

Before I Begin...



GERIATRICS: POTPOURRI

ELAINE H. BERKOWITZ, DMD

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Buckeyes.....



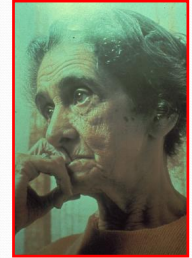
*“THE MOUTH IS THE
GENERAL INDICATOR OF
BODY HEALTH”*

GERIATRIC DENTISTRY

- Geriatric dentistry is the delivery of dental care to older adults involving diagnosis, prevention, management and treatment of problems associated with age related diseases.

Typical Geriatric Patient

Individuals who are medically compromised or who have disabilities are at greater risk of oral disease, and...in turn... oral disease further jeopardizes their health



Care Objectives

- Do not differ from those for younger people:

Infection needs to be eliminated and controlled

Patient Population

I specialize in :

- “homebound dentistry”
going bedside to treat special needs children and adults and geriatric patients who can not leave the home or facility they reside in for numerous reasons.

Barriers to Care

- A lack of perceived need
 - most common reason the elderly do not seek care
 - older generations believed a decline in oral health was the result of aging
- Economic and access barriers
 - fixed incomes
 - lack of dental insurance
 - transportation problems
 - disabilities

Healthy Mouth



Patient Treatment Protocol

- Patient History
- Vital Signs
- Medications
- Intraoral and Extraoral Exam (oral cancer screening)
- Need for Antibiotic Coverage
- Prophylaxis
- Restorations
- Extractions
- Referrals
- Partials/Dentures - Remake, Repair, Reline
- Education

Educating the Staff

- The nursing staff must be sensitized to:
 - pain
 - infection
 - esthetic embarrassment
- The dependent residents experience some or all of the above as the result of oral neglect.



Medications

- Close Interactions with both Primary Care Physician and Pharmacist
 - PCP
 - Their patient
 - I no longer ask the physician to D/C the blood thinners, i.e. Warfarin, Heparin, Plavix for cleanings.
 - I ask him to check the Prothrombin time to give me a go ahead for surgery only. Since the dentist gets blamed for everything, I like to involve the PCP.
 - Prescription possibly needed for anxiety

Medications

- Check and recheck medications
- Become familiar with what each medication does, as well as it's secondary effects
- Common medications used by elderly
 - Coumadin – blood thinner
 - Plavix – blood thinner
 - Atenolol– high blood pressure
 - Ativan - anxiety

Medications: Antibiotic Coverage

- Amoxicillin - 2 grams 1 hour before dental appointment

If allergic then:

- Clindamycin - 600 milligrams 1 hour before dental appointment (yogurt x 3 days starting the day before treatment).
- Yes, I realize that the American Heart Association has changed their protocol.....

• DRY MOUTH

What Causes Dry Mouth?

- Over 500 medications
 - Antidepressants
 - Anoretics
 - Anticholinergics
 - Antihistamines
 - Antihypertensives
 - Anticonvulsants
 - Chemotherapeutics
 - Diuretics
 - Hypnotics
 - Narcotic Analgesics
- Radiation therapy



Manifestations of Xerostomia

- Generalized mucosal inflammation
- Mucosal atrophy
- Fissuring and or coating of the tongue
- Predisposition to ulceration
- Infection by Candida Albicans or Erosive Lichen Planus, (autoimmune disorder).
- Increased rate of dental caries (root caries)
- Increased plaque accumulation
- Angular cheilitis
- Halitosis

Known And Suspected Causes Associated With Xerostomia

- Aging
- Asthma
- Blood loss, vomiting, diarrhea
- Bone Marrow Transplantation
- Dehydration
- Diabetes
- Decreased mastication
- Depression/Anxiety
- Dialysis
- Intubation
- Hypertension
- Nerve Damage
- Nutritionally Compromised
- Respiratory Complications
- Renal water loss
- Scleroderma
- Stroke
- Surgery (head/neck/neuro)
- Systematic Lupus Erythematosus
- Thyroid Dysfunction
- Sjogren's Syndrome)

Composition Variance of Saliva

- Stimulated versus unstimulated (resting)
- Unstimulated flow one-tenth the volume of stimulated flow
- Submandibular glands secrete the greatest proportion of unstimulated saliva (approx. two-thirds)
- Unstimulated flow rate subject to circadian rhythm, highest mid-afternoon and **lowest around 4:00 a.m.**

Intraoral Findings

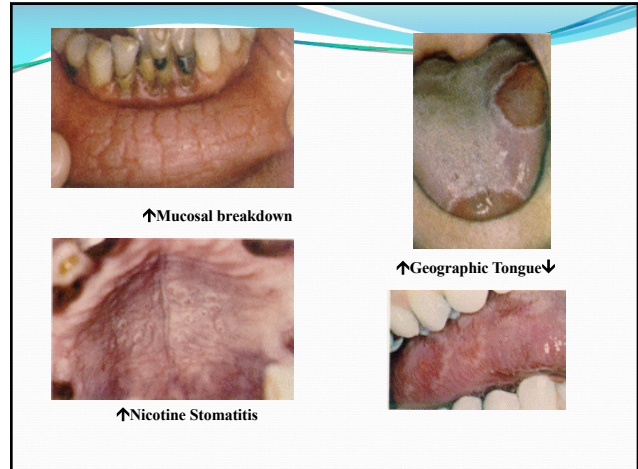
- Atrophic buccal mucosa
- Atypical increased activity in dental decay
- Boggy, smooth, and glassy appearance of the gingival margin
- Dental mirror sticks to buccal mucosa
- Frothy saliva
- No pooling of saliva in the anterior floor of mouth
- Oral candidiasis
- Decreased filiform papilla (glossitis)
- All of these problems are quadrupled in our aging patients.

Clinical Symptoms of Xerostomia

- Generalized burning sensation in the mouth
- Sore, burning tongue
- Generalized oral soreness
- Repeated oral abrasions and ulcerations (associated with denture wearing)
- Difficulty swallowing or speaking
- Swelling of the face
- Disturbed sleep

These are jobs, not careers

- The elderly in their own homes or nursing facilities who have caregivers who are not aware that in 99% of the cases, they need to offer their patients water..is a sad situation.



Daily Management of the Xerostomic Patient

- Frequent brushing, moisturizing
- Sipping water frequently
- Melting ice chips in the mouth
- Restricting caffeine, sugar and cola intake
- Avoid mouth rinses containing alcohol
- Humidifying the sleeping area
- Coating lips with Blistex, Vaseline or A & D ointment

Benefits of Biotene*



- Relieves dry mouth symptoms
- Patented antibacterial enzyme system
- Fights bacteria growth and infection
- Recommended by dentists, hygienists and oncologists
- Sold internationally for over 20 years
- Helpful against mucositis and oral yeast infections
- Ideal for patients with sensitive gums
- Does not irritate the mouth (like hydrogen peroxide)
- Contains xylitol to reduce caries (safe for diabetics)
- * This is product information.

BIOTENE

- I see numerous patients whose former dentists have prescribed Biotene and they like using it very much.
- Unfortunately, when I see them they are in a facility and we are lucky if their teeth are brushed every day.

I am not endorsing Biotene or similar products but merely discussing my experience using it with patients.

DENTAL CARE

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- ONLY A TOOTHBRUSH IS TO BE USED!!!!
- Small and soft.
- If patient is hard to work with-then toothpaste is not absolutely necessary...or very little toothpaste.
- NO SWABSTICKS AS THEY ONLY PACK FOOD AGAINST THE TEETH AND HASTEN THE DECAY PROCESS.
- IF PATIENT IS EDENTULOUS, THEN A SWABSTICK THAT IS UNFLAVORED..THE FLAVORING DRIES THE MOUTH...AND IT IS DRY ENOUGH.

Prophylaxis

- Three to four times per year..I explain to the family that now that they need someone to brush for them or due to arthritis they can't brush as well..every 6 months is not enough.
- Dry mouth causes food to lay on teeth causing decay twice the rate of small children
- Limitations to dental care in elderly:
 - Arthritic hands
 - Confusion
 - Caregivers

Restorations

- Amalgam
- Composites
- Silver Alloy Glass Ionomer
 - “Miracle Mix”
- Lots of root decay in this population.

Extractions

- Check for prescribed “Blood Thinners”
- Radiographs are not always available
- Difficulty in procedure
- Patient compliance
- Types of Anesthetic
- Pain Control

Referrals

- In the cases of:
 - multiple extractions
 - acute illness
 - SEVERE dementia
 - non-compliance issues

.....Refer to an Oral Surgeon

Dentures

- A source of bacteria
- Population is becoming less edentulous as years go by
- Patients with dry mouth have problems using
- Those using dentures need a yearly oral cancer exam and evaluation of proper fit
- I emphasize to put the denture in their mouth WET.

Partials

- Danger in ill-fitting partials
 - Aspiration / Swallowed
 - Loss
- Chrome-Cobalt / Acrylic
- Acrylic
- Problems with Nesbit Partial



Dentures in Nursing Homes

- Average age of my patients is 95
- The elderly population many times has nothing to look forward to but meals
- Food should be a pleasant experience
- I restore teeth with either restorations, partials or dentures to make this possible
- Labeling for identification

Candidiasis (Thrush)

- A type of fungal growth, specifically, YEAST
- Appears as a thick, raised, white, creamy growth
- Found on the buccal mucosa, palate, and tongue
- Caused by:
 - Long-term antibiotics
 - Dentures..particularly if not cleaned properly daily.
 - Weakened immune system

Candidiasis (Thrush)

- Typical Protocol/Treatment
 - Nystatin Suspension:
 - 100,000 units per ml
 - Dispense: 150 ml
 - 1 teaspoon q.i.d. x 7 days (re-evaluate)
 - Swish for 30 seconds and swallow
- **Note: remind patient/caregiver to remove denture, clean thoroughly and leave out as much as possible during treatment of infection*

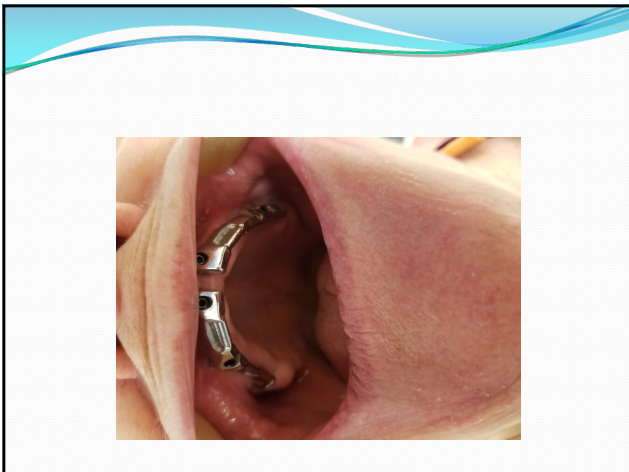
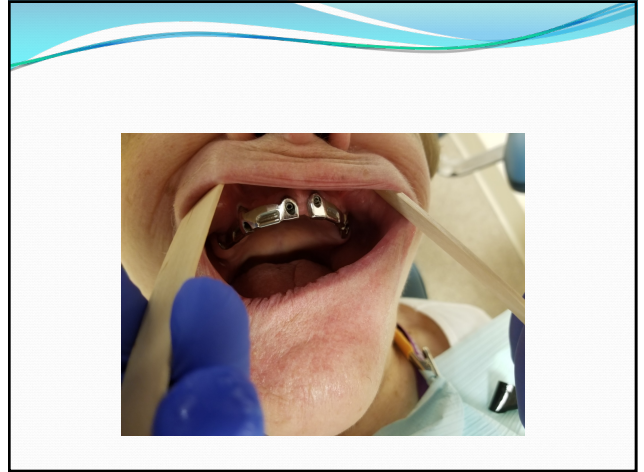
Education

- Teach patient
- Teach family
- Teach caregivers
- Teach staff at facility

Conclusion

- Be an advocate for dental services for the elderly
- Know your patient
- Encourage a team approach
- Work efficiently
- Take cues from caregivers
- Compassion and understanding





You're Never too Old to Smile!



Questions??