ORAL CARE FOR THE ADULT POPULATION

Community Training Center at Wyckoff Heights Hospital

Frieda Kassab

Esther Press

Aliya Bilenko

Abeer Alshawri

Natalya Lyskova

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Introduction

Aging is a natural process. Old age is a normal, inevitable, biological phenomenon. As a result of the advances made in medicine and public health in the last half of the 20th century, there is a substantial increase in the life span of man. According to the WHO, the fastest growing population segment is the adults older than 80 years, which according to the United Nations estimates make up nearly 20% of the world’s population. The statistical data for New York is staggering as well. A new report from Controller Scott Stringer says the number of New Yorkers over 65 years old increased by 19.2% between 2005 to 2015.[[1]](#footnote-1)

As we all grow older, certain health concerns earn our full attention. One of those concerns is the importance of oral health for seniors. The [Washington Dental Service Foundation](http://seniorsoralhealth.org/)states that around 75% of adults 60 and older only have a portion of their original teeth. It stands to reason that issues like severe gum disease, which is common in seniors between the ages of 65-75, can contribute to the loss of natural teeth. Gum disease, sensitive teeth, and dry mouth are just some of the conditions that stress the importance of keeping a good oral health in older adults.

We all only get one set of permanent teeth, so it's crucial to take care of them for our entire lives. That is why we have decided to contribute to the lives of the elderly and attempt to promote healthy oral care practices in their community. We contacted a few nursing homes and assisted living centers to organize our presentation. The first one to respond was the Community Training Center at Wyckoff Heights Hospital. Once the presentation was scheduled, we began our research and preparation of visual aids: a presentation powerpoint, printouts, as well as small gifts for our audience.

Assessment

As our target population for this service learning project, we chose a group of middle aged and geriatric adults residing in Bushwick, New York. These people attended a community training program at Wyckoff Heights Medical Center on a weekly basis. The participants were age 55 and older and where ethnically diverse but primarily belonged to Eastern European and Latino descent. They came mostly from low income families and many received government assistance. The attendees did not have any physical limitations that would prevent them from walking into the training center and administering self-care.

In order to learn more about oral health of the population, we took a short survey. The population consisted of eighteen people. First, we asked questions about the attendee’s general health and medical history. We discovered that nearly all of them were taking medications. The most common groups of medications were antihypertensives, antilipidemics, antihistamines, antidiabetics, and benzodiazepines. Some participants complained about dry mouth but had no knowledge about a connection between their medications and xerostomia. Many of the participants had some restorative work done such as bridges, root canals with crowns, dentures, and partial dentures, and implants. Two individuals were partially edentulous but didn’t have any prosthetic appliance in place. About 75% of the residents stated they received dental hygiene services once a year along with a dental check-up. The other 25% reported they were attending dental office visits less frequently, or avoided seeing a dentist altogether. All of the participants confirmed that they brush their teeth at least once a day, and six of them stated a use of interdental cleaning aids. Very few knew how to properly care for their dental restorations, and implement the knowledge in practice.

Upon completion of the survey, we identified that the residents would benefit from oral hygiene instruction that would focus on care for dentures, bridges, interdental care, and dry mouth management. We also decided to include a conversation about importance of regular dental check-ups in order to maintain optimal oral health, as well as eating proper nutrition.

Planning

Our job as oral healthcare educators is constantly changing and evolving. We frequently focus our attention on teaching the young population proper oral healthcare habits, but we need to also focus our attention to the elderly. When elderly patients begin to wear dentures or take different medications, is it vital that they also develop the skills to ensure they can maintain their dentures and oral health.

Many elderly patients wear partial or complete dentures. Yet, many times we find that these patients are not aware of the proper way to care for their dentures. Due to this, we planned on teaching the patients and their aids on the proper way to maintain and clean their dentures. We wanted to stress to the members of the senior center about the problems associated with ill-fitting and unsanitary dentures. One of the main problems related with ill-fitting dentures is the pain felt with chewing. Many patients think that the pain is typical and simply avoid it by eating soft foods. When actually, the pain is stemming from the need to have their dentures adjusted. It is very important for us to educate them on proper denture adjustment.

We also planned to point out the importance of cleaning their dentures each night. [[2]](#footnote-2)In a cross-sectional study conducted by Khyber College of Dentistry, Peshawar, from March 2015 until April 2016. The study consisted of 50 edentulous adults who have been wearing dentures for 6 months. The study concluded that 30% of patients cleaned their dentures on a daily basis, 40% cleaned their dentures twice a week, 20% once a week, and 10% cleaned them occasionally. The study further concluded that most participants only cleaned their dentures using water. This study further confirmed that we should plan to teach about proper denture care. We intended to also discuss how bacteria in the mouth, specifically candida albicans, can populate denture-filled mouths. We plan on instructing them that they should brush their dentures every night and let it soak to remove any bacteria.

In addition to denture cleaning, we also prepared to converse about the importance of cleaning other oral appliances, such as crowns and bridges. We used tuft floss to visually show them how to remove plaque under their bridges and crowns. Also, since we understood that many of these patients are not able to maintain their oral health alone and need the help of a family member or aid, we planned on teaching their caregivers as well on how to maintain and upkeep the teeth and dental appliances.We hoped to have these patients try to floss their appliances at least once a day.

Another thing that we felt was important, was to educate the elderly community on a common problem -xerostomia. Many elderly adults have xerostomia as a side effect from medications they are taking. Many patients exhibit symptoms of dry mouth but don’t realize it’s a problem. Therefore, we planned to educate them on the signs of xerostomia, on the cause of xerostomia, and different management options available. We felt this topic was important to educate the elderly because xerostomia can cause caries, candida infections, and can be very uncomfortable.[[3]](#footnote-3)

Implementation

It’s extremely important to verbally educate a patient on how to optimize their oral health, but it’s even more effective when it’s done using tangible and hands-on resources. Due to this, we used various materials in order to implement our goals. These materials comprised of visual and audio aids so that the residents can have the proper well-rounded education. The visual aids that we brought in was tuft floss and floss threaders to show them directly how to clean interdentally with bridges and implants, as well as pictures of even more interdental aids in order for the residents to have a variety of options to choose from; whichever fits their likes and needs. The audio aid that we presented to them were three videos: the first one explained in simple steps how to properly care for one’s dentures, the second video was a short clip of a dental hygienist demonstrating how to floss effectively around implants and bridges, and the third video was of Dr. Mark L. Waltzer explaining about xerostomia and the possible causes and treatments for it . We felt that all these visual resources were a big success on implementing our goal of properly educating our patients in their oral care, regardless of their current oral status.

Evaluation

When we started the evaluation process, we wanted to make sure the process of delivering the information had been understood in order to promote the recipients oral health. As we know, evaluation should occur throughout the entire process, as well as at the completion of care. So our team used different ways of evaluation. First we demonstrated ways in how to protect the teeth and then helped them understand the link between the patients’ oral health and general health. We accomplished this by explaining how problems in teeth and gums can significantly affect the overall wellbeing of an older person, and also on their ability to age positively, specifically those with chronic or complex conditions.We also stressed that by maintaining their oral health, they can avoid large medical bills in the future. After that, the recipients started communicating with us and had a clear understanding that having a good oral health is very important.

The second issue that was discussed was daily oral care for people with dentures. Our team explained a variety of appropriate ways and products that clean dentures effectively, such as using Polident overnight denture solution and a specially designed denture brush for dentures, made by Colgate. To ensure they properly understood the correct way to clean their dentures, we demonstrated the technique and showed them a video so it was clear. We used pictures, videos, and a sample of the product to ensure they understood how to use Polident. We could tell they were listening and grasping the information because they kept asking questions.

The third part we demonstrated was different oral care techniques for those who have bridges and implants. We again provided oral hygiene instructions necessary to prevent diseases around their implants and bridges. We explained how proper home care and regular professional maintenance can keep their new teeth throughout life. Our team presented the importance of using tuft floss in removing the plaque from the teeth, such as X-Floss interdental cleaner. We also explained that having unclean bridges and implants can negatively affect the health of adjacent teeth, resulting in tooth decay and gum disease. Demonstrating the use of the tuft floss and the floss threader was really important since most of the audience never heard of those interdental aids. We demonstrated the technique by using a typodont, and had a few participants in the audience replicate the skill.

In addition, our team described the importance of nutrition, and the association between nutritional deficiency and poor oral health.We explained how although certain foods may not taste or have the same consistency, nutritional foods should not be avoided. We decided to have the patients tell us their favorite food so we can better tailor the presentation to help them. Many of them stated they consume unhealthy snacks like jello, pudding, or soft cookies because it was the most comfortable. Thus, we explained that instead of replacing healthier options with sugary soft foods, they should boil their vegetables or blend their fruits to make sure they are getting proper nutrition.

The main constituents of our oral health education project that helped us accomplish our goals were: the auditory aids which was our presentation video, visual aids used, pictures and demonstrating everything using props.. At the end of the presentation, our team was able to increase the awareness of potential oral health problem to the recipients. We also explained to our audience that improving their dental health doesn’t require advanced technology or any complicated equipment. Overall, the tools and the ways we used in our project were very helpful in making differences in the recipients’ lifestyles and oral health. At the end of our presentation, we really wanted to ensure that our audience grasped our topics, so we asked them questions and conducted a short survey. We were delighted at the responses we received; It was very interesting to see how much they grasped and valued the information we taught them. Our team was sure that those people will follow and use what we provided them, in order to maintain their oral health.

We accomplished what we set out to teach the audience. The audience was really engaged and participating the entire time. They were interested in maintaining their oral health to avoid costly medical bills. It was fulfilling to help the older population understand the importance of their oral habits and to better improve it.

Conclusion

As described above, the target population of our learning project was the geriatric community aged 55 years old and above of various descent, but similar economic background. Overall, we can conclude that this was a challenging yet interesting project for us as future dental hygiene professionals. During our clinical classes, we were dealing predominantly with people of younger age groups, but here we were focusing our attention on the needs of patients with a lot of restorative and prosthetic work done to their teeth. Conducting a survey at the beginning, helped us gain valuable knowledge on the problems our target audience was facing on an everyday basis. It enabled us to properly tailor the information we were presenting to address its specific needs.

One difficulty we found, was the fact that we had to educate patients that had already established views on their dental health and already had advanced dental treatments done. We were worried it would be tough to change their mindset and teach them new ideas and habits. Luckily for us, our community was open to the new knowledge and were interested in learning new ways of maintaining and improving their oral health. While presenting, we noticed their genuine interest to what we were saying and the eagerness to absorb new information. This warm response from the elderly motivated us even more. Therefore, we incorporated an informative and educational powerpoint as well as hands-on demonstrations into our presentation. By utilizing this Tell-Show-Do approach, we ensured that the new information we were sharing was properly understood and absorbed.

An integral part of dental hygienists is educating people on how to maintain their oral health. We pride ourselves that we had the opportunity to contribute to the lives of people at the Wyckoff Health Care Center and provided them with the information and educational tools for the proper maintenance for their specific oral health care conditions.

1. **Kochman B. Population of New Yorkers over age 65 is rising. NY Daily News. http://www.nydailynews.com/new-york/population-new-yorkers-age-65-rising-article-1.3004889. Published March 21, 2017. Accessed March 28, 2018.** [↑](#footnote-ref-1)
2. **The Importance of Oral Health for Older Adults. Importance of Oral Health for Older Adults | Colgate® Oral Care. https://www.colgate.com/en-us/oral-health/life-stages/oral-care-age-55-up/the-importance-of-oral-health-for-older-adults-0914. Accessed March 28, 2018** [↑](#footnote-ref-2)
3. **The Importance of Oral Health for Older Adults. Importance of Oral Health for Older Adults | Colgate® Oral Care. https://www.colgate.com/en-us/oral-health/life-stages/oral-care-age-55-up/the-importance-of-oral-health-for-older-adults-0914. Accessed March 28, 2018.** [↑](#footnote-ref-3)