

Oral Care for Specific Populations

- **All children should....**
 - go to the dentist for their first examination no later than the age of 3
 - participate in school based oral health programs
- **Information for specific populations:**
 - Elderly
 - People without teeth
 - People with physical disabilities
 - Persons with developmental or intellectual disabilities
 - Pregnancy
 - People with diabetes



All children should go to the dentist for their first examination no later than the age of 3

- Parents and caregivers are advised to take their children to the dentist before this time if any problems arise
- Some dentists prefer to see the child around his or her first birthday
- Children known to be at high risk for ECC should be enrolled in an anticipatory guidance¹⁹ program prior to the age of 3

A Child's First Visit

- The dentist will conduct an examination of the mouth
- A screening for early signs of decay²⁰ will be done to determine high risk
- Have open conversations with the dentist and tell them what types of food they are fed

Prevention

- Check children's teeth and assist them with brushing their teeth
- If the child is younger than 2 years old, **DO NOT** give them toothpaste when brushing their teeth unless advised by a dentist
- Children do not learn to brush their teeth properly until the age of 8
- Ensure that children are fed healthy food and that sugar intake is limited, especially in the evening before bedtime
- Have the dental assistant, hygienist or dentist demonstrate proper brushing techniques²¹



¹⁹ Anticipatory guidance- a proactive developmentally based counseling technique that focuses on the needs of a child at each stage of life.

²⁰ Refer to Additional Information- Tooth Decay

²¹ <http://health.more4kids.info/uploads/Image/child-at-dentist.jpg>



All children should participate in school based oral health programs

Dental Pain Equals Lost Time in the Classroom

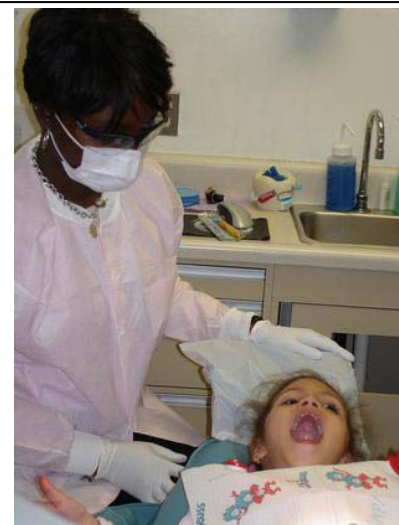
- Students aged 5-17 years missed 1.6 million school days in 1996 due to acute dental problems²²
- Children from low income families had 12x the number of missed days due to dental related issues versus from families with higher income

How Oral Health Effects Learning²³

- Test scores have proven to be lower in children who experience pain from a toothache compared to a student that is not distracted by pain
- When children are in dental pain, it has been shown to negatively impact their test scores along with social well being
- When children are pain free of dental pain their learning and attendance records improve

School Based Health Centers²⁴

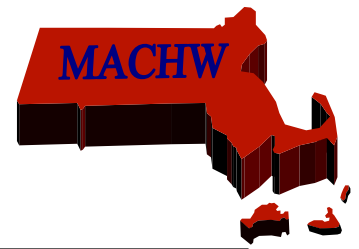
- Preventative services such as fluoride and sealants are made available at school
- These programs include dental screening, referrals and case management by a dental professional
- Children must be enrolled into these programs through written consent from their parents or caregiver
- Parents and caregivers have a right to be informed of their child's dental treatment



²² National Center for Health Statistics. 1996. Current estimates from the National Health Interview Survey, 1996 (Vital and Health Statistics: Series 10, Data from the National Health Survey; no. 200). Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics.

²³ Reisine ST. 1985. Dental health and public policy: The social impact of dental disease. American Journal of Public Health 75(1):27-30.

²⁴ <http://www.newhavenindependent.org/HealthCare/archives/upload/2006/11/dentist%20and%20open%20wide.JPG>



Oral Care for Specific Populations- Elderly

The elderly need to take care of their oral health too

- The risk for caries does not go down with age
- Oral health is related to overall health, especially at older age
- Loss of natural teeth may occur and can be replaced with dentures

Oral Hygiene

- Proper brushing and flossing techniques can be maintained even if mobility is limited
- Electric toothbrushes are recommended but not essential
- Assistance with brushing and flossing may be required if mobility is extremely limited
- If tooth loss has occurred it is important to brush the gums and use oral rinses as advised by a dentist (*see Persons without teeth fact sheet*)

Dentures

- When loss of all natural teeth occurs dentures can be fitted to a persons mouth
- Brush the gums, tongue, and the roof of the mouth every morning with a soft-bristled brush before inserting dentures²⁵
- Proper hygiene of dentures and the gums are essential
- Ensure dentures are stored in a consistent location and are cleaned regularly with a toothbrush

²⁵ http://www.massdental.org/lasting-impressions.aspx?id=1162#Contact_a_Dentist

Oral Care for Specific Populations- Persons without teeth

Uncontrollable Causes of Tooth Loss²⁶

- Genetics
- Inability to access care
- Starvation and poor nutrition
- Systemic conditions- (e.g. heart disease, cancer and diabetes)
- Poor root formation

Controllable causes of Bone Loss/ Tooth Loss

- Poor oral hygiene can lead to dental caries and periodontal disease
- Missing teeth- losing a few teeth can lead to total tooth loss over time
- Smoking/ Chewing Tobacco²⁷
- Abnormal bite
- Numerous other medical conditions including diseases and drug side effects



Living without teeth- Basic Hygiene

- Brushing the gums and tongue with a soft bristle brush two times daily to prevent formation of bacteria
- Oral rinses that kill harmful bacteria as prescribed by a dentist

Impact over time

- Can have a negative impact on self esteem
- Chewing and speaking can become limited
- Diet and nutrition must be altered to compensate
- Changes to the face may occur

Talk to the dentist about the following treatment options

- Dental Implants/ Dentures
- Fixed bridgework

²⁶ http://www.edwardfeinbergdmd.com/cause_of_tooth_loss.htm

²⁷ Image reference: <http://www.quittobacco.com/facts/disclrint.jpg>

Oral Care for Specific Populations- Physical Disabilities

Handicapped Oral Health Facts

- Mobility is the major concern for oral hygiene
- Loss of hand motor control may limit oral hygiene

Oral Hygiene

- Proper brushing and flossing techniques can be maintained even with decreased mobility
- Creative solutions can allow people with limited mobility to still take care of their oral health such as changing the handles on a toothbrush (two possible examples on right)²⁸
- Electric toothbrushes are recommended but not essential



Dental Visits

- Discuss with the dental team what creative solutions can be developed to achieve proper oral health care and hygiene
- Find a dentist that can safely accommodate patients in a wheel chair²⁹
- If possible, be clear about the patients needs and ability to help when being transferred to a dental chair

²⁸ Image reference: <http://www.wihd.org/images/dental/products/tennisball.jpg>

²⁹ NIDCR- Wheelchair Transfer - A Health Care Provider's Guide



Oral Care for Specific Populations- Persons with Developmental and Intellectual Disabilities

Disparities in Oral Health³⁰

- Data indicate that people with intellectual disability have more untreated caries and have a higher prevalence of periodontal disease than the general population
- Mobility is the major concern for proper oral hygiene
- Crooked teeth are common among people with intellectual disabilities which can have negative affects on eating and speaking

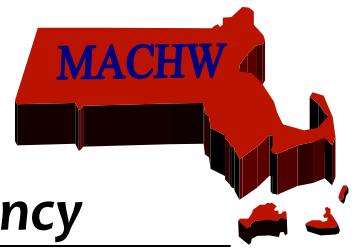
Oral Hygiene

- Proper brushing and flossing techniques can be maintained even with decreased mobility
- Electric toothbrushes are recommended but not essential
- Assistance with brushing and flossing may be required if mobility is extremely limited

Dental Visits

- Due to increased caries and periodontal disease risk, dental visits must be scheduled on a regularly basis as advised by the dentist
- Ensure that dental visits are at a consistent time and with familiar staff to establish continuity and to remove anxiety and fear associated with the dental visit
- Arrange for informed consent from caregiver if any procedure needs to be performed prior to the appointment
- Ask the dental team to demonstrate proper oral hygiene techniques
- Notify the dentist of any medications that the patient may be taking
- Some dental offices may not be able to support procedures for this population and therefore treatment may be ideal in a hospital setting

³⁰<http://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/IntroductionPeopleDevelopmentalDisabilities.htm>



Oral Care for Specific Populations- Pregnancy

Pregnancy Oral Health Facts

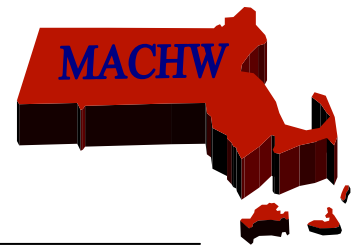
- The mother's eating habits affect the health of the developing child
- The fetus's teeth begin to develop during the 3rd to 6th month of pregnancy³¹
- During pregnancy, women may experience more overgrowth of the gums due to excess plaque
- Untreated dental infections may pose a risk to the fetus
- Severe periodontal disease may lead to increased risk of premature delivery

Seeing the Dentist During Pregnancy

- It is critical that patients tell their dentist that they are pregnant
- Mothers should talk to their dentist if they experience bleeding, swelling, or tenderness
- The treatment plan may change to include more cleanings
- Ensure that proper brushing and flossing techniques are maintained in between dental appointments



³¹ http://www.ada.org/public/topics/pregnancy_faq.asp



Oral Care for Specific Populations- Diabetes

Diabetes and Oral Health Facts³²

- Patients with diabetes are at higher risk for gum problems due to the bodies inability to fight off harmful bacteria that causes it
- Gum disease may also contribute to the onset of diabetes, it is a two way street
- Gum disease can occur at any age and children with diabetes are at higher risk

Warning signs for gum disease

- Bleeding gums when brushing or flossing
- Swollen or puffy gums
- Pus formation between the teeth and gums
- Bad breath
- Permanent teeth becoming loose

Seeing the dentist with diabetes

- Eat before seeing the dentist to ensure blood sugar levels are in line- a morning visit is ideal
- Some dental procedures cannot be performed if blood sugar levels are elevated as excess bleeding can occur in procedures
- Patients should consult with their physician and dentist if any antibiotics are prescribed

³² <http://www.diabetes.org/type-1-diabetes/mouth-care.jsp>