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Case Study: Geriatric Patient

Patient profile

A new patient - a 73 years old white female - came for a dental examination and teeth cleaning. CC: Patient presented with a dry mouth (she had a discomfort). She is a regular visitor, but because she has many medical conditions, she always feels bothered, moody, uncomfortable, untrustworthy of students performing procedures. Pt. brushes with very soft bristle brush twice a day and flosses twice a day.

Chief Complaints

She arrived with chief complaints about how much pain she was in. In the beginning, she would even let me take her blood pressure because she was confident that I did not know how to do it and I was inexperienced. She refused to comply until my professor stepped in. By giving her my full attention and gently reassuring her that she was in safe hands, I slowly earned her trust and established an understanding between us.

Health history overview

S: Pt. is ASA- 2. BP:145/71 and pulse 66. Patient stated that she has an allergic reaction to Listerine, peaches, thyme, melons, and tree nuts. During an allergic episode pt. breaks out in hives, rashes, watery eyes, and a runny nose. Patient has been taking medications for hypertension for the last 40 years and osteoarthritis medicine for the last 20 years. Patient also takes OTC drugs. PT. currently takes Olmesartan 40mg, Hydrochlorothiazide 25mg, Metoprolol 25mg, Piroxicam 20mg, Loratadine 10mg, Gabapentin 400mg, Flonase nasal spray, Multivitamin, Fentanyl patch, calcium and vitamin D, Aspirin.

Summary of clinical findings

O: EO: TMJ (asymmetrical movement). IO: Fissured tongue, bilateral sides of the tongue have pronounced veins. Generalized attrition present. Moderate abfraction on teeth: #8,#9,#21,#22.

Dental charting

Teeth # 1, 15, 16, 17,19, 30 are missing. Teeth # 2,3,4,14,29 have porcelain fused to metal -crowns and bridge on teeth #20-18. Also, incipient caries lesions on teeth # 12D and #13M and cracked teeth: # 9D, #10M were found.

Gingival assessment

A: Type 2 periodontitis. Light to moderate calculus. Plaque score:0.5 (good). Gingival assessment: Slight inflammation, pink, resilient, interdental papilla looks flat and blunt. Perio charting: 3-5mm PD. Slight BOP, 2-3mm generalized recession was confirmed by FMS.

DH diagnosis

Based on the patient's medical history and assessment, this older adult is considered to be in a dependent stage. Patient has several chronic systemic conditions such as hypertension and osteoarthritis that are impacting oral health. Patient is on multiple medications to manage systemic conditions (polypharmacy). Present: well-maintained natural dentition with new coronal caries, clinical attachment loss that seems to be associated with gingival recession, dry mouth identified on examination.

Patient's management and treatment:

The patient was aware of the importance of oral health and tried to maintain good oral hygiene and visit the dental office regularly. Regardless, she was educated on how the increase of gingival inflammation related to: the impact of chronic disease (osteoarthritis that wears down bones), the impact of prescription medications, such as hydrochlorothiazide, metoprolol, gabapentin that causes dry mouth and impact of aging (dexterity). Pt. was given information on how a dry mouth increases the risk of oral diseases: caries, periodontal inflammation, candidiasis. For the management of xerostomia, recommendations were given to the Pt: Increase water consumption, use saliva substitutes to keep the mouth moist (ex. Neutrasol), use high fluoride toothpaste, avoid irritating food such as citrus fruit and juices, and hot and spicy foods. Considering that a patient could not use mouth rinses (Listerine), water irrigation (water pick) was recommended to her. She was also told that daily oral irrigation with water helps reduce bacteria and removes both loosely and adherent biofilm, and it is especially helpful in people with reduced dexterity. Moreover, due to the asymmetrical movement of TMJ, generalized attrition, multiple abfractions, and cracked teeth, the night guard was recommended to the Pt. A referral was given for the treatment of caries lesions and for teeth restorations.

During treatment, the possibility of increased bleeding (due to medications: aspirin, piroxicam) and the possibility of orthostatic hypotension (due to antihypertensive drugs) were

considered. All quadrants were scaled with ultrasonic and hand instruments. Engine polishing and fluoride varnish application were done.

Patient was advised more frequent re-care visits every 3 months for professional cleaning and fluoride varnish application. At the end of her appointment with me, she was very satisfied with her visit.