

Seniors Oral Care



Providing Oral Hygiene Care to the Frail Elderly at Home

Tips and Tools for Families

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SECTION 1

Oral Health and Overall Health

A large and growing number of frail older Canadians are now being cared for in their homes by family members, and as the Baby Boomers advance into their senior years, this trend will continue. Illnesses like Alzheimer's and other physical and medical challenges may leave the older adult unable to independently manage his or her own daily oral hygiene, including brushing the teeth and flossing.

Good daily oral health is important for the overall health and wellbeing of seniors, and having a clean, healthy, and pain-free mouth contributes greatly to:

chewing and being able to enjoy a variety of nutritious foods

talking clearly

sleeping well

general comfort and higher quality of life

a more attractive personal appearance, positive self-image and satisfying social interactions

Poor oral hygiene, on the other hand, causes tooth decay and gum disease, which often lead to: unintended weight loss and malnutrition because of chewing problems

- pain
- bad breath
- dry mouth
- speech difficulties
- inability to sleep well
- social isolation and depression, and a generally lower quality of life

Numerous current studies suggest an association between poor oral health and serious, sometimes life-threatening, medical conditions in older adults, including:

Pneumonia: There is evidence of a connection between aspiration pneumonia (lung infection caused by foreign bodies or bacteria entering the lungs via the mouth) and poor oral health. The bacteria that cause pneumonia, a leading cause of death of older adults, are commonly found in significantly high concentrations in the dental plaque of elderly people with gum disease.

Diabetes: Oral infections can increase the severity of diabetes by increasing blood sugar levels which, over time, can lead to very serious complications. Diabetics are also at greater risk of developing gum disease.

Cardiovascular Disease: Studies suggest that having gum disease increases one's risk of developing cardiovascular (heart and blood vessel) disease. When bacteria in inflamed, infected gums break free, they can enter the bloodstream, attach to blood vessels and cause clots, which aggravate high blood pressure and increase the chances of a heart attack or stroke.

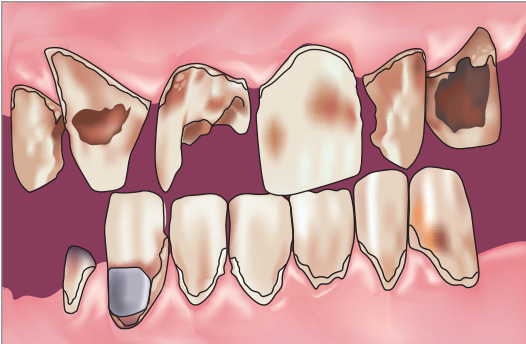
Osteoporosis: There is a strong relationship between bone metabolism and oral health, and early signs of osteoporosis can often be seen in the mouth and detected through oral examination and dental x-rays.

Rheumatoid Arthritis: New research suggests that treating gum disease in the elderly may alleviate some of the symptoms of rheumatoid arthritis in people suffering from both conditions.

It is and will continue to be vitally important that those caring for these frail or disabled elderly people learn the techniques that will provide them with the best possible oral care.

SECTION 2

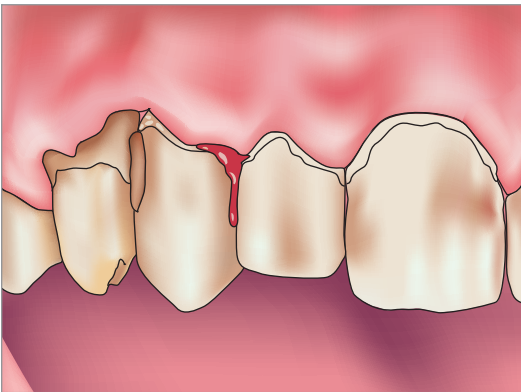
The Basics About Plaque, Tartar and Dental Disease



Severe tooth decay.

Plaque is a sticky, colourless film of living and dead bacteria that constantly forms on the teeth and around the gum line. It makes the teeth look dull and filmy. Food, saliva and fluids combine to create plaque. When it isn't removed by regular brushing and flossing, it can harden into a rock-hard crust known as **tartar**. Tartar can only be removed by an oral health professional, and should be done at least once a year. Much tartar build-up can be prevented by getting rid of plaque when it first forms.

Unlike plaque, tartar can be easily seen as a yellowish or brownish build-up. Tartar gives plaque more surface area on which to grow and a much stickier surface to adhere. Tartar and plaque make the teeth look, feel and smell bad, and a tartar and plaque crust on the teeth often leads to more serious conditions like dental caries (tooth decay) and gum disease.



Gum disease.

Gingivitis, which is caused by plaque, is an inflammation of the gums surrounding the teeth. It is the initial stage of gum disease and the easiest to treat.

Signs of gingivitis include bleeding, red puffy gums, bad breath, and receding gums that pull away from the teeth. It can also cause pockets to form between the teeth and gums, where plaque and food debris gather. If the inflammation becomes especially well-developed, it can invade the gums and allow bacterial toxins into the bloodstream.

When left untreated, gingivitis leads to more serious gum disease (**periodontitis**) that can cause bone loss and tooth loss. Gum disease has also been associated with a variety of serious illnesses such as pneumonia, diabetes, osteoporosis, heart attacks and strokes.

As some health conditions and medicines can contribute to gingivitis in the elderly, it is especially important for that older adults receive thorough oral care. Studies show that rigorous daily oral hygiene, combined with regular professional cleaning, can reduce the incidence of gum disease dramatically.

Signs of Tooth or Gum Disease

In addition to the above signs of plaque, tartar and gingivitis, those responsible for the care of frail, elderly adults should be on the lookout for visible tooth decay, verbal complaints about pain, difficulty chewing, not eating, loose teeth, ill-fitting dentures or a tendency not to wear dentures. People suffering from dementia may be unable to communicate pain. Wear protective gloves to regularly check the person's mouth for signs of disease.

SECTION 3

When is Help With Oral Hygiene Needed?

Assess Capability

It's important to know the oral hygiene capability of the frail, elderly person in your care. To assess this, ask the individual to brush his or her own teeth or dentures. Observe which steps he or she is capable of doing independently and which require assistance. Re-evaluate regularly.

Natural teeth should be cleaned twice a day. While elderly people should be encouraged to do as much of their own oral care as possible, the family member or caregiver should not assume that someone capable of doing it always does so. Individuals who have shown they can successfully take care of their own oral hygiene should still be monitored daily to ensure it continues to be done correctly and regularly. Remember that a wet toothbrush doesn't necessarily mean that the teeth were properly brushed. Look into the mouth if necessary, and provide reminders and help when needed.

Help with daily oral hygiene is often needed for older adults with loss of strength, mobility or dexterity, or other functional loss.

- People with dementia often forget to brush or how to brush and need a great deal of assistance. Behaviour problems can also arise, making care challenging.
- Other conditions that can make self-care difficult include tremors, inability to grip a toothbrush (possible result of stroke, Parkinson's, etc), inability to hold the mouth open (possible result of paralysis, TMJ joint disease, etc.), visual impairments and difficulty swallowing.

SECTION 4

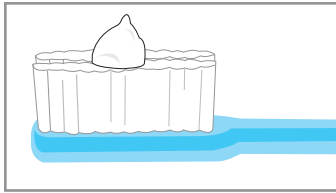
How to Provide Daily Oral Care

The best place to do oral care is in the washroom where there is good lighting, access to water, and where familiar personal care items are found. The toothbrush should have a small, soft- bristled head and a larger handle with a rubberized grip. Have the toothbrush, toothpaste and other needed supplies ready before you bring the frail, elderly person into the washroom.

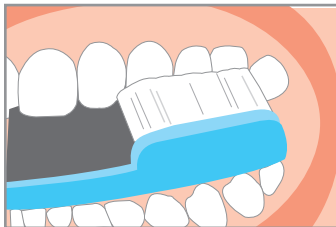
Oral hygiene care should be thorough and never rushed. Try to keep to a routine, same time and place each day. Wherever, possible, enlist the individual's participation, using a hand over hand technique to the guide the toothbrush in the mouth. Explain and show each step before you do it, and offer praise and encouragement as you go. Be patient, gentle and smile!

- Place the individual in a comfortable seated position and sit or stand at the same level, always maintaining eye contact.
- Wear protective gloves, and a face mask if needed.
- Lay a small hand towel across his or her chest, just below the chin.
- Have the individual open his or her mouth. If he or she is not able to do this, use a mouth prop.
- Numerous effective techniques for brushing the teeth have been developed. The following are two recommended methods. For each method, start with placing the brush at a 45-degree angle towards the junction of the tooth and the gum, which is the position for brushing the sides of the teeth. Then, either:

Brush gently in a circular movement.



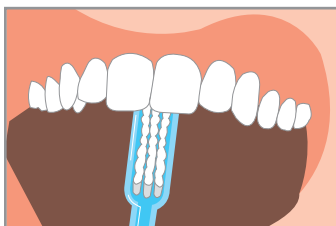
Wet the toothbrush with water. Apply a pea-sized amount of fluoride toothpaste.



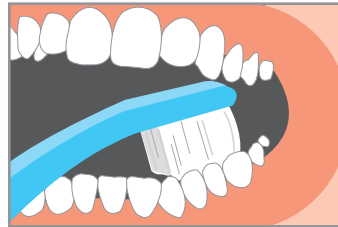
Place toothbrush at a 45-degree angle to the teeth. Gently move the toothbrush back and forth with short strokes.



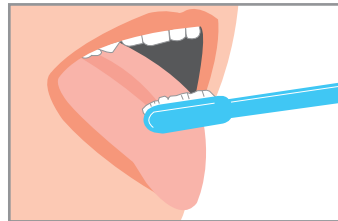
Brush inside and outside of both upper and lower teeth.



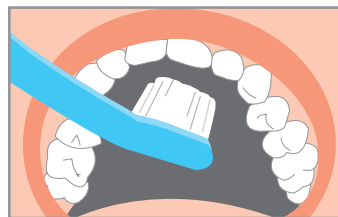
Hold toothbrush in vertical position to clean insides of upper and lower front teeth.



Brush the chewing surfaces.



Brush tongue from back to front five times.



Use the toothbrush to gently massage gums and clean the lining and roof of the mouth.

OR

Gently “scrub” the teeth by moving the brush backwards and forwards horizontally in very small, vibratory motions. Each stroke should be no more than the width of one tooth.

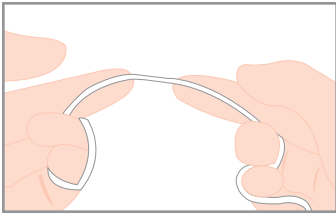
With either method, make sure to brush all surfaces of all the teeth, brushing behind the front teeth with an up and down movement using the end of the brush.

The teeth should be brushed for a minimum of 60 seconds, but preferably about the time it takes for a song to play on the radio

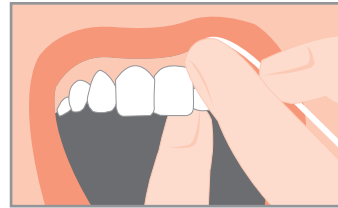
The tongue should also be gently cleaned with the soft bristles or the tooth brush or with a tongue scraper.

Use the toothbrush to gently massage the gums and clean the lining and roof of the mouth

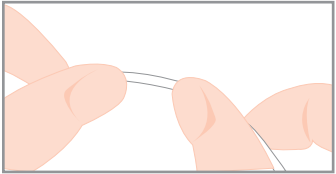
How to Provide Daily Oral Care



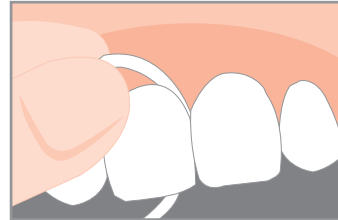
Start with an arms length of dental floss. Wrap around middle fingers on both hands.



Use see-saw motion to gently pass floss between the teeth.



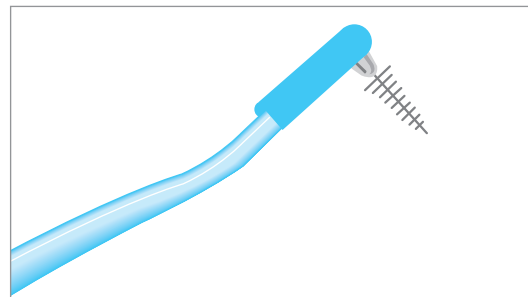
Grasp floss with forefinger and thumb with 2 cm of floss between them.



Wrap the floss around the tooth in a "C" shape and gently move it up and down. Repeat on the adjacent tooth surface.

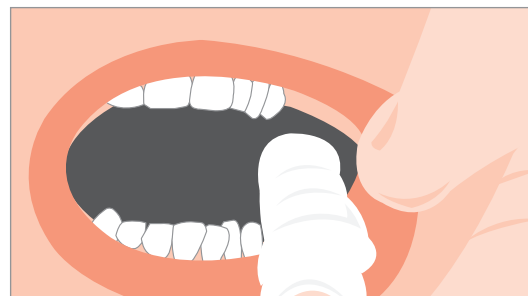
Flossing removes plaque and food particles in places where a toothbrush cannot easily reach — under the gum line and between the teeth. To floss an older person's teeth, wrap one end of floss around the third finger of each hand. To floss the upper teeth, use the thumb and index finger to stretch the floss. Move the floss up and down between the teeth from top to gum and along the gum lines as far as possible. Make a "C" with the floss around each tooth being flossed. To floss the lower teeth, use your index fingers to stretch the floss.

Interdental brushes are an alternative to flossing and are often easier for caregivers to use. The brushes have small, bristled heads designed to clean between the teeth. They are preferable to floss when the gaps between the teeth are slightly larger. To use an interdental brush, gently push it back and forth between the teeth along the gum line, never using force.



Interdental brush.

To get rid of loosened food particles, the mouth should be well-rinsed with water after cleaning the teeth. If the individual is unable to rinse or spit, use moistened gauze to wipe out the mouth. If the lips are dry, apply lip moisturizer.

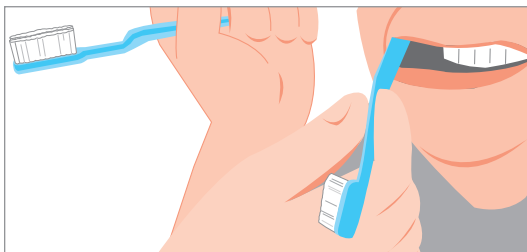


SECTION 5

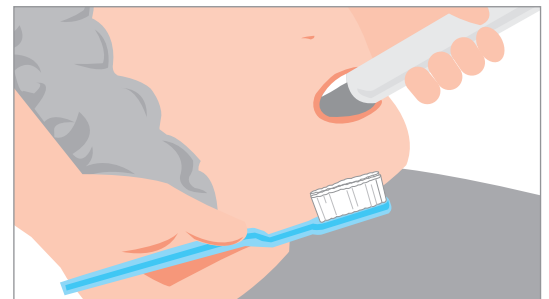
Useful Props for Assisting With Oral Care

Some frail, elderly people have problems opening the mouth wide or holding it open. There are many possible causes for this, including stroke, TMJ disorders and Parkinson's disease. In these cases, propping devices can make oral hygiene care easier. Here are several simple options:

- Prop the mouth open using a two-toothbrush technique: have the person bite down on the rubberized handle while using the second toothbrush for oral care. Switch sides by sliding the handle of the second toothbrush between the teeth, then pulling the first toothbrush out to use for oral care
- Similarly, use the handle of the second toothbrush to hold back the cheek, allowing access to the mouth
- You may place your fingers inside the cheeks or lips, but never between the teeth
- Make a homemade mouth prop by moistening a wash cloth, folding it and inserting it on one side of the mouth to keep it open when needed.
- Another simple mouth prop can be made from several tongue depressors with a large amount of tape wrapped around them for bulk
- High-density foam mouth props of varying thicknesses have been specially formulated to help keep the mouth open for oral care. These are nearly impossible to bite through. The handle end can also be used for retracting the cheek. These props are available through a dentist or dental hygienist.



Two-toothbrush technique.



Mouth props can be homemade or purchased through oral health professionals.

SECTION 6

Toothbrushes, Toothpaste and Rinses – Tips for Caregivers

Toothbrushes

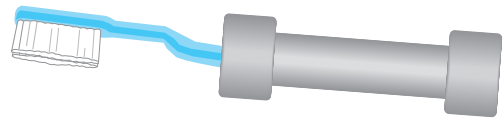
Sometimes a lack of strength, due to stroke, arthritis, or Parkinson's, makes it hard for an older person to grip a standard toothbrush. You can easily adapt a toothbrush by wrapping its handle in a washcloth to make it larger and easier to grip. Other options include sliding it into a bicycle handlebar grip or sticking it in a tennis ball.

Thoroughly rinse the toothbrush after each use, then dry it with a clean paper towel and place it in an upright position in a designated container.

Replace the elderly person's toothbrush every three months or earlier if frayed or dirty. After an illness or infection, sterilize the toothbrush or replace it.



A toothbrush can be enlarged by wrapping it in a washcloth to make it easier to grip.



A toothbrush with a rubber "bicycle grip" is another alternative. Tennis balls and sponge foam are other options.

Toothpaste

Lack of strength or loss of dexterity can sometimes leave an older adult unable to squeeze a tube of toothpaste. Toothpaste squeezers, available at pharmacies, can help this problem.

For older adults who are unable to remove the cap from a tube of toothpaste, toothpaste in a pump dispenser can be helpful. Dispensers that automatically put the correct pea-sized amount of toothpaste on the brush are also an option.

- The **choice of toothpaste**, including no toothpaste, should depend on the individual needs of the individual.
- Since decay on the root surfaces of the teeth is more common in older adults, non-abrasive fluoride toothpaste should normally be used for people who still have their own teeth.
- As the foaming action of most toothpastes increases saliva flow, use foaming toothpaste only for people who have shown they can spit and swallow. Only use pea-sized amounts of toothpaste.
- DO NOT use toothpaste for people who have difficulty swallowing (dysphagia), who cannot spit/rinse properly, or have a high level of dementia. There are non-foaming oral cleansing gels available
- Some older people may require anti-sensitivity toothpaste for sensitive teeth.
- Keep in mind that toothpaste may have a strong flavour that does not appeal to older adults, particularly those suffering from dementia.

Rinses

Some older adults may need additional fluoride, which can be purchased as a rinse or gel. Some products are available over-the-counter while others require a dentist's prescription. Chlorhexidine rinse, available through prescription, can kill the germs that cause gum disease. Ask the dentist if a fluoride product would be appropriate.

Mouthwash (preferably alcohol-free to prevent dry mouth) can also help keep the mouth fresh and reduce oral bacteria.

Rinses should never be swallowed.

SECTION 7

Dealing With Dementia and Behaviour Issues When Providing Oral Hygiene

Dependent people with Alzheimer's disease or other forms of dementia can require a great deal of help with oral hygiene, and behaviour problems can arise that often make oral care difficult.

Some techniques that can help are:

- Use a quiet soothing voice and make sure that the surroundings are familiar, comfortable and pleasing. Explain the routine step by step.
- Don't rush the routine and wherever possible, let the older person help. Place a toothbrush in their hand and place your own hand over their hand to guide them. Many people will automatically start to brush their own teeth after holding it for a few minutes. Never, however, give a toothbrush to an aggressive individual may throw it or use it inappropriately.
- Place an item, such as a rolled up washcloth or cushion, in the individual's hands during oral hygiene care in order to distract his or her attention from the task. Familiar music, singing, gentle touch or talking may also distract and relax.
- Start the oral hygiene process and then encourage the older person help finish it.

“Rescuing” can be used to help complete hygiene for those with dementia. If attempts at oral hygiene are not going well and the older person is being highly uncooperative, it sometimes helps to have a second family member/caregiver enter the situation and take over from the first.

If you encounter aggressive behavior, sometimes it helps to stop and try again at another time of day when the person seems calmer and more likely to cooperate.

SECTION 8

Dealing With Dentures

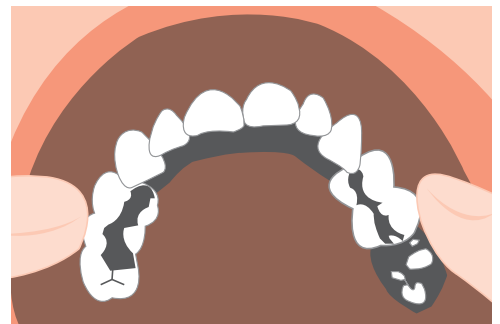
Plaque sticks to dentures in the same way it sticks to natural teeth. Dentures and partial plates should be removed and rinsed after each meal and cleaned thoroughly with a denture brush just before bed. Soaking them in a cup with a cleansing tablet at night is not enough.

When helping an elderly denture-wearing individual with oral care, ask first if they can remove them themselves. If not, assist them as follows:

- Remove the lower denture first to reduce any risk of aspiration (inhaling foreign material — usually food, liquids, vomit or secretions from the mouth) into the lungs. Use two fingers to grasp it firmly behind the front teeth, gently rocking to break the seal.
- Next remove the upper dentures by using two fingers behind the front teeth and lightly rocking to break the seal, then dropping the denture downwards and gently rotating it out of the mouth.
- To avoid gagging, dentures should always be re-inserted in the opposite order after cleaning, with the upper denture going in first and then the lower one. Use a gentle rotating motion for both.
- For partial dentures, place thumbnails over or under the clasps and gently pull, taking care not to bend the clasps or catch them on the person's lips or gums. Be careful when handling small partial dentures, as they are often fragile and easily broken.
- Clean the dentures over a water-filled sink. Rinse them with cold water to remove any food. Place a small amount of liquid hand soap on the denture brush and scrub all surfaces, including the clasps on a partial denture. (Do not use ordinary toothpaste on dentures, as it is too abrasive and may damage the polished surface of the denture.). Rinse well with water.
- Use a soft standard toothbrush to clean the palate, tongue, cheeks, gums and ridges of the mouth. Gently massage the gums with the brush.
- If the person wears partial dentures, thoroughly clean the supporting teeth also.
- Tartar may form on the smooth surfaces of dentures. This can cause irritation and should be removed by an oral health professional as soon as it's noticed.
- Dentures should be left out of the mouth at night to allow gum tissue to rest. Store the dentures dry in a denture cup. The denture cup should be rinsed on a daily basis and thoroughly cleaned once a week.
- To re-insert dentures, wet them first with water to prevent discomfort.



Remove complete dentures by placing two fingers behind front teeth and gently rocking to break the seal.



Partial dentures are removed by placing fingers over the clasps and pulling.

Conditions to look for in Denture Wearers

- **Denture Stomatitis** shows as a generalized redness in the upper palate and sometimes at the corners of the mouth. It is caused by dentures not being cleaned properly, being left in the mouth too long or from a fungal or bacterial infection. It must be treated with an anti-fungal or antibacterial agent ordered by a dentist or physician.
- **Thrust/Yeast Infection (Candida)** looks like creamy white patches or small red dots. This can be painful and can cause a burning sensation. It is caused from leaving dentures in too long, a weak immune system, or from certain medications. It also must be treated with an antifungal agent prescribed by a dentist or physician.



Denture Stomatitis

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Oral Thrush

Thrust/Yeast Infection (Candida) looks like creamy white patches or small red dots. This can be painful and can cause a burning sensation. It is caused from leaving dentures in too long, a weak immune system, or from certain medications. It also must be treated with an antifungal agent prescribed by a dentist or physician.

SECTION 9

Dry Mouth

What is “dry mouth” and what causes it?

Dry mouth or Xerostomia is caused when the salivary glands don't produce enough saliva. It can be extremely uncomfortable and can also have a negative effect on dental health. Saliva flushes food particles and bacteria from the mouth. A lack of saliva in the mouth causes bacteria to accumulate, increasing the risk of developing cavities and gum disease.

Dry mouth, which is very common among the frail elderly, is a common side effect of hundreds of prescription and over-the-counter medications and also a symptom of some conditions and diseases, including diabetes, Parkinson's disease, and cancer treatments. Drugs that can cause dry mouth include decongestants, diuretics and other blood-pressure medications, sedatives, antidepressants, antihistamines, muscle relaxants, drugs for urinary incontinence and those used to treat Parkinson's disease.

In the elderly, dry mouth often leads to serious tooth decay and oral infections. Individuals suffering from dry mouth may also have difficulty speaking, problems chewing and swallowing, bad breath, a swollen and red tongue, and bleeding gums.

Remedies

People suffering from dry mouth should be encouraged to sip water frequently. Sucking on ice chips and sugar-free candy or chewing gum may also help. Avoid lemon-flavoured hard candy as it makes the saliva acidic, increasing the possibility of tooth decay.

Over-the-counter saliva substitutes can also be used to replace lost moisture and make the mouth much more comfortable. These products usually come as a gel or a spray and are used to replace missing saliva. They can be used as often as required.

SECTION 10

Nutrition and Oral Health

Nutrition affects oral health and oral health affects nutrition. Taking care of the mouth enhances the ability to bite, chew and swallow a variety of nutritious foods. In turn, a healthful, balanced diet contributes greatly to both oral health and general health. An adequate intake of nutritious food helps the body resist infection and inflammation, including periodontal disease.

Poor oral health, whether caused by tooth decay, gum disease, tooth loss, loose or ill-fitting dentures, dry mouth, etc., can greatly affect an elderly individual's ability to consume all the nutrients needed for good health. This can lead to severe underweight, malnutrition, and increased risk for a number of serious conditions.

Excellent daily oral hygiene and a nutritious diet go hand in hand and **both** are needed to maintain good health.



SECTION 11

Regular Dental Care

Older adults should see a dentist twice a year for examination and a professional cleaning. Even individuals without teeth should have their mouths and oral tissues examined annually.

A family member accompanying a frail older person to a dental appointment should be prepared to provide an update about pain, problems with chewing, swallowing or eating, and a medical history including illnesses/surgeries, medications, allergies, history of tobacco use, etc. Insurance and billing information as well as legal information (who can give consent for treatment, if necessary) should be brought to the appointment. If the person wears dentures, make sure to bring them too.





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