



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

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# BP Blogger

## Myth Busting: Oral Health Issue

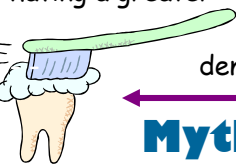
### Myth 1: Their oral health status is okay

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

Studies, reviews and reports consistently indicate the poor oral health status among long-term care

Oral Health Issue	Long-Term Care Residents
Unmet dental needs, mouth pain and inflamed gums	<ul style="list-style-type: none"> <li>51-80% have unmet dental needs</li> <li>70% had not seen a dentist in 5 years</li> <li>22% reported a current dental problem</li> <li>56% have mouth pain</li> <li>37-46% have inflamed gums</li> </ul>
Carious, loose or broken teeth	<ul style="list-style-type: none"> <li>32-63% have broken, loose or carious teeth</li> <li>37% need tooth restorations</li> <li>42% need tooth extractions</li> </ul>
Teeth cleanliness	<ul style="list-style-type: none"> <li>75% were unable to clean their teeth</li> <li>66% of tooth surface was covered in plaque</li> <li>82% had calculus present</li> </ul>
Dentures and denture cleanliness	<ul style="list-style-type: none"> <li>42% were edentulous (had no teeth)</li> <li>82% were unable to clean their dentures</li> <li>41% had removable dentures</li> <li>25% of dentures were in need of repair</li> <li>64% have dentures cleaned by staff</li> <li>19% have good denture hygiene</li> <li>95% wear unhygienic dentures</li> </ul>
Denture stomatitis (redness)	<ul style="list-style-type: none"> <li>25-33% have denture stomatitis</li> </ul>

References: Blinger et al. 2000, Fosse 2001, Frankel, Hanley and Newcombe 2000, Peltola, Verheijen and Vuolteen-Saarnio 2004



### 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

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#### 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.rnao.org](http://www.rnao.org)  
Click on Nursing Best Practice Guidelines and select LTC BP Initiative
  - [www.shrtn.on.ca](http://www.shrtn.on.ca)  
Click on Seniors Health
- **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)



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

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[www.rgpc.ca](http://www.rgpc.ca) or  
[www.shrtn.on.ca](http://www.shrtn.on.ca)

## 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,

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.

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## 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, saliva, 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.

ORAL HEALTH ASSESSMENT TOOL (OHAT) for LONG-TERM CARE				Resident:	Date:	
Category	0 = healthy	1 = changes	2 = unhealthy	Score	Action Required	Action Completed
Lips	Smooth, pink, moist	Dry, chapped, or red at corners	Swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tongue	Normal, moist, pink	Patchy, fissured, red, coated	Patch that is red and/or white, ulcerated, swollen*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gums and Tissues	Pink, moist, smooth, no bleeding	Dry, shiny, rough, red, swollen around 1 to 5 teeth, one ulcer or sore spot under denture*	Swollen, bleeding around 2 teeth or more, loose teeth, ulcers and/or white patches, generalized redness and/or tenderness*		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Saliva	Moist tissues, watery and free flowing saliva	Dry, sticky tissues, little saliva present, resident thinks they have dry mouth	Tissues parched and red, very little or no saliva present; saliva is thick, ropey, resident complains of dry mouth*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Natural Teeth	No decayed or broken teeth/roots	1 to 3 decayed or broken teeth/roots*	4 or more decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth with no denture*		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Denture(s)	No broken areas/teeth, dentures worn regularly and name is on	1 broken area/teeth, or dentures only worn for 1 to 2 hours daily, or no name on denture(s)	More than 1 broken area/teeth, denture missing or not worn due to poor fit, or worn only with denture adhesive*		1 = ID denture 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Oral Cleanliness	Clean and no food particles or tartar on teeth or dentures	Food particles/tartar/debris in 1 or 2 areas of the mouth or on small area of dentures; occasional bad breath	Food particles/tartar/debris in most areas of the mouth or on most areas of dentures(s), or severe halitosis (bad breath)*		1=intervention 2=refer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dental Pain	No behavioural, verbal or physical signs of pain	Verbal and/or behavioural signs of pain such as pulling of face, chewing lips, not eating, aggression*	Physical signs such as swelling of cheek or gum, broken teeth, ulcers, "gum boil", as well as verbal and/or behavioural signs*		1 or 2 = refer	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: A Star \* and underline indicates referral to an oral health professional (i.e. dentist, dental hygienist, dentist) is required

FOLLOW UP  
 Oral Hygiene Care Plan - Date: \_\_\_\_\_  Oral Health Assessment to be repeated on - Date: \_\_\_\_\_  
 Person and/or family/guardian refuses: a) = Referral - Date: \_\_\_\_\_ b) = Dental Treatment - Date: \_\_\_\_\_

2007 Halton Region's Health Department modified with permission Chalmers (2008) Available for download: [www.halton.ca](http://www.halton.ca) Central South Best Practice Coordinators in Long-Term Care Initiative Available for download: [www.rgpc.ca](http://www.rgpc.ca)

## 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/oralhealth](http://www.rgpc.ca/oralhealth)  
 Halton Region Health Department: Oral Health [www.halton.ca](http://www.halton.ca)  
 The Registered Nurses Association of Ontario (2008). Oral health: Assessment and interventions. Toronto, ON: Author. [www.rnao.org](http://www.rnao.org)  
 SHRTN Oral Health CoP (2011). Oral Health Webinars: Series 1-7 available at: [www.rgpc.ca](http://www.rgpc.ca); [www.halton.ca](http://www.halton.ca); [www.shrtn.on.ca](http://www.shrtn.on.ca)  
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 HC oral health for healthy living. <http://www.hc-sc.gc.ca/hl-vs/oral-bucco/index-eng.php>
- Others:**  
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