Myth 1: Their oral health status is okay

Studies, reviews and reports consistently indicate the poor oral health status among long-term care residents and frail older adults. Most residents in the past were edentulous (have no teeth) and received dental care infrequently, often limited to emergency care with almost no emphasis on care aimed at retaining teeth through daily preventive oral care and use of restorative treatments. Today, the oral health status of LTC residents remains poor along with many unmet dental needs. However, LTC homes can expect to see a shift in newly admitted residents having a greater percentage of intact teeth, implants, dental restorations, more complex dental needs, and have experience with receiving regular dental care and expectations of effective oral hygiene care practices.

Myth 2: Just use a regular toothbrush

To be able to do oral care well, there are some basic supplies that are needed. These supplies need to be carefully selected based on the residents oral hygiene care needs. Remember, all oral supplies should be labeled with the resident’s name.

- **Toothbrush**: soft bristles, small head allows for more thorough cleaning, wide handle with rubber grip; and replace every 3 months and after a chest or mouth infection; regular toothbrush heads may be too large, have harder bristles and damage the gums
- **Denture brush**: never use a regular toothbrush to clean dentures, the pointed-end of the denture brush cleans the inside surface area, never use bleach to clean dentures
- **Denture cup/box**: clean daily, never store denture dry as they will become brittle
- **Mouth prop**: choose wedging products to minimize choking such as rubber-handles of toothbrushes
- **Cleansing product**: use pea-sized amount of non-foaming toothpaste, perivex or non-alcohol mouth-rinse if resident can demonstrate the ability rinse, spit and swallow.
- **Debris**: use 4x4 gauze J-cloth, or small wash cloth to remove oral debris
- **Gloves**: for cleanliness and protection

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.rnno.org](http://www.rnno.org)
  - [www.shrtn.on.ca](http://www.shrtn.on.ca)
- Check out Long-Term Care and Geriatric Resources at [www.rgpc.ca](http://www.rgpc.ca)
  - Surf the Web for BPGs, resources and sites are listed on pg 2.
  - Review back issues of the BP Blogger for related topics [www.rgpc.ca](http://www.rgpc.ca)
Myth 3: Oral health assessments are only done annually

There has never been a strong emphasis on oral health assessments in long-term care. Ideally residents should have a complete oral health examination by a qualified oral health professional on admission and annually thereafter. Best practice indicates that these examinations should be supplemented with oral health assessments or screenings by trained health care professionals. The Oral Health Assessment Tool (OHAT) is a screening-type assessment tool for non-dental care providers in LTC homes and it is more comprehensive than the RAI-MDS’s six RAP triggers. The OHAT is simple, easy-to-use, reliable and valid, directive and encourages a more thorough oral exam by health care professionals. It is laid out in a table format so the assessor will review the 8 key components of oral health including lips, tongue, gums and tissues, salivary, natural teeth, dentures, oral cleanliness and pain. The tool also indicates normal and abnormal assessment findings, and prompts when to refer to an oral health professional.

Myth 4: Oral care planning isn’t necessary

Developing an oral care plan for LTC residents is a way to communicate how resident-centred oral hygiene can be accomplished. Making sure the oral hygiene is done at least twice daily is critical. More than 100 chronic diseases can affect the oral health of LTC residents and with multiple medications, increasing physical disability, reduced muscle strength, mobility loss, arthritis, cognitive impairment, tremors, stroke, multiple medications, increasing physical disability, reduced muscle strength, mobility loss, arthritis, cognitive impairment, tremors, stroke, visual impairments and difficulty swallowing, it makes oral self-care extremely difficult, resulting in a rapid decline in their oral health. Periodontal disease is a common chronic oral inflammatory disease often found in LTC residents and it directly increases their risk of developing root caries and tooth loss with resulting impaired chewing, eating, nutrition, speech and reduced socialization and quality of life. Studies have confirmed that persons with dementia have the worst oral health. They have more dental plaque and oral debris, poorer periodontal condition, higher root caries, more unrestorable teeth, and fewer filled and sound teeth. And, 60% of these residents have pain-causing dental conditions which can interfere with eating and lead to malnutrition. They more often have poorer oral hygiene and are not using or unable to use their dentures.

Check out these Best Practices, Guidelines & Websites

Answers to the Myths came from them. Find out more!

Canadian:

The Regional Geriatric Program Central: Oral health resources www.rgpc.ca/oral health

Halton Region Health Department: Oral Health www.halton.ca


Others:


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