

INFO-CONNECT

Oral Hygiene Care for Nursing Home Residents with Dementia

The Facts . . .

- Oral hygiene care is very difficult for many residents with dementia.
- Residents with dementia are frequently admitted with complex dental needs.
- These residents have the highest risk of developing severe dental decay and other dental problems.
- Residents' problem behaviors could be the result of dental pain.
- These residents often cannot communicate their dental pain or problems to others.
- More residents are keeping their natural teeth and fewer have complete dentures.

Why Good Oral Health is Important

Poor oral health and dental pain significantly affect residents in a variety of ways, including:

- Appearance and social interactions
- Ability to eat
- Diet type and nutrition
- Weight changes
- Speech and swallowing
- Hydration
- Behavior
- General health

Oral Health Problems

Residents with dementia tend to have the highest dental needs of all residents including:

- Reduced function of salivary glands and dry mouth
- High levels of dental plaque on teeth and dentures
- High levels of bleeding gums
- High levels of dental decay on tooth crowns and roots
- High levels of decayed tooth roots
- Decreased use of dentures
- High levels of gum, cheek, and tongue lesions, especially related to dentures
- Problems with swallowing and control of muscles of the mouth and tongue



Bleeding gums

The main aim of good oral hygiene care is to remove as much plaque as possible, in order to control oral diseases.

Dental plaque contains bacteria that cause the two main oral diseases: tooth decay (caries) and gum (periodontal) disease.

When plaque grows around teeth and dentures, it inflames the gums (gingivitis), which will often bleed, causing pain and discomfort. This also makes the resident's breath smell bad. The bleeding will worsen unless the plaque is regularly removed.

If plaque is not controlled, it will lead to mouth pain, eating problems, behavioral problems, and many medical complications, including aspiration pneumonia.

If residents have bleeding gums:

- Use a very soft toothbrush to gently brush the teeth and gums.
- The bleeding will stop over the next few days as the plaque is removed.
- A dentist can prescribe an antimicrobial mouth rinse called chlorhexidine gluconate to help reduce the bleeding.

- This special mouth rinse can also be brushed on the teeth or sprayed on using a small spray bottle.

Dry mouth and medications

- Saliva is the key to maintaining a healthy mouth.
- Many medications taken by residents with dementia have a side effect of drying the mouth.
- When the quantity and quality of saliva is reduced, oral diseases can develop very quickly.
- A dry mouth can be very painful and is also at high risk for developing bacterial and viral infections.
- Saliva substitutes can make a resident's mouth much more comfortable.

Saliva substitutes do not increase the amount of saliva produced. They usually come as a gel or spray, and are used to replace the missing saliva. These substitutes can be used as often as needed.



Strategies

Be prepared when providing oral hygiene care:

- Decide where, when, and how you will brush the resident's teeth.
- Have the toothbrush, toothpaste, and any other equipment ready.
- Consider whether you will need help from other CNAs.
- Wash your hands and put on gloves.
- Position the resident in comfortable seating in the bathroom or wherever is best for the resident and for you.



Make good use of verbal and nonverbal communication:

- Always approach the resident from the front, then move slowly and calmly to the side as necessary.
- Identify yourself to the resident, speaking slowly and clearly.
- Maintain eye contact and sit or stand at the same level as the resident.
- Move slowly and calmly alongside the resident if he or she moves.
- Provide cues about what you are going to do.
- Smile and use gentle touch; minimize sensory stimulation in the environment.
- Be patient and reassuring; try to enlist the resident's participation.
- Always explain what you are doing, and assume the resident can understand more than he or she is able to express.



- **Bridging** involves engaging the resident's senses, especially sight and touch, to help them understand the task you are trying to do for them.
 - ⇒ Place a toothbrush or denture in the resident's hands (**note**: use an old denture, in case the resident drops or throws it; a dentist can provide your facility with some spare dentures).
 - ⇒ Many residents will then start to brush their own teeth after holding a toothbrush for a few minutes.
 - ⇒ However, never give a toothbrush to a very aggressive resident who is likely to throw it or use it inappropriately.
 - **Distraction** involves placing a familiar item such as a towel, cushion, or activity board in the resident's hands during oral hygiene care.
 - ⇒ This item will help to distract the resident's attention from the task.
 - ⇒ Familiar music is another good way to distract and relax the resident during oral hygiene care.
 - **Chaining** means that the caregiver begins the oral hygiene task and the resident then helps to finish it.
 - **Hand-over-hand** is a technique that can help to improve sensory awareness of the task.
 - ⇒ The caregiver places his or her hand over the resident's and then starts to brush the resident's teeth or remove or replace a denture.
 - **Rescuing** is often used to help with completing hygiene tasks for residents with dementia.
- ⇒ If attempts at oral hygiene care are not going well, walk away and have another caregiver complete the task.
 - ⇒ This technique works well with some uncooperative residents.
 - If a resident verbally refuses oral hygiene care, the caregiver can:
 - ⇒ Review what strategies were used and improve their use or try different strategies next time.
 - ⇒ Try again later at a different time or place.
 - ⇒ Ask a nurse or other caregiver for help.
 - ⇒ Ask relatives if they had any special strategies for providing the resident's oral hygiene care.

Oral Health Assessment Tool for Dental Screening

Nursing facility staff can screen residents' oral health when they are admitted and throughout their stay. The OHAT¹ can be used to:

- monitor dental problems
- evaluate oral hygiene care interventions
- act as a trigger to call in a dentist when required
- assist with residents' oral hygiene care needs
- assist with triaging and prioritizing residents' dental care needs

¹Blanco VL, Chalmers JM. Oral hygiene care for dependent older adults—evidence based protocol. Gerontological Nursing Interventions Center. Research Dissemination Core. Iowa City, IA: The University of Iowa, 2001.

A Service of the:

Iowa Geriatric Education Center
University of Iowa
2153 Westlawn
Iowa City, IA 52242
(319) 353-5756
<http://www.medicine.uiowa.edu/igec>

**Grant funded by
The Department of Health Resources and Services
Administration (HRSA)**

Content provided by:

Jane Chalmers, BDSc, MS, PhD
Associate Professor, College of Dentistry
University of Iowa

Editorial review by:

Margo Schilling, MD
Associate Professor of Clinical Medicine
Division of General Internal Medicine
University of Iowa



- Resident needs reminding and prompting.
- Resident needs some assistance.
- Resident needs full assistance.



Residents with dementia can require a great deal of assistance with their oral hygiene care. Behavior problems during oral hygiene care and other activities related to the mouth, such as shaving and eating, make such care difficult.



Assessing level of oral hygiene care abilities

- Think of all the small steps involved in brushing the teeth or cleaning dentures.
- Ask the resident to brush his or her teeth or clean dentures.
- Observe which oral hygiene care steps the resident is able to do and which require assistance.
- Encourage the resident to perform the steps he or she can do and assist with the steps the resident is unable to perform.
- This process is called “Task Breakdown” and promotes dignity and independence.

Caregivers should note in detail the resident’s level of oral hygiene care abilities in the comprehensive care plan to help communicate this information to other staff.

Most residents can be categorized as one of the following:

- Resident is independent and does not need assistance.

Info-Connect

Iowa Geriatric Education Center
2153 Westlawn
Iowa City, IA 52242

Visit us at:

<http://www.medicine.uiowa.edu/igec>

Non-Profit Org
U.S. POSTAGE
PAID
Permit No. 45
Iowa City, IA

Oral Hygiene Care Plan (OHCP)

(Chalmers, 2004)

Resident: _____				Completed by: _____				Date: ____/____/____					
Dentist: public or private (<i>please circle</i>) Name: _____								Phone: _____					
List all dental appointments: _____						Date for next OHCP review: ____/____/____							
Dentures:		Upper	Full / Partial / Not worn / No denture				Attempt denture cleaning: <input type="checkbox"/> daily <input type="checkbox"/> when possible						
<i>(please circle)</i>		Lower	Full / Partial / Not worn / No denture Named / Not named Does/doesn't wear at night				Best time and person (staff/relative) to clean dentures: _____						
Natural teeth:		Upper	Yes / No/ Roots present				Attempt teeth cleaning: <input type="checkbox"/> daily <input type="checkbox"/> when possible						
<i>(please circle)</i>		Lower	Yes / No / Roots present				Best time and person (staff/relative) to clean teeth: _____						
Interventions for oral hygiene care: <i>(check all that apply and circle frequency needed)</i>		<input type="checkbox"/> is independent and no assistance needed <input type="checkbox"/> needs reminding / prompting / task breakdown <input type="checkbox"/> needs supervision / checking of oral hygiene <input type="checkbox"/> needs full assistance from staff <input type="checkbox"/> use bridging / chaining / distraction techniques <input type="checkbox"/> use electric / suction toothbrush <input type="checkbox"/> use toothbrush: normal / backward bent / 2 toothbrushes <input type="checkbox"/> use chlorhexidine: spray bottle/gel daily/weekly <input type="checkbox"/> use fluoride: gel / mouthrinse in spray bottle daily/weekly <input type="checkbox"/> use regular 1000ppm toothpaste <input type="checkbox"/> use extra-strength 5000ppm toothpaste: daily/weekly <input type="checkbox"/> scrub denture/s with soap and water: morning/night <input type="checkbox"/> soak denture/s at night in: water/denture tablet <input type="checkbox"/> use saliva substitute for dry mouth <input type="checkbox"/> other _____ <input type="checkbox"/> other _____						Regular problems with oral hygiene care: <i>(check all that apply)</i>		<input type="checkbox"/> forgets to do oral hygiene care <input type="checkbox"/> refuses oral hygiene care <input type="checkbox"/> won't open mouth <input type="checkbox"/> no compliance with directions <input type="checkbox"/> is aggressive / kicks / hits <input type="checkbox"/> bites toothbrush and /or staff <input type="checkbox"/> can't swallow properly <input type="checkbox"/> can't rinse and spit <input type="checkbox"/> constantly grinding / chewing <input type="checkbox"/> head faces downwards <input type="checkbox"/> won't take dentures out at night <input type="checkbox"/> other _____ <input type="checkbox"/> other _____			

Oral Health Assessment Tool (OHAT) for Dental Screening

modified from Kayser-Jones et al. by Chalmers (2004)

Resident: _____		Completed by: _____		Date: ____/____/____	
*Scores—Circle individual words and give a score in each category					
Category	0 = healthy	1 = changes*	2 = unhealthy*	Category scores	
Lips	smooth, pink, moist	dry, chapped, or red at corners	swelling or lump, white/red/ulcerated patch; bleeding/ulcerated at corners		
Tongue	normal, moist, roughness, pink	patchy, fissured, red, coated	patch that is red &/or white, ulcerated, swollen		
Gums and tissues	pink, moist, smooth, no bleeding	dry, shiny, rough, red, swollen, one ulcer/sore spot under dentures	swollen, bleeding, ulcers, white/red patches, generalised redness under dentures		
Saliva	moist tissues, watery and free flowing saliva	dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	tissues parched and red, very little/no saliva present, saliva is thick, resident thinks they have a dry mouth		
Natural teeth Yes/No	no decayed or broken teeth/roots	1-3 decayed or broken teeth/roots or very worn down teeth	4 + decayed or broken teeth/roots, or very worn down teeth, or less than 4 teeth		
Dentures Yes/No	no broken areas or teeth, dentures regularly worn, and labeled with name of resident	1 broken area/tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose	more than 1 broken area/tooth, denture missing or not worn, loose and needs denture adhesive, or not named		
Oral cleanliness	clean and no food particles or tartar in mouth or dentures	food particles/tartar/plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath)	food particles/tartar/plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)		
Dental pain	no behavioral, verbal, or physical signs of dental pain	are verbal &/or behavioral signs of pain such as pulling at face, chewing lips, not eating, aggression	are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal &/or behavioral signs (pulling at face, not eating, aggression)		
<input type="checkbox"/> Arrange for resident to have a dental examination by a dentist <input type="checkbox"/> Resident and/or family/guardian refuses dental treatment				TOTAL: _____ SCORE: 16	
<input type="checkbox"/> Complete Oral Hygiene Care Plan and start oral hygiene care interventions for resident					
<input type="checkbox"/> Review this resident's oral health again on: Date: ____/____/____					

*if 1 or 2 scored for any category, please arrange for a dentist to examine the resident