Managing Older Adults Chairside Guide

Oral health and general health are closely linked. Oral health can be compromised by a number of chronic and infectious diseases that have oral symptoms. On the other hand, oral diseases can lead to infection, inflammation, and other serious impacts on overall health. Connections between poor oral health and other major non-communicable diseases (NCDs), such as cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and obesity are undisputed. Mental disorders such as dementia or Alzheimer’s disease also affect the oral health of older adults.

Older adults are particularly vulnerable, as they often have complicated clinical conditions. Chronic diseases such as diabetes and respiratory diseases, polypharmacy, frailty, and dependency for the activities of daily living (ADL) often accompany physiological ageing. Impaired vision, lower tactile thresholds, reduced dexterity, cognitive impairment, and dementia often jeopardize daily oral hygiene routines. In addition, tooth loss and edentulism may impair chewing ability and lead to a change in diet and limited food choices. It can also affect social interactions and, more generally, overall quality of life.

Furthermore, oral diseases share a range of common risk factors with other major NCDs, such as unhealthy diet, particularly one rich in sugar, tobacco use, and harmful use of alcohol. Thus, maintaining good oral health is crucial to sustain general health and vice versa.

The following table provides instructions to effectively manage older adult patients. Defining your patient’s level of dependency before doing any assessment is an important step of managing the health of older adults. To help you with this preliminary assessment, please refer to the Lucerne Care Pathway provided on the back page, which will guide you in defining your patient’s dependency level.

1. To start your pre-assessment, you can start with simple questions:
   - Can your patient brush his/her teeth him/herself?
   - Can your patient open his/her mouth?
   - Can your patient transfer/walk to a chair?
   - Can your patient hold an X-ray?

2. Refer to your patient’s medical history/medication/polypharmacy

3. Identify cause of increasing dependency/identify conditions threatening oral health

4. Specific risk factors:
   - Functional problems with eating
   - Taste disturbance and change in dietary habits
   - Furcations / enamel pearls / root grooves and concavities
   - Suboptimal restorations, dental prostheses and dentures, restorations with poor oral health
   - Reduced salivary flow or salivary pH
   - Poor oral hygiene
   - Suboptimal fluoride exposure
   - Family framework and support network
   - Increased level of dependency, reduction in fine motor skills or possible disabilities
   - Medical history (general and oral health pathologies/comorbidities, medications, substance abuse

SOURCE Adapted from UFSBD
## Frail Plan for ongoing maintenance, including restorative

### TREATMENT
- Monitor possible oral lesions due to prostheses and other causes, such as smoking and drinking
  - Perform professional maintenance
    - 22.600 ppm fluoride varnish application on non-cavitated caries lesions four times a year
    - Use remineralization agents, resin infiltration techniques, or therapeutic sealants as possible remedies
    - Preserve tooth structure where possible
    - Ensure topical fluoride (gel/foam/varnish) treatment is delivered after restoration
    - Seal or repair defective restorations where possible. Replace only when necessary
    - Perform prophylactic cleaning with removal of plaque-retentive features
    - Filling of fissures and lesions by bioactive fluoride sealants
  - Pay specific attention to oral cancer: risk modification and education, tooth surface loss, mucositis
  - Consider prescriptions for caries and periodontal disease
    - Use soft, small-headed brushes with end-rounded bristles
    - Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation
    - Develop homecare plan to prevent or control infection, pain, and dysfunction
      - 2 minutes twice-daily brushing with up to 1500ppm fluoride toothpaste / Up to 5,000 ppm fluoride (upon prescription or professional recommendations) in case of very high caries risks
      - Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation
      - Use soft, small-headed brushes with end-rounded bristles
      - Daily interproximal cleaning with interdental brushes and/or dental floss in sites with narrow interdental spaces
      - Additional approach to be adapted as patient as appropriate, with adjunctive use of dentifrices and/or mouth rinses with scientifically proven antiplaque/antigingivitis effects
      - Daily cleaning of removable dentures
      - In case of dry mouth or hyposalivation, sugar-free chewing gum and salivary substitutes
      - Soft tissue care
      - Chlorhexidine or fluoride mouthwash at different times
  - Intervene when an oral lesion lasts more than 15 days
    - If necessary, consider the use of wider interdisciplinary healthcare team for delivery of care plans
    - Consider the need to increase concentrations of fluoride in toothpastes and mouthrinses
    - Pay specific attention to oral cancer: risk modification and education, tooth surface loss, mucositis
    - Consider prescriptions for caries and periodontal disease

### ASSESSMENT
- Prepare for the growing risk of oral disorders as dependency increases
- Develop a strategic oral healthcare plan that includes both professional and self-care
- Consider additional diagnostic tests
- Assess long-term viability of oral health
- Consider use of the wider interdisciplinary healthcare team for delivery of care plans
- Adapt appropriate periodic recall intervals
- Determine appropriate periodic recall
- Increase frequency of periodic recalls as needed to assess elevated risks
- Pay specific attention to oral cancer: risk modification and education, tooth surface loss, mucositis
- Consider prescriptions for caries and periodontal disease
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### PREVENTION
- Perform professional maintenance
- Pay specific attention to oral cancer: risk modification and education, tooth surface loss, mucositis
- Consider prescriptions for caries and periodontal disease
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### HEALTH PROMOTION AND EDUCATION
- Provide oral hygiene instructions (OHI) to patients
  - 2 minutes twice-daily brushing with up to 1500ppm fluoride toothpaste / Up to 5,000 ppm fluoride (upon prescription or professional recommendations)
  - Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation
  - Use soft, small-headed brushes with end-rounded bristles
  - Daily interproximal cleaning with interdental brushes and/or dental floss in sites with narrow interdental spaces
  - Additional approach to be adapted as patient as appropriate, with adjunctive use of dentifrices and/or mouth rinses with scientifically proven antiplaque/antigingivitis effects
  - Daily cleaning of removable dentures
  - In case of dry mouth or hyposalivation, sugar-free chewing gum and salivary substitutes
  - Soft tissue care
  - Chlorhexidine or fluoride mouthwash at different times
- Explain implications of increasing dependency on oral health care and specific treatment outcomes, especially involving complicated oral prostheses
  - Provide oral hygiene instructions (OHI) to patients
  - 2 minutes twice-daily brushing with up to 1500ppm fluoride toothpaste / Up to 5,000 ppm fluoride (upon prescription or professional recommendations)
  - Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation
  - Use soft, small-headed brushes with end-rounded bristles
  - Daily interproximal cleaning with interdental brushes and/or dental floss in sites with narrow interdental spaces
  - Additional approach to be adapted as patient as appropriate, with adjunctive use of dentifrices and/or mouth rinses with scientifically proven antiplaque/antigingivitis effects
  - Daily cleaning of removable dentures
  - In case of dry mouth or hyposalivation, sugar-free chewing gum and salivary substitutes
  - Soft tissue care
  - Chlorhexidine or fluoride mouthwash at different times
- Explain to the patient and other attending healthcare providers, including physicians, the conditions likely to complicate the management of oral health care as dependency increases
- Ensure that the patient is aware of the importance of oral health and the need for regular check-ups
- Provide oral hygiene instructions (OHI) to patients
  - 2 minutes twice-daily brushing with up to 1500ppm fluoride toothpaste / Up to 5,000 ppm fluoride (upon prescription or professional recommendations)
  - Use manual or powered toothbrush for an effective reduction of plaque and gingival inflammation
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  - Additional approach to be adapted as patient as appropriate, with adjunctive use of dentifrices and/or mouth rinses with scientifically proven antiplaque/antigingivitis effects
  - Daily cleaning of removable dentures
  - In case of dry mouth or hyposalivation, sugar-free chewing gum and salivary substitutes
  - Soft tissue care
  - Chlorhexidine or fluoride mouthwash at different times
- Maintain communications with members of the interdisciplinary healthcare team
- Communicate with the patient and all carers, including family, friends, and members of the interdisciplinary healthcare team, to continuously adapt the level of palliative care
LEVEL OF DEPENDENCY | DEFINITION
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No dependency  
CSHA level 1 & 2 | Robust people who exercise regularly and are the most fit group for their age.
Pre-dependency  
CSHA level 3 | People with chronic systemic conditions that could impact oral health but, at the point of presentation, are not currently impacting oral health. A comorbidity whose symptoms are well controlled.
Low dependency  
CSHA level 4 | People with identified chronic conditions that are affecting oral health but who currently receive or do not require help to access dental services or maintain oral health. These patients are not entirely dependent, but their disease symptoms are affecting them.
Medium dependency  
CSHA level 5 | People with an identified chronic systemic condition that currently impacts their oral health and who receive or do not require help to access dental services or maintain oral health. This category includes patients who demand to be seen at home or who do not have transport to a dental clinic.
High dependency  
CSHA level 6 & 7 | People who have complex medical problems preventing them from moving to receive dental care at a dental clinic. They differ from patients categorized in medium dependency because they cannot be moved and must be seen at home.

**AS A DENTIST I CAN**

- Contribute to general health promotion by discussing major shared risk factors with your patients and/or their carers (unhealthy diet, sugar consumption, tobacco use, dehydration).
- Foster daily oral hygiene routines in my older patients by providing them and/or their carers (lay and professional) with regular information.
- Implement minimally invasive interventions, which can have a particularly beneficial effect on older adults in terms of quality of life.

**LUCERNE CARE PATHWAY**