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DEN 2400 Discussion

Dependency Stage in Adulthood

Re-care appointment of a 84-year-old male of a Hispanic descent. Last dental appointment was approximately one year ago at our clinic where he only had a dental check-up and prophylaxis. There were no dental x-rays on his digital record and patient did not remember the last time he had one. He brushes 1 to 2 times per day and rinses with Listerine at least once per day, but never floss Patient is a war veteran which unfortunately does not provide or cover any dental procedures. Initial contact for this appointment was made by his daughter and he was accompanied by his wife for his appointment.

The patient is ASA II as he has a chronic condition of heart disease and is taking numerous medication for treatment. He had an atrial fibrillation [a-fib] ablation surgery to correct his irregular heartbeat several years ago, and he reported no post-op complication. His condition is stable is being monitored regularly by his cardiologist. Prior to his visit I updated his medical history with his daughter via phone. She reports that his 4 cardiac medications has not changed since his last visit. He was still taking Xarelto [Rivaroxaban] 20mg q.d. which is an anticoagulant medication that works by blocking certain clotting proteins in the blood. This medication is used to prevent or treat a type a blood clot called deep vein thrombosis which can lead to blood clots in the lungs [pulmonary embolism]. Dental implication or one side effects of the drug is bleeding gums. He also takes Atorvastatin [Lipitor], 40 mg, q.d. for high cholesterol,

Diltiazem [Cardizem] a calcium channel blocker, 120 mg q.d. And Aspirin 81 mg. q.d. These medications causes feeling of tiredness fatigue dizziness and lightheadedness and sore throat.

Initial treatment began by an observation of the patient's gait, he is mobile and does not need any assistance device for walking. Both he and his wife took Access-a-Ride for his dental visit, after which they will be picked up later at a scheduled time. Vitals were slightly elevated but he was stable enough for treatment as he reported that he had taken his medications at the scheduled time. Extra oral cancer screening revealed that, he had generalized 'age spots' or macules from sun exposure, on his face, neck and the top of his head, where he was balding. The right side of his face including his upper eyelid in the corner of his mouth was drooping. The patient was aware that this condition exists, but commented that only his right eye twitched occasionally. He was further asked if he had ever had a stroke or Bell's Palsy and he reported no. At this point in his treatment it is safe to assume that the patient was unaware of its etiology. Intra oral exam revealed that the patient has xerostomia, and is at a moderate risk for carries exacerbated by the fact that he even though he had no active lesions he had exposed root surfaces, and numerous teeth were missing. He had a six unit bridge on the maxilla from canine to canine and a seven unit bridge on the mandible from canine to pre-molar, and tooth number 31. [since the patient was only chewing on his anterior teeth, a recommendation was made for full upper and lower dentures and for him to consult with his dentist]

He was a light case PI was I, with active periodontal condition type I and localized type II had 3 to 2 mm recession around the abutments and a heavy build up of material under the bridges which was removed with floss, mainly lavaging with an ultrasonic scaler and *light* hand scaling as there were some recessions and possible sensitivity even though the patient did

not complain. Treatment had to be tailored to the patient's comfort as he had numerous bathroom visits and caution was used to prevent orthostatic hypotension. The patient's oral hygiene is limited due to dexterity issues and the difficulty to floss underneath those bridges. Therefore a proxy brushing technique was demonstrated [samples given to the patient] to clean underneath his bridge, using a small amount of listerine and or peroxide. Patient tolerated treatment well recalled in 4-6 months.

In conclusion the patient is at a *dependent stage* where in that despite the fact he has good mobility it is clear that he is unable to independently take care of himself, and needs/requires the assistance of others. This became even more apparent, because, at the end of his visit, and after speaking with his wife in the waiting room, she informed me that the 'drooping' of his face was due to the fact that he have had two '*mini strokes*' which would explain the partial paralysis on the right side of his face it became apparent that he obviously did not remember the events...