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ELDER CARE

A Resource for Interprofessional Providers

Oral Care for Older Adults

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Across most demographic groups, older adults aged 65 years or older are retaining their natural teeth (16 to 22 teeth) putting them at higher risk for developing dental caries (cavities), periodontal (gum) disease, and a variety of other oral health issues (Table 1). However, oral health disparities still exist among older adults who are Black, Mexican American, poor, have less than high school education or current smokers in tooth retention.

With age, older adults are at risk for new or recurrent caries, particularly on the root of teeth as gum recession occurs, periodontal disease from inadequate plaque removal, and xerostomia or dry mouth primarily an adverse effect of medication(s). This edition of Elder Care will focus on prevention of dental caries and other selected oral health conditions in older adults.

Angular cheilitis*	Gingival overgrowth
Attrition (wear-and-tear tooth loss)	Missing teeth
Dental caries	Oral/pharyngeal cancer
Failing dental restorations	Oral candidiasis
Dry lips; dry mouth	Oral mucositis
Gingival abrasions	Periodontal disease
Gingival erosions	Poor oral hygiene
*swelling and redness at corner of mouth	

Preventing Dental and Root Caries

A number of activities can help prevent dental and root caries. They include consistent fluoride exposure, mechanical removal and chemical control of dental plaque biofilm, and regular professional dental care. These goals can be achieved for older adults who have no dental complications by receiving regular dental care and following the standard oral hygiene routine of brushing twice a day with a soft manual toothbrush or powered toothbrush, using fluoridated toothpaste and a daily interdental cleaner (flossers, soft pics, interdental brushes). Keep in mind that some older adults may not have the

the dexterity to use dental floss.

Oral Care for Patients with Special Health Conditions

Prevention and control of dental caries and other oral health conditions must be individualized based on a person's oral health and general health status. Here are some suggestions:

Silver diamine fluoride (SDF) is a bacteriostatic agent that is used to prevent and arrest caries lesions by brushing it on the tooth. SDF is inexpensive and simple to apply. However, tooth surfaces can become discolored with a black stain if caries exist. The good news is in September 2022, the American Medical Association approved a new CPT code for medical professions to apply SDF to treat dental caries.

Fluoride varnish is a resin base that contains a high concentration of fluoride (22,600 ppm or 2.26% fluoride). It is painted on the teeth and dental root surfaces. In addition to this being a procedure performed by dental professionals, licensing regulations in most states authorize physicians, nurse practitioners, nurses, pharmacists, and physician assistants to apply fluoride varnish.

Another approach to preventing dental caries is the use of re-mineralizing pastes that contain calcium and phosphate (MI paste). The paste is smeared onto demineralized teeth before bed with a finger or cotton-tipped applicator and left on the teeth overnight.

Preventive protocols for older adults with other selected health conditions, including the most recent (2014) recommendations from the Centers for Disease Control and Prevention about oral care for patients on mechanical ventilation, are shown in Table 2.

Included among these preventive protocols is the use of chlorhexidine rinses to prevent buildup of bacteria in dental plaque. Chlorhexidine is recommended for patients on ventilators, patients with mental and physical

TIPS FOR PREVENTING DENTAL CARIES IN OLDER ADULTS

- Use an electric toothbrush or a soft manual toothbrush twice a day
- Use fluoride daily or antimicrobial rinses when indicated
- Use an interdental cleaner (dental floss, soft pics, interdental brushes)
- Drink or sip water through the day for dry mouth
- Visit a dental care professional regularly
- When patients have caregivers, involve them in the plan for and administration of oral care

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Table 2. Preventive Protocols for Older Adults with Selected Health Conditions

Chronic Conditions Associated with Xerostomia (Dry Mouth)	Physical and Mental Disabilities	Patients in Long-Term Care Facilities or Hospitalized on Mechanical Ventilation
<ul style="list-style-type: none"> • At-home use of over-the-counter 0.05% sodium fluoride rinse, and 1.1% sodium fluoride gel or 0.4% stannous fluoride gel • Fluoride varnish applied two times a year by healthcare provider • 0.12% chlorhexidine gluconate rinse. Wait 60 minutes before applying fluoride and 60 minutes after brushing • Saliva substitutes, frequent water intake 	<ul style="list-style-type: none"> • Modification of the toothbrush with enlarged handle • Silver diamine fluoride applied by healthcare provider • At-home use of over-the-counter 0.05% sodium fluoride rinse, and 1.1% sodium fluoride gel or 0.4% stannous fluoride gel • Fluoride varnish applied two or three times a year by healthcare provider • 0.12% chlorhexidine gluconate rinse. Wait 60 minutes before applying fluoride and 60 minutes after brushing 	<p>Patients in Long-Term Care Facilities</p> <ul style="list-style-type: none"> • Fluoride varnishes applied twice/year • Saliva substitutes • Silver diamine fluoride applied by healthcare provider <p>Patients on Mechanical Ventilation and Low-Functioning Patients in Long-Term Care</p> <ul style="list-style-type: none"> • Saliva substitutes • Foam suction swab with 0.12% chlorhexidine gluconate rinse every 4 hours • Moisturizer for lips and mouth every 2 to 4 hours

disabilities, patients with chronic conditions that predispose to xerostomia (dry mouth), and patients in long-term care facilities (Table 2). Chlorhexidine is also recommended to reduce or prevent development of oral mucositis and candidiasis in immune suppressed patients.

Oral Care for Adults with Caregivers

For older adults with caregivers, effective routine oral care can be difficult. Taking care of someone else's oral care requires patience, skill, and willingness to be proactive, especially when the older adult is unable or unwilling to cooperate. This makes the caregiver an important part of the oral health team. Table 3 is a guide to help caregivers provide the basic essential oral care.

Table 3. Caregiver's Oral Health Guide

- Look for a comfortable place in which to perform daily oral care. It doesn't have to be in a bathroom.
- Assure good lighting.
- Allow the patient to sit at a table.
- Explain to the patient what is going to happen and what is being done.
- Either sit or stand to help the patient brush and floss. Caregiver can be next to or behind the patient.
- Give positive feedback when the patient is being cooperative.
- Develop a routine. Be creative.
- Consult with the patient's dental team about oral lesions that don't resolve in two to three weeks.

References and Resources

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