

"FROM PRIVATE OFFICE TO LONG TERM CARE FOR OUR OLDER ADULTS"

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General Dentist, Rockville, MD / Deans Faculty UMSOD





- ▶ Maryland Department of Aging
- ▶ Secretary Rona E. Kramer



THANK YOU RECOGNITION FOR
HOSTING THIS EVENT!

GROUND RULES, ENJOY LEARNING!



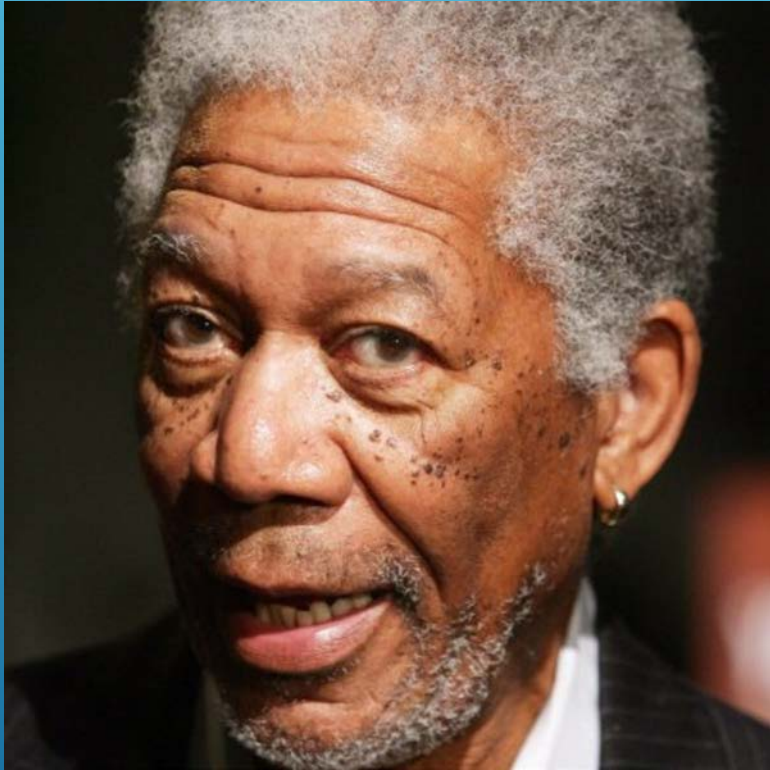
- ▶ Please turn off or mute all portable electronic equipment.
- ▶ Note Restrooms & Emergency Exits.
- ▶ Breaks
- ▶ Questions – Ask !

DISCLAIMER: “NO CONE OF SILENCE”!



Dr. Doring has no commercial or financial interest in products, materials & procedures that may be discussed in this presentation.

WHAT IS "OLDER" MEAN ?



"OLDER DOES NOT ALWAYS MEAN
INACTIVE"



LIFE EXPECTANCIES AND EDENTULISM IN U.S

Life Expectancies at Birth (WHO 2011)

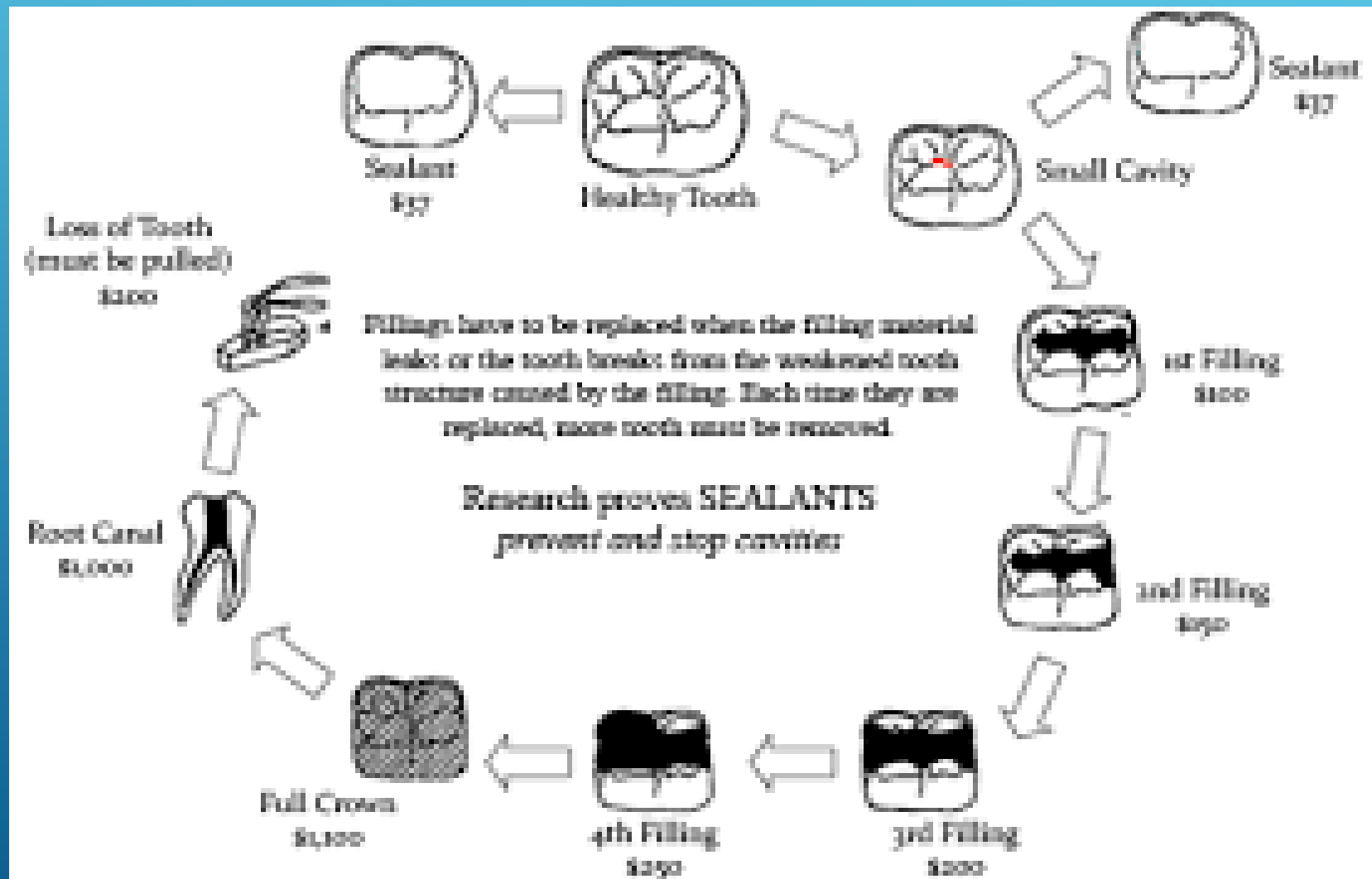
Overall	79
Female	81
Male	76

- Total Edentulous
 - Ages 65-74
- 1988 - 45.6%
- 1994 - 28.6%
- Retain more teeth increases risk for diseases

AJPH 2004)



LIFE CYCLE OF A TOOTH



DEVELOPING LONG TERM STRATEGIES TO PRESERVE TEETH EARLY



Prevention:

- ▶ Instill Optimum Home Care
- ▶ Fluoride Topical & Systemic
- ▶ Sealants
- ▶ Orthodontics(?)
- ▶ Appropriately timed professional care!
- ▶ **Treat** disease(s) early
- ▶ Treat caries-minimally invasive

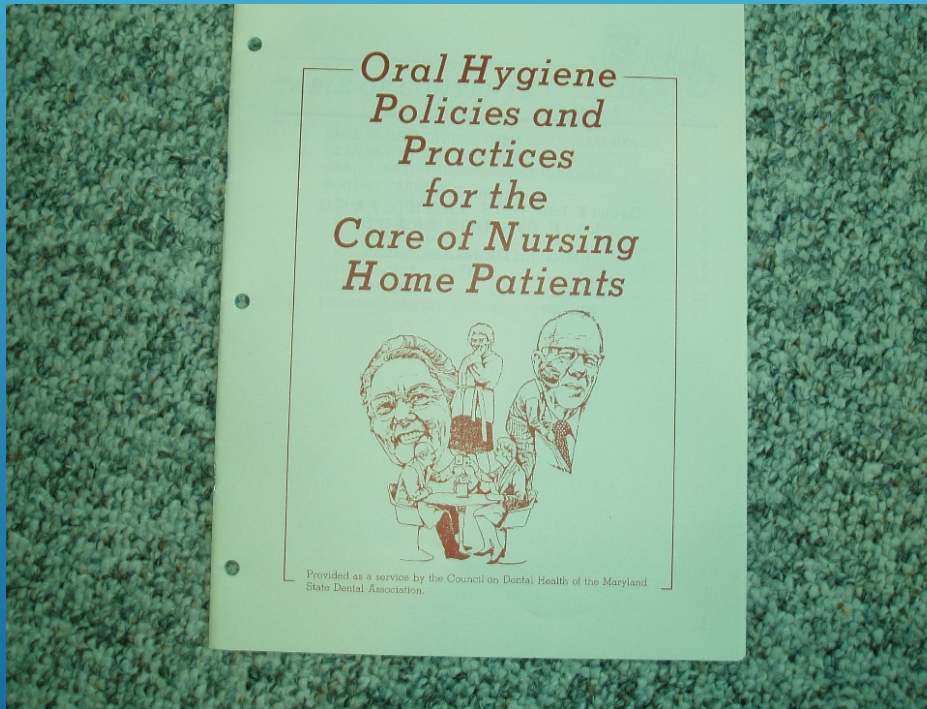
UMSOD CLINIC CIRCA WWII





WHEN DID LONG TERM DENTAL CARE CONSIDERATIONS START IN MARYLAND ?

1985



2015



- ▶ Unable to care for themselves safely (unable to perform ADL)
- ▶ Average age 87 years
- ▶ Primarily women
- ▶ HIGHLY underserved dentally
- ▶ Challenging behaviors
- ▶ Percentage of 65+ population ?



LONG TERM CARE RESIDENTS

▶ 70% of Americans reaching 65 can expect to use some form of Long Term Care during their lives.*

▶ 80% of those who receive Long Term Care Assistance live at home or in a community setting.**

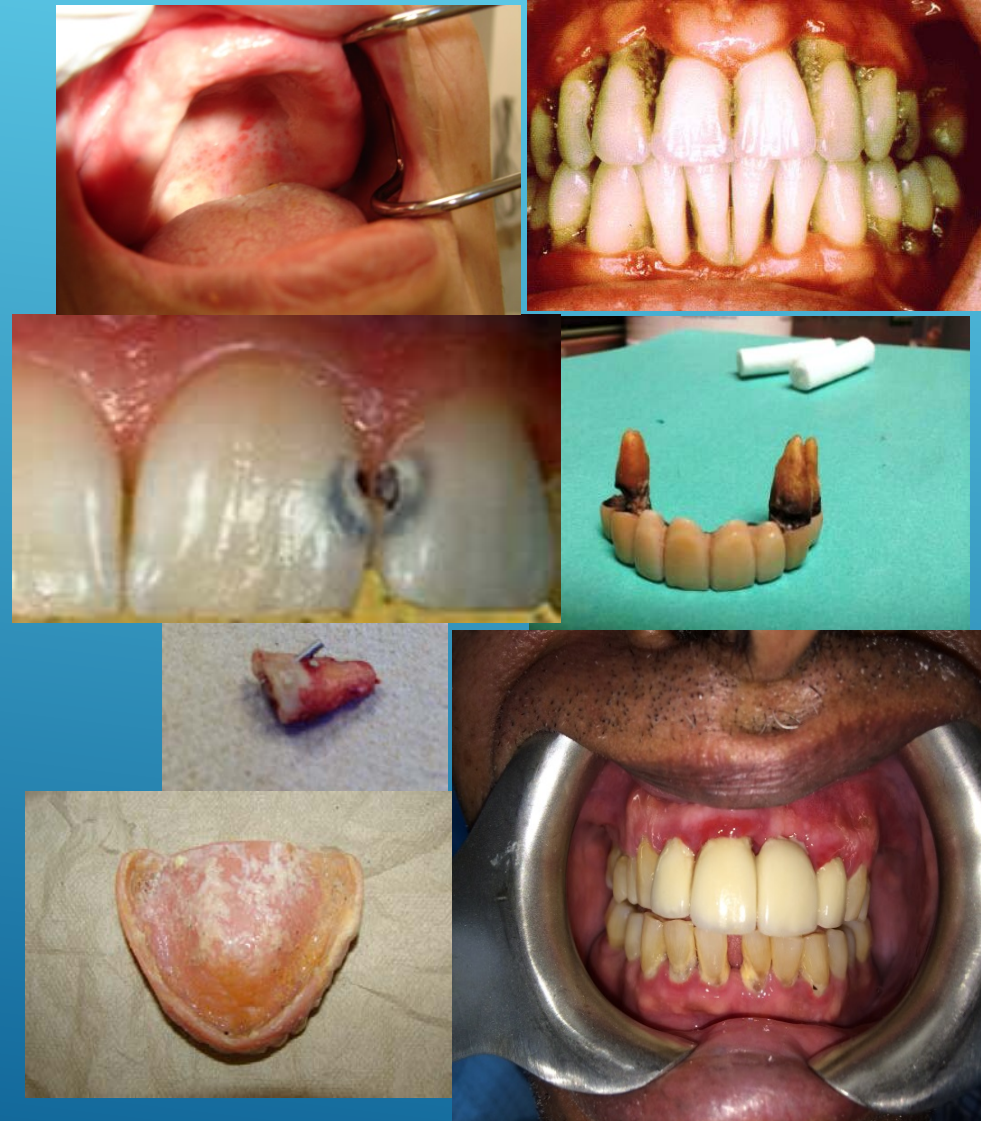
SOURCE AARP

*US DEPT. HEALTH & HUMAN SERVICES (2015).

** CONGRESSIONAL BUDGET OFFICE (2013).

ORAL HEALTH PROBLEM IN ELDERLY

- ▶ Coronal and root caries
- ▶ Periodontal disease
- ▶ Tooth loss
- ▶ Denture related condition
- ▶ Hyposalivation/ Xerostomia
- ▶ Implants
- ▶ Crowns and bridges
- ▶ Edentulism



TEETH & AGING

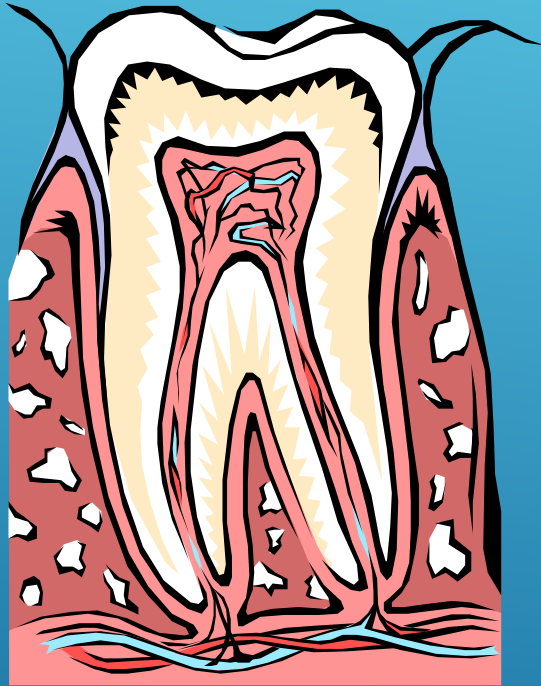


AGE-RELATED CHANGES

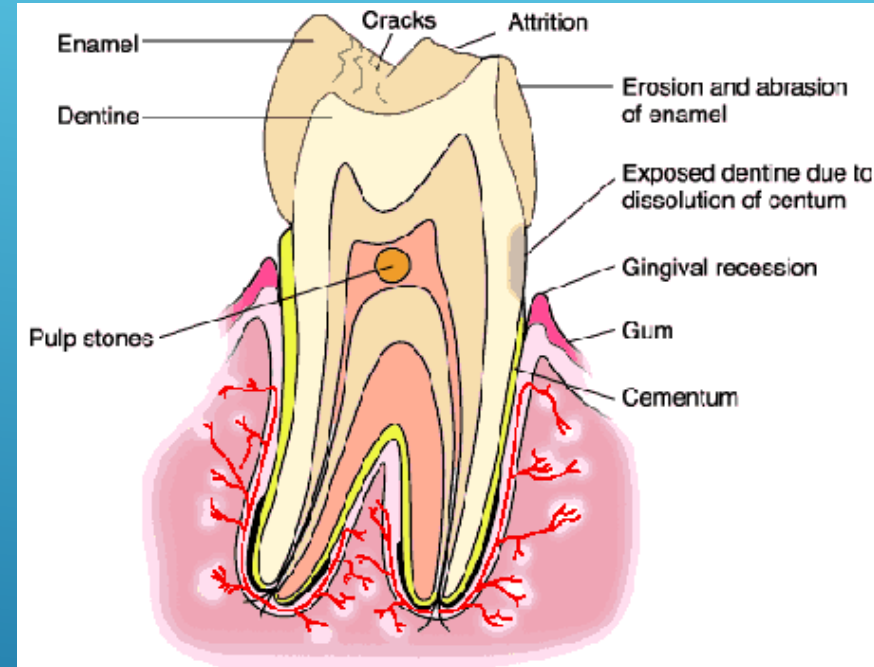
- ♦ Occlusal attrition
- ♦ Pulpal changes
- ♦ Increased risk
caries/abfraction
- ♦ Gingival fibrosis



PULP CHANGES WITH AGE -



young



old

Result: less pain with age – May have More Disease

Don't wait for the pain - it may be too late

Consider: no anesthesia

ROOT CARIES NO WARNING SIGNS

- ▶ Damages the foundation of the tooth
- ▶ Compare to a fallen tree with rotted roots
- ▶ If you see 1 – there will be 7



PERIODONTAL DISEASES

- ▶ **More teeth**
 - ▶ **More risk for disease.**
- ▶ **Increased age**
 - ▶ **Increased risk of bacteremia**
 - ▶ **Pneumonia**
 - ▶ **Effect on CV**
- ▶ **Aging = inflammation**
 - ▶ **Role of inflammation and C-reactive protein in systemic diseases**



PERIODONTAL DISEASES



▶ Etiology and risk factors

- ▶ Numerous medical problems
 - ▶ Diabetes - negatively effect glycemc control
 - ▶ Calcium channel blockers
- ▶ Medications
- ▶ Oral neglect
- ▶ Improper/inadequate daily care

2 CM ULCER IS SMALLER THAN THE
ULCERATED EPITHELIUM WITHIN
INFECTED PERIODONTAL POCKETS



DYSPHAGIA – SWALLOWING DIFFICULTY – STROKE



- ▶ 50-60% post CVA have short term dysphagia
- ▶ 20% of these develop aspiration pneumonia
- ▶ Symptoms include: repetitive swallowing, throat clearing, gargled or horse voice, choking, weight loss, & food sticking or parking.

TRUE OR FALSE: SALIVARY FLOW DECREASES IN OLDER ADULTS

- ▶ Morphological changes
 - ▶ Increased fat and connective tissue
 - ▶ Increased ductal and vascular tissues
 - ▶ No change in function
- ▶ Healthy, non-medicated older adults
 - ▶ Do **NOT** have decreased salivary flow rates or altered salivary composition due to aging alone

DX. HYPOSALIVATION (XEROSTOMIA IS A SUBJECTIVE COMPLAINT OF DRY MOUTH)

THERAPEUTICS &
CLINICAL RISK MANAGEMENT NOV. 2015

- ▶ Prevalence 5.5 to 46%
- ▶ Causes
 - ▶ Underlying medical conditions
 - ▶ Dehydration
 - ▶ Altered sensory function
 - ▶ Cognitive disorders
 - ▶ Decreased salivary output
 - ▶ Side effect of medication



MAJOR RISK FACTORS FOR HYPOSALIVATION:

- ▶ Xerogenic Medications (particularly S.S.R.I)
- ▶ Sjogren's Syndrome
- ▶ Radiation
- ▶ Hypertension
- ▶ Asthma
- ▶ Diabetes mellitus
- ▶ Hematological Disease
- ▶ Thyroid Disease
- ▶ Rheumatic Diseases
- ▶ Psychiatric diseases
- ▶ Eating Disorders



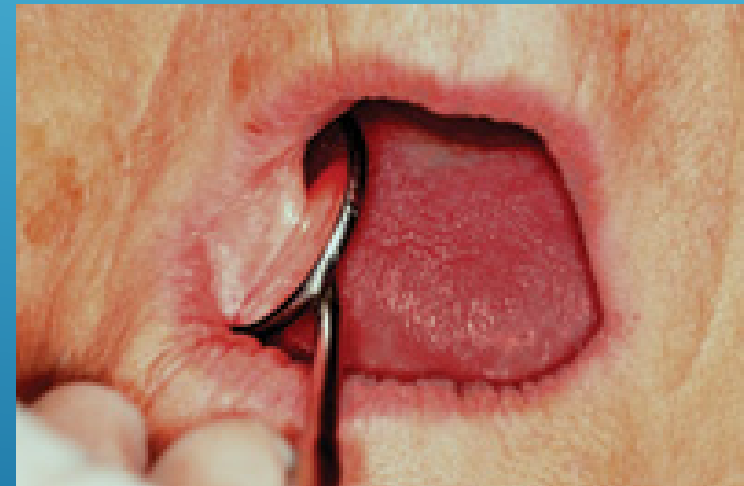
HOW TO DX. SALIVARY GLAND HYPOFUNCTION? QUESTIONNAIRE:



- ▶ CC: "dry mouth, difficulty swallowing and/or speaking".
- ▶ Difficulty eating spicy, acidic or crunchy foods.
- ▶ Taste changes
- ▶ Difficulty Wearing Dentures.
- ▶ Polypharmacy

SIGNS TO LOOK FOR?

- ▶ Mirror sticking.
- ▶ Frothy saliva.
- ▶ No saliva pooling in FOM
- ▶ Loss of papilla of the dorsum of tongue.
- ▶ Altered/smooth gingival appearance.
- ▶ Fissured tongue.
- ▶ Cervical Caries (>2 teeth).



SALIVARY FLOW RATES

5 MINUTE TEST

Unstimulated

- ▶ Overnight fasting or 2 hrs after meal.
- ▶ Normal 0.3-0.4 mL/min
- ▶ Hyposalivation is rate ≤ 0.1 mL/min

stimulated

- ▶ After the patient has chewed unflavored gum or wax for 1 minute.
- ▶ Normal 1.5-2.0 mL/min
- ▶ Hyposalivation is rate ≤ 0.5 - 0.7 mL/min

SEQUELAE OF DRY MOUTH

▶ Caries

- ▶ Loss of buffering, cleansing and antimicrobial actions
- ▶ Increased demineralization; decreased remineralization

▶ Soft tissue irritation

- ▶ loss of lubrication, antimicrobial, taste changes
- ▶ Gingivitis and periodontitis

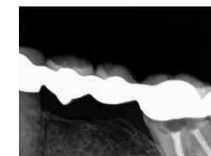
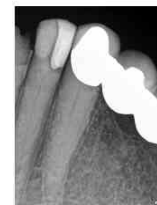
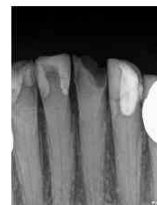
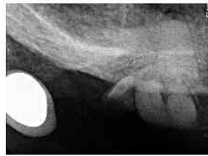
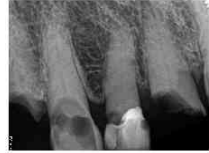
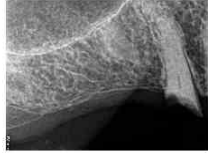
▶ Reduced ability to wear removable prostheses - loss of retentive lubricant

▶ Difficulty eating

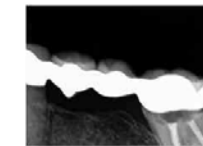
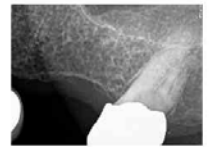
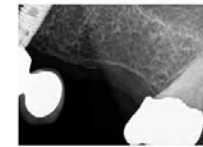
- ▶ Dysguesia



ONE EXAMPLE OF SEQUELA OF DRY MOUTH



PATIENT'S APPROACH TO RESOLVE DRY MOUTH



TO EASE HYPOSALIVATION

- ▶ **Dry mouth products**
- ▶ **Moistening gels** (Oralbalance, Xerolube)
- ▶ **Stay well-hydrated**
- ▶ **Add liquids to diet**
- ▶ **Suck on ice chips**
- ▶ **Avoid spicy foods**
- ▶ **Sugarless candies**
- ▶ **Avoid alcohol & caffeine**
- ▶ **Alcohol-free mouthwashes**
- ▶ **Humidify air**
- ▶ **Lanolin / Surgilube - lips**
- ▶ **Sialagogues**

TREATMENT: SALIVARY STIMULATION

**Dip this in peanut butter,
roll it in sand,
and eat it.**



Then you'll know what
it's like to live with
**Sjögren's
Syndrome.**

EVOXAC™ —Proven Relief...Proven Results
(cevimeline HCl)

For Dry Mouth Symptoms in Patients With Sjögren's Syndrome

- Efficacy demonstrated objectively and through patient assessment
- Patients treated with EVOXAC also reported significant improvement in ability to chew and swallow food**
- The most frequently reported adverse events associated with the pharmacologic action of a muscarinic agonist (>10% incidence) in clinical trials of cevimeline were: excessive sweating, nausea, rhinitis, and diarrhea. Consult the brief summary of prescribing information for other adverse events



Proven Relief...Proven Results

- Cevimeline is contraindicated in patients with uncontrolled asthma, known hypersensitivity to the drug, and in acute iritis and narrow-angle (angle-closure) glaucoma
- Consult the brief summary of prescribing information for safety considerations concerning drug interactions, special populations, patients with a history of cardiac disease, controlled asthma, chronic bronchitis, COPD, nephrolithiasis, or cholelithiasis. Special care should be exercised when cevimeline is taken by geriatric patients,

considering the greater frequency of decreased hepatic, renal, or cardiac function

- Cevimeline can potentially alter cardiovascular function. Consult the brief summary of prescribing information concerning these potential effects
- Caution should be advised while driving at night or performing hazardous activities in reduced lighting

* Change from placebo to placebo at first visit and week 6 in placebo-controlled trial.
Please see brief summary of full prescribing information on next page.



BEST CHOICE.



TURNING RIGHT IN 5 MILES



BETTER SIGNAL NOW

MEMEBASE.com

OPTIONS IN DENTISTRY FOR LTC



HEBREW HOME OF GREATER WASHINGTON



SOME LTC FACILITIES HAVE DENTAL CLINICS



DENTAL WHEELCHAIR LIFT



ADVANTAGES

- ☆ Convenient for facility
 - ☆ Comfort, convenience for dental team
 - ☆ Minimizes stress of residents
 - ☆ Facilitates full range of dental services
 - ☆ Facilitates emergency care
 - ☆ Facilitates interdisciplinary consults
 - ☆ Stresses importance of oral health
 - ☆ Marketing appeal for facility
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the top right of the slide, adding a modern, geometric design element.

HAUSMANN BOARD



ROCKVILLE NURSING HOME



WHERE TO PROVIDE TREATMENT ?

- × Chairside
- × Bedside
- × Dental Operator
- × Beauty Salon
- × Private Office
- × Hospital OR or Surgical Center



TREATMENT LOCATIONS

Chairside



Bedside





DENTAL TREATMENT IN BEAUTY SALON



DENTAL TEAM PROVIDING CARE AT
LTC FACILITY.

PORTABLE DENTAL UNIT



Dental care. Anywhere.



NURSING STAFF



- × Age 89
- × Hx CVA
- × Expressive aphasia
- × Aortic Valve Repair
- × Parkinson's Disease
- × Hypothyroidism
- × Depression
- × Currently 12 Rx's
- × Allergy to PCN & Norvasc
- × Intact Dentition (28 teeth)

MRS. S.

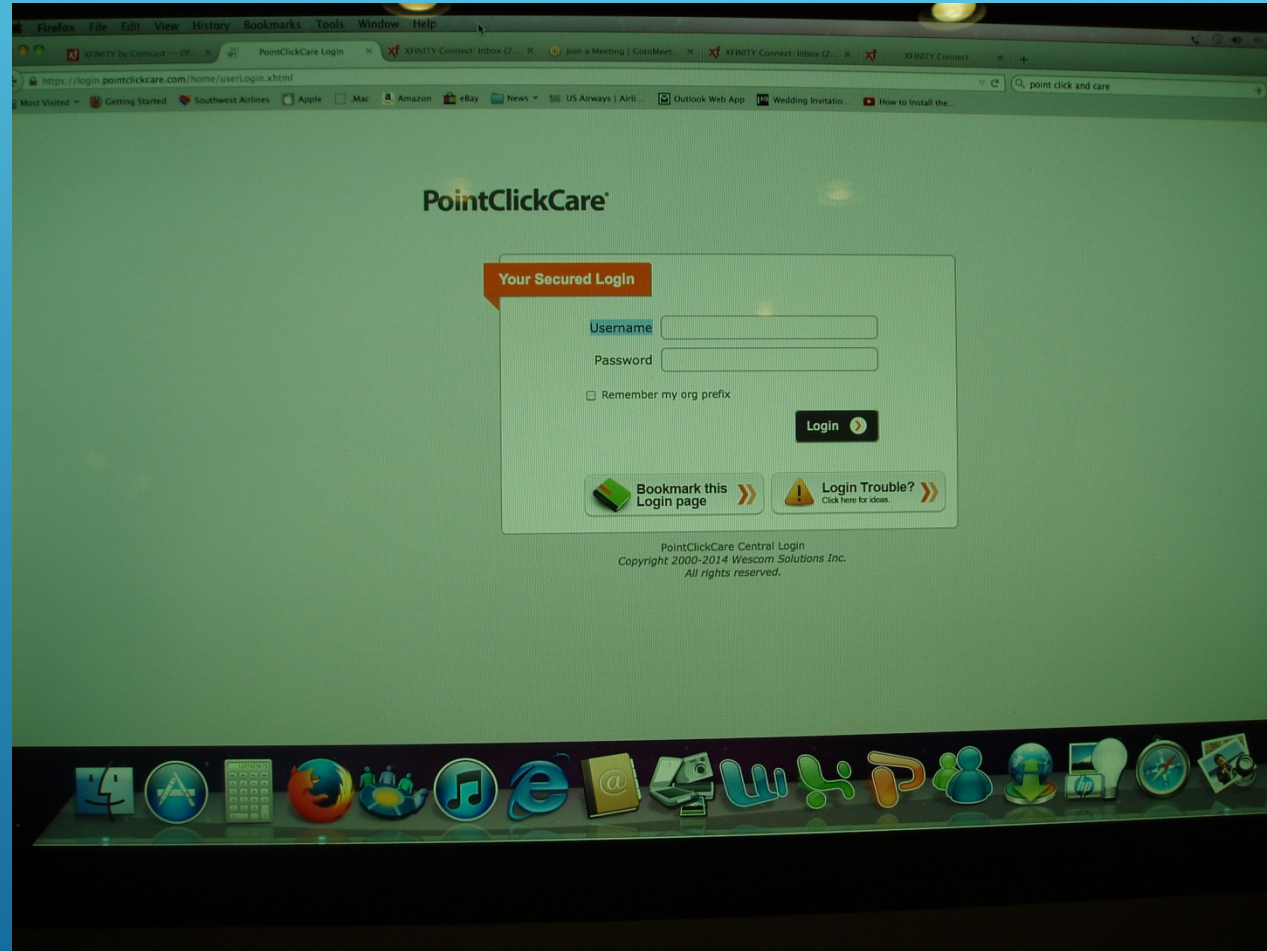


TREATMENT

- ▶ Premedicate 600mg Clindamycin
- ▶ Review current OHC with patients nurses aid
- ▶ Exam & chart present conditions.
- ▶ Scaling and Polish
- ▶ Fluoride Varnish
- ▶ 6 Mo. Recall
- ▶ Treated in LTC facility



PROGRESS OR CONSULT NOTES & ORDERS



GENERAL RDH SUPERVISION IN LTC FACILITIES - 2014 HB 100



- ▶ Exam by supervising DDS within 7 months of exam.
- ▶ RDH (&DDS) has 2+ years active clinical practice.
- ▶ Active license & current CPR.
- ▶ Contract between supervising dentist & RDH
- ▶ Supervising dentist is available for consultation.

COMMUNITY DENTAL HEALTH COORDINATOR

- ▶ FQHCs- many with high no show rates
- ▶ Community Clinics
- ▶ Social Service Organizations
- ▶ Private Practices
- ▶ Educational Institutions
- ▶ Health Educational Programs
- ▶ Assisted Living/Nursing Homes



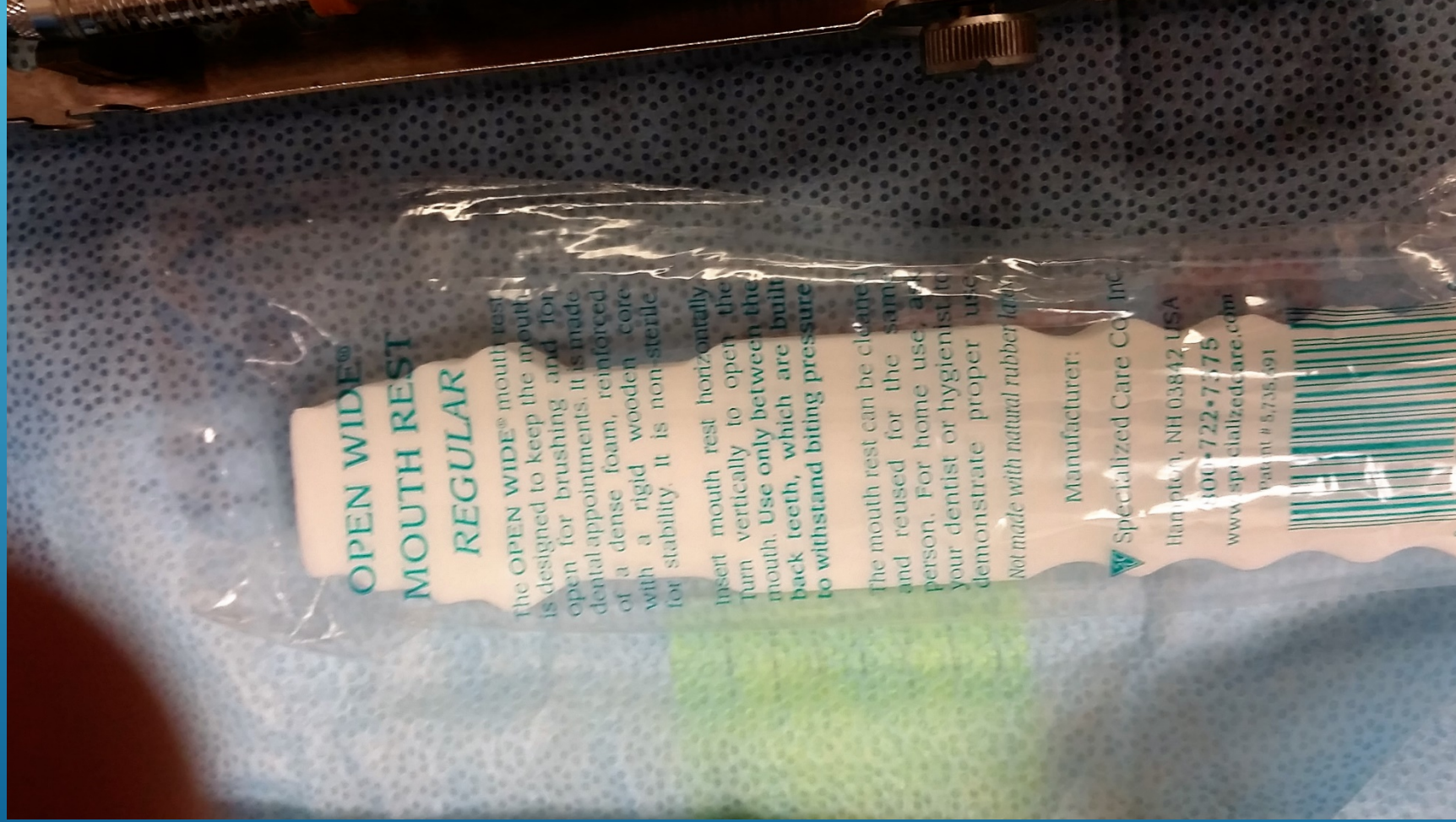
ALLEGANY COLLEGE
of MARYLAND
ENGAGE YOUR FUTURE

▶ CDHC Education and Training

- ▶
- ▶ CDHCs are trained to interact, with cultural competence, in the dentally underserved communities in which they work. They understand the people, language, and barriers to oral health in those communities; in many cases they already know the people with whom they will work. The CDHC training focuses on community outreach, coordination of care, educational and social interventions in the community, and prevention.



MOUTH PROPS



- ▶ Medical disorders/ co-morbidities
- ▶ Prescription AND OTC medications
- ▶ Physical limitations
 - Difficulty opening mouth, staying still, following directions, manual dexterity, sensory changes
- ▶ Life expectancy



TREATMENT PLANNING CONSIDERATIONS

APPROPRIATENESS OF CARE INCLUDES MANY CONSIDERATION



Patient:

- medical status.
- mental status.
- comfort & desires
- ability to cooperate during care.
- dental hygiene status and ability to maintain oral health.
- desires of family
- finances may impact.

J

A

D

A[®]

NOVEMBER 2013



PALLIATIVE DENTISTRY

COVER STORY

**Dental care for frail
older adults 1234**

CLINICAL PRACTICE

*Pain catastrophizing in
dental patients 1244*

RESEARCH

Shear bond strength 1261

ASSOCIATION REPORT

*Topical fluoride and caries
prevention 1279*

STUDY RESULTS (JADA 2013)

- ✕ Retrospective Study
197 LTC residents in
last year of life
- ✕ 3 Study Groups:
- ✕ (NC) no care (50.8%)
- ✕ (LC) Limited Care
(n=36)
- ✕ (UC) Usual Care
(n=61)
- ✕ Mean Age 84.4 years
- ✕ **Conclusion:** most
patients received
insufficient dental
care,
comprehensive
treatment was
provided commonly
to frail patients at
the end of life.

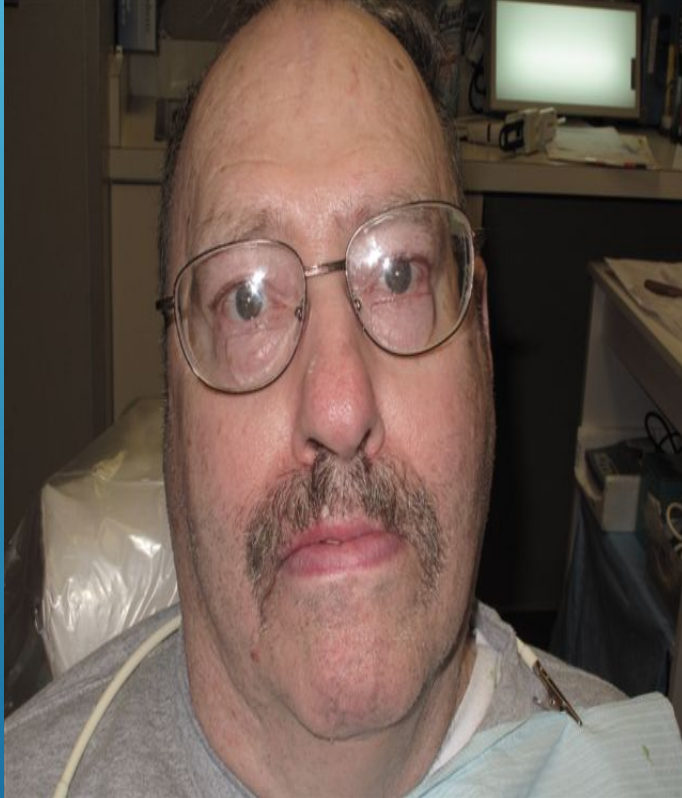
BARRIERS TO DENTAL CARE

(JADA 2013)



- Less priority over general health care ?
- Dental problems not identified?
- Limited involvement of dental professionals?
- Psychological distress?
- Transportation difficulties?
- Patient resources?

FINANCIAL CONSIDERATIONS



- ✗ Discuss tx options and financial options with pt. and family ahead of time.
- ✗ Many have insurance benefits.
- ✗ Fee for Service
- ✗ Incurred Medical Expenses (IME) must work with LTC Medicaid caseworker. More info? Google ADA info on IME
- ✗ Gratis or Donated Dental Services Program (MFDH).

MONTHLY COST OF CARE IN MARYLAND 2016

- ▶ Home Health Care
 - ▶ Homemaker Services \$3,790
 - ▶ Homemaker Health Aid \$3,956
- ▶ Adult Day Health Care \$1,712
- ▶ Assisted Living Facility \$3,750
 - ▶ Private, One bedroom
- ▶ Nursing Home Care
 - ▶ Semi-Private Room \$8,684
 - ▶ Private Room \$9,444
- ▶ Genworth Financial

TOP 5 MARYLAND COUNTIES FOR HOSPITAL DENTAL VISITS

Top 5 Counties with Highest Charges & Visits (2009-2013)				
	<i>Inpatient</i>		<i>Outpatient</i>	
	Charges	Visits	Charges	Visits
Anne Arundel	\$10,451,989	826	\$ 4,262,730	18,394
Baltimore	\$26,651,062	1,968	\$ 11,148,920	35,250
Baltimore City	\$67,132,825	4,351	\$ 29,640,411	74,607
Montgomery	\$13,442,524	1,082	\$ 3,955,209	13,421
Prince George's	\$19,002,382	1,244	\$ 6,280,439	20,480

The top 5 counties with the highest charges and visits are in central Maryland. Baltimore City charges for outpatients visits totals more than the other 4 counties combined.

GOVERNOR HOGAN SIGNS SB 169 MAY 25, 2017



- ▶ Maryland Dental Action Coalition to conduct a study to determine the annual cost of E.R. visits to treat dental conditions.
- ▶ Advisable to expand benefits for dental services for certain adults under the Maryland Medical Assistance program?
- ▶ MDAC Report by Dec. 1, 2017.
- ▶ Beginning January 1, 2019, subject to limitations of the State budget, may provide dental services for adults whose annual household income is at or below 133 percent of the poverty level.

PALLIATIVE DENTAL CARE PLAN



- ▶ Prevent oral pain and infection.
 - ▶ Maintain function.
 - ▶ Prevent systemic complications of oral diseases.
 - ▶ Improve quality of life
-
- ▶ How does this differ for other patients?

HOSPICE CARE



MEDICAL/DENTAL CONSULTATION

Consider consultation with physician to ensure patient safety

- Anticoagulant Therapy
 - INR
- Uncontrolled HBP
- Heart Condition that require pre-medication
- Pain Management
- Psychiatric Disorders
- Drug interactions & allergies
- Complex medical history ?

Patient: _____ DOB: _____

Summary of Medical and Dental History:

Clinical Findings:

Dx. and recommended treatment:

Reason for consultaion:

Dear Colleague,

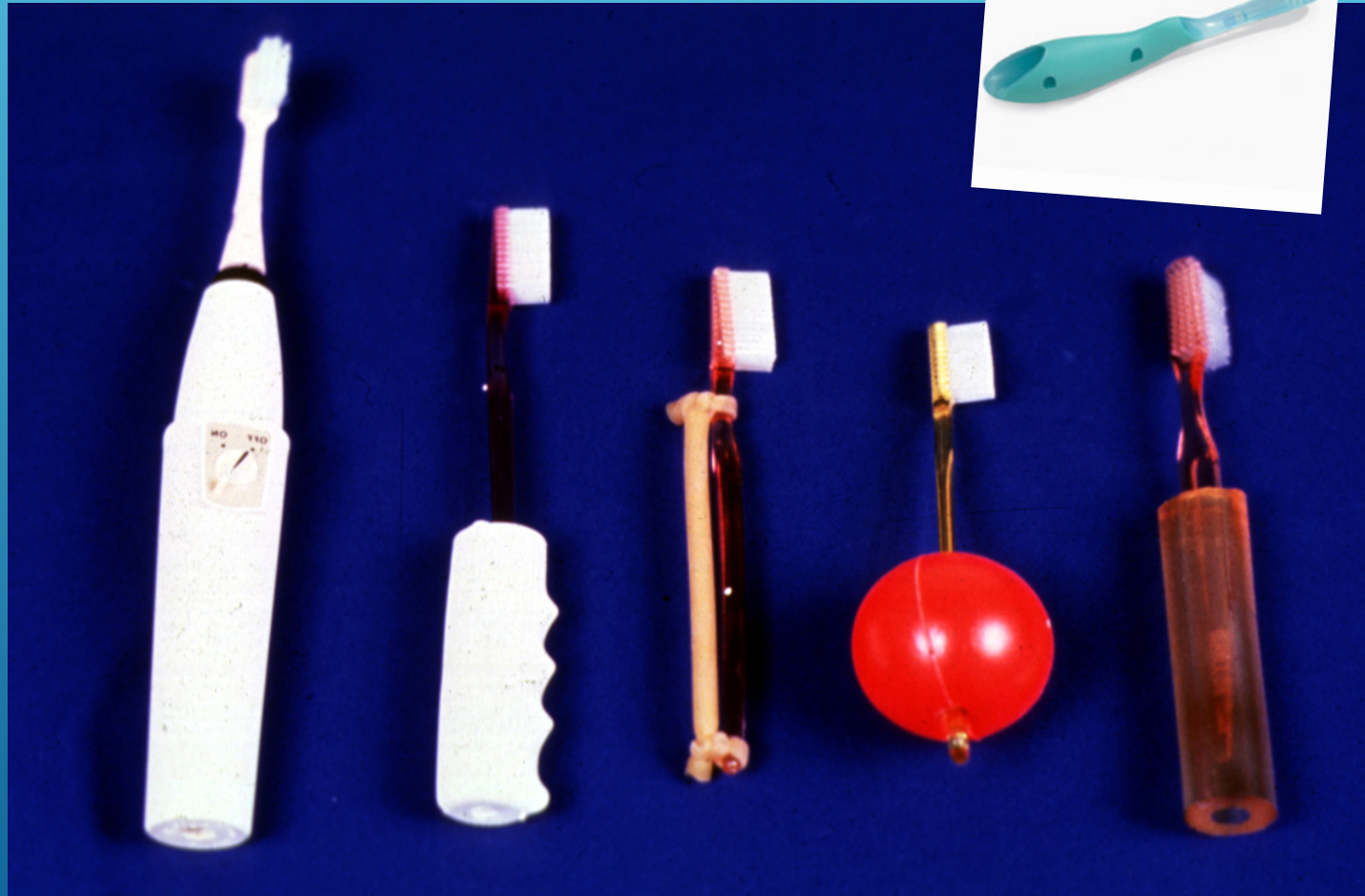
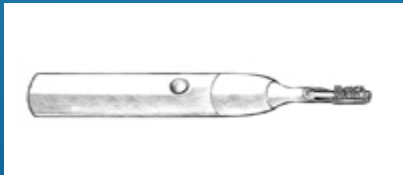
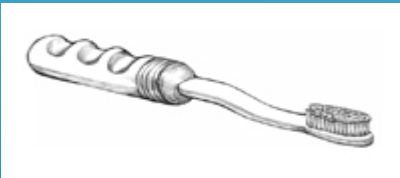
Please respond to consultation request below and return as soon as possible. Your attention to this matter is greatly appreciated.

Thank you,

CARING IS ONE OF THE THINGS WE
DO BEST!



TOOTHBRUSH MODIFICATIONS



LTC FACILITY TOOTH BRUSH

Standard Issue



Dentist Supplied



Caries Management

► PREVENTION is BEST

- Fluoride toothpaste, mouth rinse
- Fluoride varnish, MI (calcium & phosphate) paste Rx.
- Remineralize when possible
- Arrested caries – hard to assess



Silver diamine fluoride



SDF

- *SDF is a 38% silver diamine fluoride
- *44,000 ppm fluoride is a clear liquid.
- *The exact mechanism of SDF is not understood.
- *fluoride ions act mainly on the tooth structure
- *silver ions act mainly on the cariogenic bacteria



- Arrests dental caries
- Prevents dental caries
 - *directly & indirectly*
- Decreases dentin hypersensitivity

SDF - what does it do?





- FDA clearance = hypersensitivity
- **Off label use = caries treatment**
 - same as fluoride varnish
- Recent FDA “Breakthrough Therapy Status”

How do you use it?



Access
cavity.



1. Isolate with cotton.
2. Air dry.
3. Apply with
microbrush.

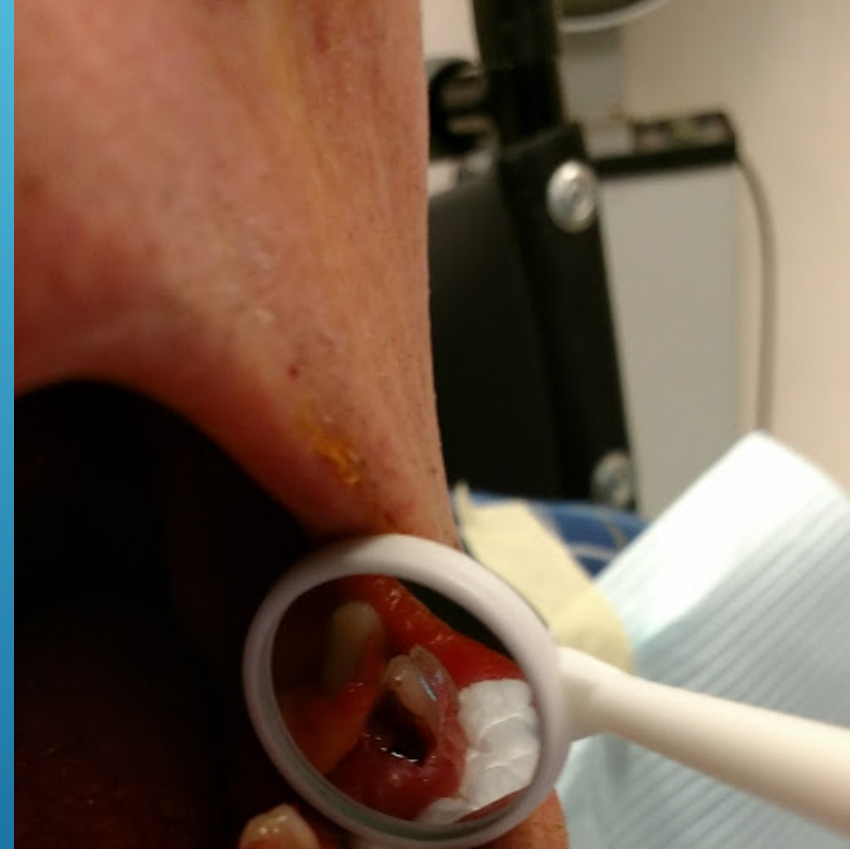


Arrested cavities
after 1 year

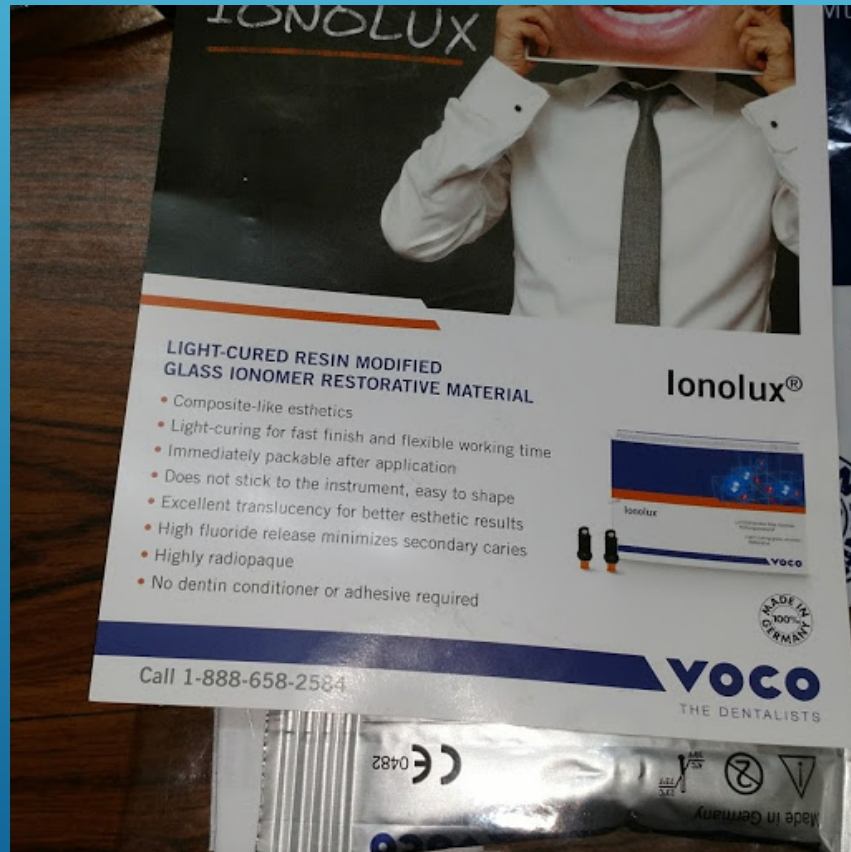
SDF ON KIDS ELDERS????



SDF IN LTC



SDF IN LTC





SDF IN ADULTS





You will **NEVER**
win an argument
with a demented person .

RULE:

MAINTAIN YOUR SENSE OF HUMOR



MUSIC THERAPY IN DENTISTRY



GOAL IS A HEALTHY HAPPY SMILE...AT
EVERY AGE!



THANK YOU FOR TAKING THE TIME TO
CARE!

