

# BP Blogger

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## Myth Busting: The Mouth Care Issue



### Myth 1: Teeth are just for looks

Problems in the mouth can affect residents' overall health and wellness. Oral problems experienced by the residents are usually preventable and not due to aging. Plaque-related oral diseases, although normally not life threatening for older adults, can have an effect on their medical conditions, general health, nutrition and quality of life. Research has found that older persons with poor dental plaque control are susceptible to bacteria

entering their bloodstream. This bacteria has been found in the clots of persons who have had strokes. Plaque that accumulates on natural teeth and dentures can be aspirated into the lungs which puts the resident at high risk for aspiration pneumonia. Gum disease may also increase their risk for heart disease. As well, residents with diabetes have higher levels of gum diseases. Studies have found older adults with dementia, especially moderate to severe, have:

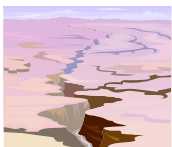
- Decline in saliva flow
- Greater accumulation of plaque on teeth and dentures
- Increased responsive behaviours during oral care
- Higher levels of tooth decay, missing teeth and gum diseases

Regular assessment of the inside of the mouth is critical to prevent serious problems. Untreated problems can cause pain and discomfort that may get in the way of eating and swallowing, their overall nutrition, as well as socialization.

### Myth 2: It's just a dry mouth, no big deal

A dry mouth can lead to serious tooth decay and oral infections. Numerous medications and medical conditions can cause a dry mouth. Residents who complain of a dry mouth (not having enough saliva or spit to keep their mouth moist and comfortable) may also have:

- Difficulty eating / chewing / swallowing
- Difficulty speaking
- Changes in taste / bad breath
  - Swollen and red tongue
  - Painful or bleeding gums
  - Burning
  - Poor retention of dentures .



Avoid lemon glycerine swabs, mouth-rinses and toothpastes that contain alcohol, sodium lauryl sulfate (most brands) or flavouring agents, candies or mints, sweet/spicy or bulky foods, caffeine, and tobacco as they worsen the dryness.



Use special dry mouth products and toothpastes, sip water or suck on ice chips, use water-based lip lubricant, sugar-free candies / gum, rinse with club soda, moisturize mouth with artificial saliva sprays/gels, review medications, and consult with an oral health professional.

### More information on This and Other Best Practices

• **Contact** your **Regional LTC Best Practices Coordinator**. They can help you with Best Practices Info for LTC.

**Find them at:**

[www.shrtn.on.ca](http://www.shrtn.on.ca) click on these links "Tools and Resources" → "Current Research BP Practice Initiatives" → "LTC Regional BP Coordinators"

• **Check out** the **Hamilton Long Term Care Resource Centre**

• **Surf the Web** for best practice guidelines. Some sites and resources are listed on pg 2.



## Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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## Myth 3: Resistance - it's not worth the risk

Care of the mouth is one of the most basic and important personal care activities in LTC and it needs to be carried out consistently. High levels of oral diseases and conditions are found in older adults who have increased functional/care dependence, multiple medications and cognitive impairment. For cognitively impaired residents, completing regular oral care can be a challenging task especially when the resident refuses and shows responsive behaviours such as pushing, grabbing and biting. It's very important that residents get oral care twice a day. Here are some tips in helping to getting the oral care done.



- Never assume that residents who can do their own oral care have actually done it. Confirm that it has been done. Look in the mouth if necessary.
- Encourage the resident to do as much as possible.
- Do oral care in the washroom as it has many built in cues and prompts
- "No" means: leave, come back later and try again—either you or another staff member.
- Assist using the "hand-over-hand" technique to guide the toothbrush in the mouth.
- Use distraction such as singing, using soft soothing words, giving the resident an item to hold such as a toothbrush, rolled up washcloth
- Using 2 large handled toothbrushes with rubber grip, place one handle in the mouth to bite on and use the other to clean
- Wear gloves, place fingers only between lips or cheeks and gums, never stick your fingers between upper and lower teeth.



## Myth 4: Soaking dentures overnight is enough

Plaque sticks to dentures just the same as it sticks to natural teeth. Soaking dentures overnight in a denture cup with a cleansing tablet is not enough. Denture cleaning tablets should not be used for residents who have dementia.

### Here are some denture care tips:

- Check the resident's care plan and review their daily oral care
- Wear gloves
- If the resident's lips are dry, moisten them with a non-petroleum based product (e.g. Lipsol)
- Ask the resident to remove their dentures. Assist, if they can't remove it themselves. For upper dentures slide your index finger along the denture's side then push gently against the back of the denture to break the seal. Grasp it and remove by rotating it. Grasp lower dentures at the front and rotate. For partial dentures, place thumbnails over or under the clasps, apply pressure, being careful to not bend the clasps and catch them on lips or gums.
- Place dentures in a denture cup if you are carrying them to the washroom.
- A regular toothbrush is used to clean the palate, tongue, cheeks and ridges of the mouth.
- Line the sink with a towel. Fill it with some cool water just in case the dentures slip and fall. Hot water can warp dentures.
- Rinse the denture with cold water to remove any food
- Scrub dentures, use a denture brush and denture paste with cool water.
- Thoroughly brush all surfaces especially those that touch the gums. Rinse well.
- Always put the upper denture in first then lower one to avoid gagging
- At bedtime place dentures placed in a denture cup containing cool water and vinegar. Denture tablet is not enough. If the resident refuses, then take them out for 2-3 hours during the day to give mouth tissue a chance to breathe and rest. Never use vinegar on dentures with any metal on them as this will cause the metal to turn black.
- In the morning, remove dentures



## Check out these Best Practices & Guidelines. Answers to the Myths came from them. Find out more!

### Canadian:

The Registered Nurses Association of Ontario (Summer 2007). *Oral health, Nursing assessment and interventions*. Toronto, ON: Author. [www.rnao.org](http://www.rnao.org)

Halton Region Health Department (2006). *Dental health manual for LTC home staff, Halton oral health outreach project*. Oakville, ON: Author.

Centre for Community Oral Health-Long Term Care Fact Sheets. Nov 2006 [www.umanitoba.ca/faculties/dentistry/ccoh](http://www.umanitoba.ca/faculties/dentistry/ccoh)

### Others:

The University of Iowa College of Nursing (2002). *Oral hygiene care for functionally dependent and cognitively impaired older adults. Evidence-based practice guideline*. Iowa City, Iowa: Author/Gerontological Nursing Interventions Research Center. [www.nursing.uiowa.edu](http://www.nursing.uiowa.edu)

Joanna Briggs Institute (2004). *Oral hygiene care for adults with dementia in residential aged care facilities. Best Practice, 8(4)*. Adelaide, Australia: Author. [www.joannabriggs.edu.au](http://www.joannabriggs.edu.au)

- from the denture cup and rinse well before placing in the resident's mouth.
- Remember to scrub the denture cup thoroughly once a week to prevent bacterial or fungal growth.

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