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

Toothbrushing

- Tilt the brush at a 45° angle against the gumline

Toothbrushing

- Brushing only 2-3 teeth at a time, gently brush the outside, inside, and chewing surfaces of all your teeth
- Use short back-and-forth or circular strokes

Toothbrushing

- Don't forget to brush your tongue

Dental Flossing

- Using your middle fingers, wrap about 18 inches of floss around them
- Use thumbs and pointer finger 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
- Be sure to go below the gumline to clean out bacteria

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

Diet and Nutrition

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

Fluorides

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

Fluorides

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

Dental Sealants

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

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**

Regular Dental Visits

- **Examining your mouth for indications of oral cancer, diabetes, or vitamin deficiencies**
- **Checking your face, bite, saliva, and movement of your lower jaw joints (TMJs)**

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

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

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 buildup 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

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