

# Oral Health Care for Older People in NSW



## A toolkit for oral health and health service providers

Version control

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#### **DISCLAIMER**

The oral health information provided in this toolkit is evidence-based and current at the date of publishing.

The NSW Government does not endorse any specific product brand.

# Foreword

In recent years there has been a trend for older people to retain a greater number of natural teeth as they age – a trend that will continue as younger generations age.

These teeth may have had significant treatment over a lifetime increasing the risk of complications and requiring a higher level of intervention and prevention. An increasing ageing society, with higher retention rates of natural teeth, will require new oral health promotion actions to be developed and implemented.

*Oral Health Care for Older People in NSW: a toolkit for oral health and health service providers (The Toolkit)* recognises that clinical conditions in older persons share risk factors and cross discipline-based boundaries because of their multifactorial nature. *The Toolkit* contains oral health information that can be useful in encouraging a partnership approach to the oral and general health needs of older people, who are independent, frail and dependent.

*The Toolkit* is not intended to give information or guidance about how to diagnose or treat older adults. Rather, it is a guide on how to prevent and minimise health problems associated with older people.

This document encourages: (i) shared responsibilities from all stakeholders; (ii) a commitment to best practice models based on evidence; and (iii) integration of oral health across programs and sectors of general health care and dental services.

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# Acknowledgements

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- Other experts in the fields of oral health, aged care, health, and health promotion.

## Consultation:

## SECTION 1

# Introduction

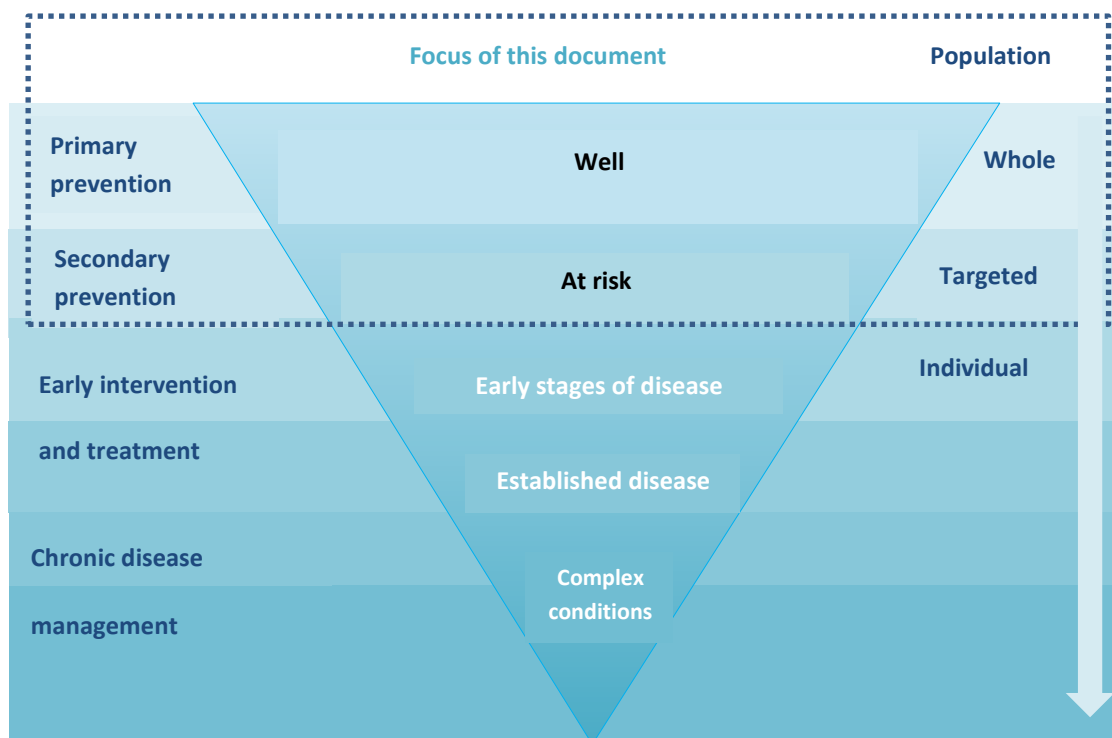
The NSW population is ageing and there is a trend towards the reduction in edentulism (complete tooth loss and replacement with dentures).

The consequences of increased tooth retention in older adults, combined with an increased proportion of people with complex medical needs in this age group, means new skills will be required by oral health and health service providers to manage these age-related disorders.

The *Oral Health Care for Older People in NSW: a toolkit for oral health and health service providers* (*The Toolkit*) provides oral health care information, aids and resources to enable oral health and health service providers in NSW to integrate oral health into health promotion initiatives for older people who are independent, frail or dependent to improve their oral health status and quality of life.

The focus of *The Toolkit* is on primary and secondary prevention as shown in [Figure 1](#).

**Figure 1:** Focus of *Oral Health Care for Older People in NSW: a toolkit for oral health and health service providers*



**Source:** Adapted from Department of Health Victoria<sup>2</sup>

## What is in *The Toolkit*?

The content of *The Toolkit* provides the following information:

- theoretical models that support the importance of oral health and its integration into 'general' health preventive and clinical intervention that requires a multidisciplinary approach to addressing health issues of the elderly;
- preventive messages for independent older people;
- important oral problems and conditions (dental caries, periodontal diseases, xerostomia, trauma to the mouth, oral cancer); and
- oral health information and practical aids for service providers of frail and dependent older people.

## Who should use *The Toolkit*?

*The Toolkit* can be used by a broad section of oral health and health service providers who work with independent, frail and older people in a variety of settings, including community programs or residential care. It can be used in different ways by oral health and health service providers and people with organisation-wide responsibilities.

Oral health service providers can use *The Toolkit* as a stand-alone resource that will give them a 'how to' guide to minimising oral health decline in older people. Health service providers can use the guide to integrate oral health care into strategies that minimise functional and general health decline in older people.

## How can I use *The Toolkit*?

This manual is a hardcopy guide of *The Toolkit*. There is also a PowerPoint presentation that accompanies the manual. The presentation can be used to increase the oral health knowledge and skills of oral health and health service providers. All the resources contained within *The Toolkit* can be found at <http://www.health.nsw.gov.au/oralhealth/pages/default.asp>.

## Implementing *The Toolkit* – turning knowledge into practice

*The Toolkit* can be implemented in conjunction with:

- *Best Care for Older People Everywhere: The toolkit 2012*;
- *Better Oral Health in Residential Care* resources;
- *Care of Older People Toolkit*;
- Oral Health Care Education Session for Older adults: a resource for Volunteer Peer Educators;
- *Oral Health Promotion Tutorials*;
- oral health resources for older people from Dr Peter King and The *Australian Hygienists' Association of Australia SA Branch Inc*; and
- other aged care health strategies.

Networking with other health service providers is recommended and sharing other tools and resources is encouraged.

## Policy context

*Oral health 2020: a strategic framework for action in NSW<sup>8</sup>* sets the platform for oral health action in NSW into the next decade.

The goals for oral health in NSW are:

- To improve access to oral health services in NSW
- To reduce disparities in the oral health status of people in NSW
- To improve the oral health of the NSW through primary prevention.

*The Toolkit* is closely aligned with National and State strategic directions for oral health of older people.

Refer [Appendix A](#) for additional information and resources.

**Note:** All dental practitioners are members of the dental team and where there is a structured professional or referral relationship between dental practitioners the dentist is the clinical team leader.

*(Scope of Practice Registration Standard, June 2014)*



## SECTION 2

# Oral health and older people

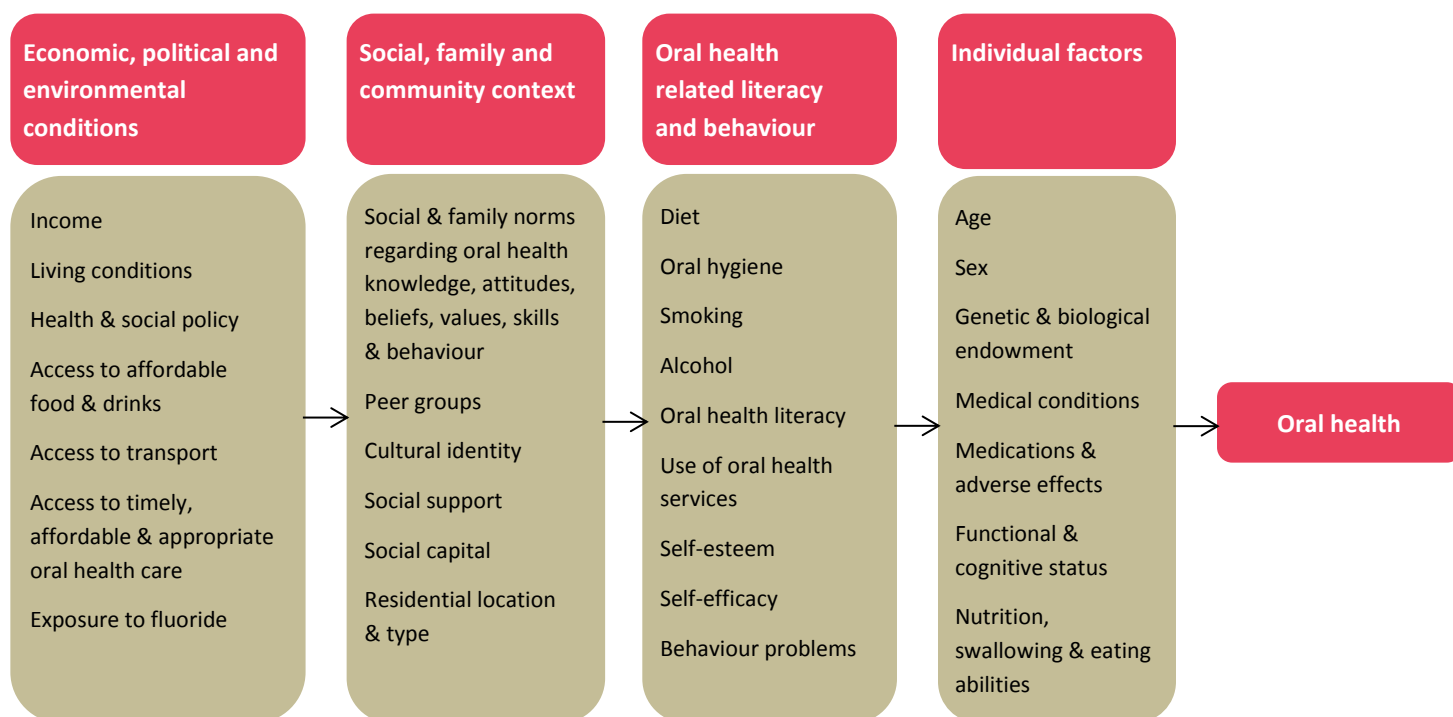
The life-stage of older adulthood has considerable variation depending on age and underlying genetic and medical conditions. Frailty, both physical and neurological, in older people represents the move from independence to dependence.

Ageing may mean an increase in the usage of prescription and non-prescription medicines that have side effects. This can impact on oral health as well as reduced capacity to perform oral hygiene on a daily basis. The risk of periodontal diseases also increase with age. Reduced income and affordability in retirement also increases the risk of oral disease.

## 2.1 Determinants of oral health

The complexity of older adults' oral health status is reflected in a range of determinants for oral conditions. [Figure 2](#) demonstrates how these determinants relate to the oral health status of older adults.<sup>4</sup>

**Figure 2:** Determinants of the oral health of older people

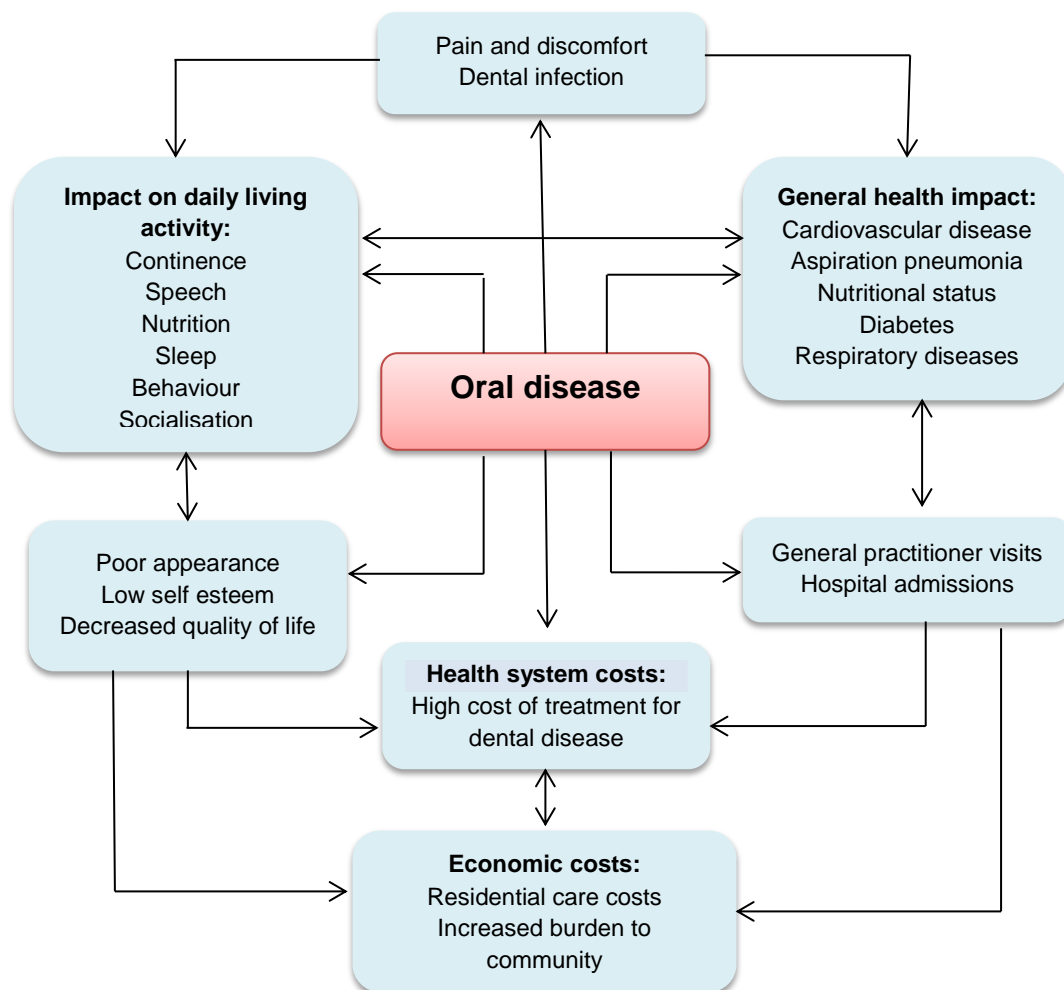


**Source:** Adapted from Watt and Fuller<sup>5</sup> and Chalmers 2001

## 2.2 Impact of oral disease

Oral disease places a considerable burden on older people, their families and the community as shown in [Figure 3](#). It affects individuals, their general health, functioning and quality of life, and the community through health system and economic costs.

**Figure 3:** Impact of oral disease in relation to older people



**Source:** Adapted from Rogers, 2011<sup>6</sup>

### 2.2.1 Impact on general health

- Poor oral health is linked to increased risk of cardio vascular disease, stroke and aspiration pneumonia.
- Chronic oral infection can complicate the medical management of health illnesses, such as diabetes, chronic heart failure, and respiratory diseases.
- Dental problems in older people are a common cause of under-nutrition, eating difficulties, pain when eating, and/or signs of mouth discomfort.
- Tooth loss, poorly fitting dentures and oral infections can result in poor nutrition and persistent mouth pain – it can affect appetite, food enjoyment and ability to chew, which impacts on food intake and food selection.
- Poor oral hygiene significantly increases the risk of patients with swallowing impairments developing pneumonia.

### 2.2.2 Impact on daily living activities

At the individual level, poor oral health can go beyond infection and tooth loss and can include destruction and degeneration of the tissues of the mouth.<sup>7</sup>

- Poor oral health affects people's everyday lives by causing pain and suffering, disrupting sleep patterns, and affecting the ability to eat and speak, sleep well, socialise and feel happy with their appearance. This in turn affects self-esteem, social interaction, the ability to work, and reduced quality of life.<sup>8</sup>
- Older people may also have a range of health problems or disabilities that impact on their ability to care for their own oral health, which may be related to issues associated with:
  - cognitive impairment (such as, dementia, Alzheimers)
  - functional limitations (such as, hand and upper limb function due to poor dexterity, pain and strength)
  - functional problems with mouth and tongue movements and swallowing.
- Dental difficulties and dry mouth (xerostomia) are two of the main causes of speech impairment in older adults.
- Oral pain and difficulty with eating can affect nutritional intake and body weight and therefore skin integrity, strength and mobility, and continence.
- Chronic infection and oral pain may affect mood and behaviour, especially for people with dementia who find it difficult to self-report their pain and discomfort.

### 2.2.3 Economic impact

- In 2010-12, total expenditure on dental services in Australia was \$8.3 billion. Compared to the broader health system, the total level of expenditure on oral health (either government or individually funded) has remained relatively unchanged, averaging 6.09% of total health expenditure per year since 2004.<sup>9</sup>

## 2.3 Oral health promotion

The key to maintaining and improving the oral health status of older people is the use of oral health promotion strategies that focus on: (i) dental characteristics; (ii) life characteristics of older adults; and (iii) quality of life issues.

Contemporary geriatric oral health promotion<sup>31</sup> needs to incorporate the treatment of oral diseases and conditions with a strong focus on prevention strategies using multi-disciplinary involvement of medical, health and dental professionals in varied settings<sup>10</sup> The principles of the Ottawa Charter can be utilized to develop a geriatric oral health promotion matrix of strategies for older adults, as demonstrated in [Table 1](#).<sup>11</sup>

**Table 1:** Geriatric oral health promotion matrix for older adults

Principles of the Ottawa Charter	Increasing functional dependency		
	Independent	Frail	Dependent
<b>Build healthy public policy</b>	Advocacy	Advocacy Protocols and standards	Advocacy Enforcement of standards
<b>Create supportive environments</b>	Fluoridation specific oral health information Private insurance	Dental aids Specific oral health information Private insurance	Dental aids Oral health education Private insurance
<b>Strengthen community action</b>	Oral health education Oral health assessment in general health assessment	Assessment and screening protocols	Dental assessment Guidelines Directories
<b>Develop personal skills</b>	Personalized skill development	Service provider skill development	Specific interventions by dental professionals
<b>Reorient health services</b>	Minimal dental intervention Prevention	Domiciliary dental and portable services	Public and private preventive and treatment regimes

**Source:** Adapted from Wright and Harrison, 2002

Refer [Appendix A](#) for additional information and resources.

## SECTION 3

# Preventive oral health messages for older adults

A healthy mouth is essential for general health and wellbeing, enabling individuals to communicate effectively, and to eat and enjoy a variety of foods. It is important for overall quality of life, self-esteem and social confidence.<sup>12</sup>

Oral health care involves the consideration of the areas and conditions listed below:

1. lips
2. tongue
3. gums and mucosal tissues
4. saliva
5. natural teeth
6. dentures
7. oral cleanliness
8. dental pain.

### 3.1 5 messages for a healthy mouth

There is a standard protective oral hygiene routine for older people based on 5 of the best ways (the best evidence base) to maintain a healthy mouth.

There are 5 easy to remember messages that are a simple guide to having a healthy mouth and maintaining good health.

- Eat Well
- Drink Well
- Clean Well
- Play Well
- Stay Well.

#### 3.1.1 5 tips to Eat Well

Tooth decay is related more to the frequency of sugar intake, than the total amount of sugar eaten.



- Reduce the frequency of eating sticky and sugary foods – limit biscuits, cakes, sweets and other sugary foods
- Eat a variety of nutritious snacks daily, like fruit, nuts and yoghurt.
- Eat from each food group (vegetables, fruits, dairy, meat, cereals/grains) to support oral and general health.
- Eat fresh, crunchy foods like apples, celery and carrots.
- Eat meals or snacks containing milk or cheese to help reduce acid that causes tooth decay.

### 3.1.2 5 tips to Drink Well

Fluoride in tap water helps to strengthen teeth and reduce acid that initiates tooth decay. Sugar is the source of bacterial energy in causing tooth decay



- Drink tap water daily – it's free and in most places in NSW contains fluoride.
- Drink water after meals and snacks, and after taking medications (especially if they have been crushed and mixed with a sweetener).
- Keep the mouth moist by frequently rinsing or sipping with water.
- Avoid sugar in tea and coffee and reduce the intake of caffeine drinks.
- Limit the intake of acidic and sugary drinks (like fruit juice, soft drink and cordial).

### 3.1.3 5 tips to Clean Well

Poor oral hygiene allows the bacteria in dental plaque to produce acids and other substances that damage teeth, gums and surrounding bone. The daily removal of dental plaque and maintenance of sound dental health practices are the key aspects to preventing oral diseases.



Tooth brushing with a fluoride toothpaste is the most effective and economical method of physically removing dental plaque from gums, tongue, teeth and/or dentures. Fluoride protects natural teeth by remineralising and strengthening tooth enamel.

### Natural teeth

- Brush morning and night, using a soft tooth brush on gums, tongue and teeth.
- Use a pea-size amount of 1,000 – 1500 ppm fluoride toothpaste.
- Spit out residue toothpaste but do not rinse the mouth after brushing. This allows the fluoride to pass effectively into the teeth.
- Replace a toothbrush: (i) when the bristles become shaggy; (ii) every three months; and (iii) following an acute infection, such as thrush or common cold. This helps to prevent harm to the mouth.
- Use dental floss and interdental brushes to remove debris from between teeth.

### Dentures

People who wear dentures are at risk of developing fungal infections. Fungal infections can be associated with: wearing dentures at night; poor cleanliness of dentures; denture plaque; deterioration to the denture resin; diet; and pre-existing general health factors, such as diabetes. Further, a scratched denture can be a source of irritation and increase the risk of oral infections.

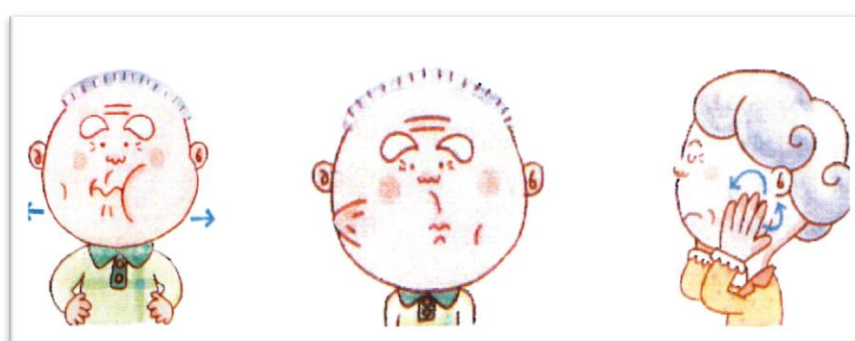
- Clean dentures daily with a denture brush and liquid soap to remove plaque from all surfaces, then rinse well under running water.
- **Do not** use toothpaste as it is abrasive and can damage the denture surface.
- Hold the dentures carefully while brushing, and clean them in a bowl of water placed in a sink to protect from breakage if dropped.
- Brush gums and tongue with a standard toothbrush to remove plaque in the mouth.
- Remove dentures overnight and store in cold water. This allows gum tissue to rest.

### 3.1.4 5 tips to Play Well

As with maintaining general health, exercise is important. Exercises for stronger cheek and tongue muscles and a healthy saliva flow help to maintain a moist mouth, as shown in [Figure 5](#).

- To exercise facial muscles put air in the cheek and slide the mouth from side to side ([A](#)).
- To exercise the tongue muscles run the tongue around the inside of the cheek ([B](#)).
- To improve saliva flow massage the sides of the face using a circular motion ([C](#)).
- Exercise facial and lip muscles by “oo” and “ee” movements of the lips.
- Use walking frames and do balancing exercises to reduce falls.

**Figure 5:** Mouth and cheek exercises



(A) Facial exercises

(B) Tongue exercises

(C) Salivary glands

**Source:** “Oral health exercise” for vibrant senior life.\*

\* Courtesy Chiyoko Hakuta & Kitahara Minoru. Department of Oral Health Promotion, Graduate School, Tokyo Medical and Dental University, Tokyo: Japan, 2008

### 3.1.5 5 tips to Stay Well

- Visit a dental professional regularly, even if you only wear dentures. Everyone has different needs: talk with your oral health professional about how frequently you need to visit for a check-up.
- Protect the body from the sun with sunscreen, lip block, a hat, clothing, sunglasses.
- Use sugarless medicines, where possible.
- Limit alcohol.
- Don't smoke or chew tobacco - contact the Quitline 131 848 or a GP, dental professional or pharmacist to help with quitting.

Refer [Appendix A](#) for additional information and resources.



## SECTION 4

# Oral problems and diseases

Oral diseases and conditions are progressive and cumulative. If untreated they become more complex and costly over time. Some of the most important problems of the mouth are:

1. Dental caries (tooth decay)
2. Periodontal (gum) diseases
3. Xerostomia (dry mouth)
4. Trauma to the mouth (broken teeth)
5. Oral cancer.

Dental caries and periodontal diseases have historically been considered among the most important global oral health burdens;<sup>13</sup> these are largely preventable and reversible if identified and managed early.<sup>14</sup> Oral diseases can be significantly reduced through: changes in diet; daily oral hygiene; quitting smoking; reducing alcohol consumption; limiting sugary and acidic beverages; access to fluoridated water and fluoride toothpaste; and changes in oral health behaviour.<sup>15</sup>

### 4.1 Dental caries (tooth decay) - 5 facts

Tooth decay is a diet and oral hygiene related disease that affects the teeth and causes pain.



- Tooth decay is the destruction of tooth structure and can affect both the enamel, which is the outer coating of the tooth, and the dentine or inner layer of the tooth.
- There are four main criteria required for tooth decay: a tooth (enamel or dentine), caries-causing bacteria, fermentable carbohydrates (such as sucrose), and time.<sup>16</sup>
- Tooth decay occurs when foods containing sugars and carbohydrates (such as, breads, cereals, fizzy drinks, fruits, cakes and sweets) pass over or are left on the teeth.
- Bacteria in the mouth digest these foods producing acids. The bacteria, acid, food debris and saliva combine to form plaque, which clings to the teeth and the acids quickly dissolve the minerals from the tooth enamel surface of the teeth.
- If this cycle continues without opportunity to replenish the minerals (which fluoride does) then a cavity may form in a tooth.

## 4.2 Periodontal (gum) diseases – 5 facts

- Gum diseases have been associated with general health problems such as, diabetes and increased risk of cardio vascular disease.
- The major local cause of gum disease is dental plaque, which is the sticky, colourless film containing bacteria, food debris and salivary products that build up on the teeth.
- Bacteria found in dental plaque cause irritation of the gums that support the teeth. This can lead to inflammation and infection that can destroy gum and underlying bone.
- Periodontal diseases are highly associated with smoking and excess alcohol use.
- Dental plaque forms continuously and begins as an invisible bio-film that sticks to all surfaces of the teeth and or dentures, gums and tongue. When it is not removed it may also harden into calculus (tartar).



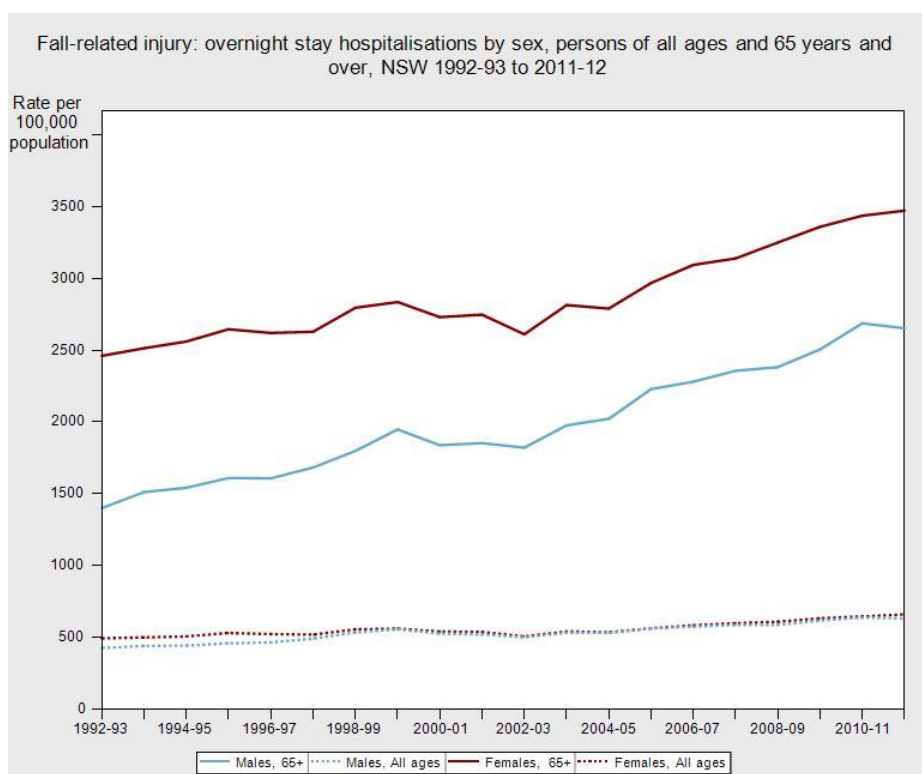
## 4.3 Xerostomia (dry mouth) – 5 facts

- Ageing is associated with reduced salivary flow.<sup>17</sup>
- Use of medications is associated with an increased incidence of dry mouth.
- Saliva has antibacterial properties. When the quantity and quality of saliva is reduced oral diseases can develop very quickly.
- Dry mouth is uncomfortable, unpleasant and can impair taste, chewing, swallowing and speech. It is associated with rapid dental decay in those with salivary gland hypo-function.
- Dry mouth is linked with increased risk of aspiration pneumonia. Regular mouth care from a dental professional has been shown to reduce pneumonia in older patients.

## 4.4 Trauma to the mouth – 5 facts

Falls are the leading cause of injury-related hospitalisations in NSW, accounting for around 30% of all such hospitalisations. In 2012-13, there were 56,609 fall-related hospitalisations of NSW residents. Older people have the highest rates of fall-related hospitalisations: almost 66% (37,126 hospitalisations) as demonstrated in [Figure 6](#).

**Figure 6:** Falls related injury: overnight stay hospitalisations



**Source:** NSW Health

Fall-related hospitalisation rates increased from 1992-93 to 2012-13 by almost 53% in people aged 65 or older.

- Older people are more likely to suffer from chronic illnesses and experience acute health problems, such as cardiovascular disease, falls and fractures.
- Older adults may be more at risk of falls because of visual and hearing impairments.
- Poor nutritional status and illness can be a cause of muscle loss, which may result in decreased mobility, instability and falls.
- Older people who are frail and confused are at greater risk of falls, functional decline and cognitive decline.

- Medications may be implicated in older people presenting with falls, confusion and incontinence.

#### 4.5 Oral cancer

Mouth cancer usually starts in the cells lining the mouth. The most common sites are the lips, tongue and/or floor of the mouth.

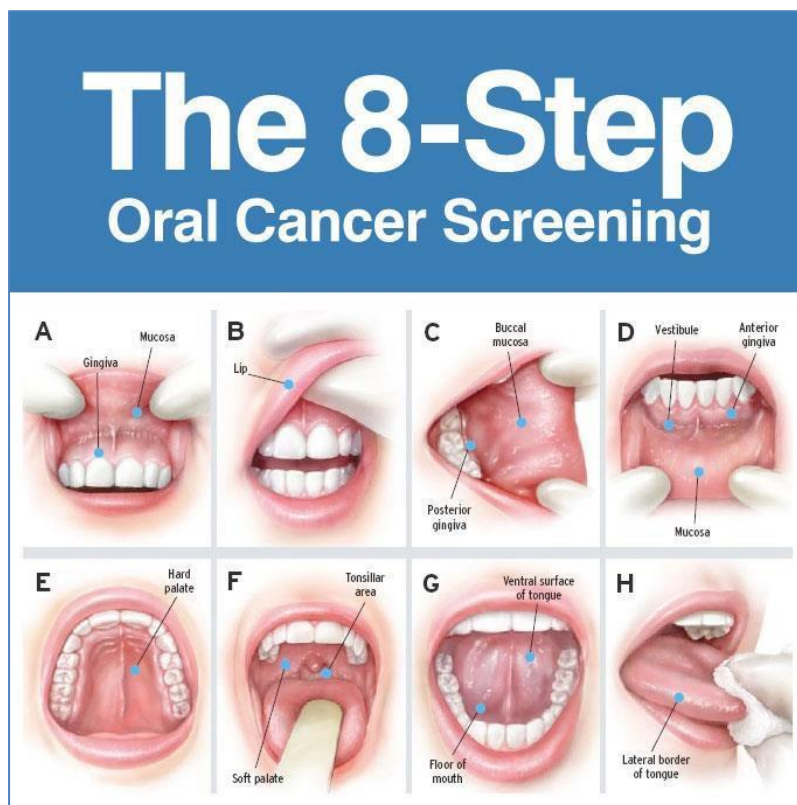
Smoking and drinking alcohol are known risk factors. Mouth cancer is easily cured if treated in its earlier stages.

The symptoms of mouth cancer can include:

- A visible mass or lump that may or may not be painful.
- An ulcer that won't heal.
- A persistent blood blister.
- Bleeding from the mass or ulcer.
- Loss of sensation anywhere in the mouth.
- Trouble swallowing.
- Impaired tongue mobility.
- Difficulty moving the jaw.
- Speech changes, such as slurring or lack of clarity.
- Loose teeth and/or sore gums.

- Altered taste.
- Swollen lymph glands.<sup>18</sup>

Refer [Appendix A](#) for additional information and resources.



## SECTION 5

# Oral health care for frail and dependent older people

Oral health care for older adults is often complicated by a past dental history, including crown and bridge work, partial dentures and implants. It is further complicated by older people not recognising their continued risk of dental disease and visiting an oral health professional in the absence of pain or a problem.<sup>19</sup>

As Australia's population ages the incidence of dementia will increase. In 2011, among Australians aged 65 years and over, almost 1 in 10 (9%) had dementia, and among those aged 85 years and over, 3 in 10 (30%) had dementia.<sup>20</sup> This may affect the person's ability to carry out adequate daily oral hygiene.

### 5.1 Requirement for provision of dental care

The following items are required to provide dental care to frail or dependent people:

- Sink / water
- Gloves, mask, eye/facial protection
- Gown
- Labels for spray bottles
- Containers for dentures
- Labels for spray bottles and denture containers
- Denture brush
- Mild soap (for dentures)
- Disinfectant (for dentures)
- Soft toothbrush

- High fluoride (5000 ppm) toothpaste (for natural teeth)

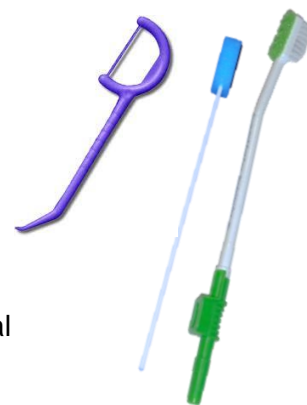
### 5.2 Additional oral care

Additional oral care management, such as antifungal, antibiotic and pain medication, may be required by an oral health professional.

Oral health care for older adults who are frail or dependent often requires a multi-disciplinary approach that includes simple strategies to assess oral health and provide oral health care.

For example, consultations with geriatricians and health professionals may lead to individualised special aids and techniques that can be used by service providers, such as:

- one handed toothbrushing techniques
- modified and suction toothbrushes
- floss / interdental brushes
- on advice from an oral health service provider, a high fluoride (5000ppm) toothpaste can be used for frail and dependent older people to therapeutically protect against tooth decay.



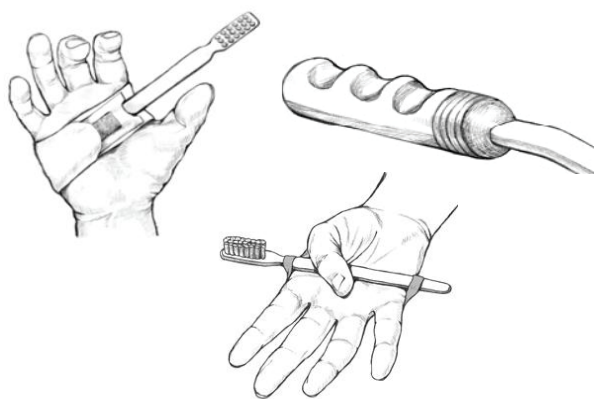
### 5.3 Other toothbrushing aids

- Soft toothbrush suitable for bending.
- Electric toothbrush.
- Toothbrush with an enlarged handle.
- Mouth props.



### 5.4 Techniques

- Attach a Velcro strap, elastic band or bike grip to a toothbrush.
- Use a toothpaste with a small nozzle or a pump action dispenser.
- Apply toothpaste onto teeth using the wipe technique.



### 5.5 Salivary aids

Some salivary aids may help people with dry mouth.

- spray bottles for mouth rinses
- saliva substitutes
- use of chlorhexadine / bicarbonate swabs.

**Caution:** Some oral care products may exacerbate dry mouth and damage oral tissue. Unless otherwise directed **do not use** mouthwashes or swabs containing alcohol.

Ensure **infection control** issues between clients are managed appropriately.

### 5.6 Challenging behaviours

Older people, especially those suffering dementia, confusion or Alzheimers, can behave in ways that are resistive to oral health care.

A challenging behaviour is any behaviour that causes stress or distress to the person with the behaviour or any others interacting with them. It refers to people whose challenging behaviours are associated with a decline in their cognitive capacity, generally due to dementia including associations with other medical conditions.

This behaviour may be displayed in the following ways:

- fear of being touched
- not opening the mouth
- not understanding or responding to directions
- biting the toothbrush
- grabbing or hitting out.

### 5.6.1 NSW Health guidelines for challenging behaviours

*Guidelines for Working with People with Challenging Behaviours in Residential Aged Care Facilities*<sup>21</sup> recommends using appropriate interventions and minimising restraint. It aims to improve long term care options for older people with severe behavioural and psychological symptoms associated with dementia and/or mental illness and support residential aged care service providers in providing quality care for their residents.

### 5.6.2 Physical restraint as a management strategy

Physical restraint that is **neither** an adjunct to medical or dental treatment nor acceptable within urgent situations (such as, surgical procedures, patients harming themselves or others) requires the approval of a guardian empowered by the Guardianship Tribunal to give such approval.

**Note:** Toothbrushing or any oral health intervention requires **consent** from patients.

If the patient is cognitively impaired consent is required by their guardian.

This is **essential**

Refer [Appendix A](#) for additional information and resources.



## SECTION 6

# Oral health checks

### 6.1 Oral Health Assessment Tool

An oral health assessment of older people is essential for identification of issues and implementation of management strategies.

**Note:** If a person is contemplating going into an aged care facility they should have an oral health check by their oral health service provider

The Oral Health Assessment Tool is used by service providers in residential aged care facilities.

#### Lips:

Dryness, lumps, cracked corners, inflammation or abnormal colour.



#### Tongue:

Patchy, white coating or any redness or swelling.



#### Gums & oral tissue:

Ulcers, sores, swelling, redness or bleeding.



#### Teeth:

Worn down teeth, decay (black or brown spots), broken fillings,



loose or broken teeth or exposed tooth roots, tooth sensitivity.

#### Dentures:

Cracks, breaks, worn areas, cleanliness, signs of irritation, chipped or broken teeth on denture, bent or broken metal wires or clips on partial denture.



#### Mouth:

Bad breath, dry oral tissues, oral pain, difficulty eating and or speaking, poor oral cleanliness and food left in mouth, saliva that is thick, stringy or rope like.

Refer: [Appendix B](#): Oral Health Assessment Tool

### 6.2 Oral health screening questions

There is a set of 6 oral health screening questions that are useful for health service providers to trigger a dental referral. They can easily be incorporated into general health assessment processes. They are also beneficial for older people who can self-report. Refer [Appendix C](#): Oral health screening questions.

Refer [Appendix A](#) for additional information and resources.



## SECTION 7

# Appendices

### Appendix A: Additional information and resources

Name of resource	Type of resource	Development	Date developed	Web address	Section
Best care for older people everywhere - the toolkit 2012	Manual	Department of Health, Victoria	2012	<a href="http://docs.health.vic.gov.au/docs/doc/Best-care-for-older-people-everywhere-The-toolkit-2012">http://docs.health.vic.gov.au/docs/doc/Best-care-for-older-people-everywhere-The-toolkit-2012</a>	1, 2, 4, 5
	Training package			<a href="http://www.health.gov.au/betteroralhealthtraining">http://www.health.gov.au/betteroralhealthtraining</a>	1
Better Oral Health in Residential Care	Staff portfolio	SA Dental Service	2009	<a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/2E625F7A23ED6F71CA257BF0001B5D73/\$File/StaffPortfolio.pdf">http://www.health.gov.au/internet/main/publishing.nsf/Content/2E625F7A23ED6F71CA257BF0001B5D73/\$File/StaffPortfolio.pdf</a>	5
	Professional portfolio			<a href="http://www.sadental.sa.gov.au/Portals/57ad7180-c5e7-49f5-b282-c6475cdb7ee7/BOHRC-Professional-Portfolio-10-2-11.pdf">http://www.sadental.sa.gov.au/Portals/57ad7180-c5e7-49f5-b282-c6475cdb7ee7/BOHRC-Professional-Portfolio-10-2-11.pdf</a>	5, 6
Care of older people toolkit	Information	SA Dental Service		<a href="http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+opics/older+people/care+of+older+people+toolkit/oral+health+care+domain+-+care+of+older+people+toolkit">http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+opics/older+people/care+of+older+people+toolkit/oral+health+care+domain+-+care+of+older+people+toolkit</a>	1, 3, 4, 5
	Various	Peter King			1, 4, 6
Oral health for older people: a practical guide for aged care services	Manual	Department of Health Services Victoria	2002	<a href="https://www.dhsv.org.au/_data/assets/pdf_file/0020/3269/oral-health-for-older-people.pdf">https://www.dhsv.org.au/_data/assets/pdf_file/0020/3269/oral-health-for-older-people.pdf</a>	1, 2, 5
Oral health promotion tutorials	PowerPoint® presentations with voiceover	Oral Health CRC Ltd, University of Melbourne, Bupa Health Foundation Ltd	2014	<a href="http://www.e-dentalez.com/sitio/oral-health-promotion/">http://www.e-dentalez.com/sitio/oral-health-promotion/</a>	1, 2, 3, 4
Your oral health	Brochure	University of Adelaide, Oral Health Promotion Clearing House		<a href="http://www.adelaide.edu.au/oral-health-promotion/resources/Your_Oral_Health.pdf">http://www.adelaide.edu.au/oral-health-promotion/resources/Your_Oral_Health.pdf</a>	3

Name of resource	Type of resource	Development	Date developed	Web address	Section
Oral health for those who care: oral health in supported residential facilities	Manual	DHAA SA Branch Inc.	2013	Unpublished	1
Oral health care education session for older adults: a resource for Volunteer Peer Educators	PowerPoint® presentation and flip chart	COHS/CERA	2014		1, 3, 4, 6
Oral health policy	Policy	Public health association of Australia (PHAA)	2012	<a href="http://www.phaa.net.au/documents/130201_Oral%20Health%20Policy%20FINAL.pdf">http://www.phaa.net.au/documents/130201_Oral%20Health%20Policy%20FINAL.pdf</a>	1
Healthy ageing literature review 2012	literature review	Victoria	2012	<a href="http://www.health.vic.gov.au/agedcare/maintaining/downloads/healthy_litreview.pdf">http://www.health.vic.gov.au/agedcare/maintaining/downloads/healthy_litreview.pdf</a>	1
Health literacy	Web info	National Network of Libraries of Medicine (USA)	2013	<a href="http://nnlm.gov/outreach/consumer/hlt/hlit.html">http://nnlm.gov/outreach/consumer/hlt/hlit.html</a>	1
Evidence-based oral health promotion resource	Literature review	Department of Health, Victoria	2011	<a href="http://docs.health.vic.gov.au/docs/doc/1A32DFB77FEFBE9CCA25789900125529/\$FILE/Final%20Oral%20Health%20Resource%20May%202011%20web%20version.pdf">http://docs.health.vic.gov.au/docs/doc/1A32DFB77FEFBE9CCA25789900125529/\$FILE/Final%20Oral%20Health%20Resource%20May%202011%20web%20version.pdf</a>	2, 3
End of day: the cost of poor dental health and what should be done about it	Report	Brotherhood of St Laurence	2011	<a href="http://www.bsl.org.au/pdfs/Richardson_End_the_decay_2011.pdf">http://www.bsl.org.au/pdfs/Richardson_End_the_decay_2011.pdf</a>	2
Aboriginal oral health	Peer reviewed articles	Australian Indigenous Health Bulletin	Various	<a href="http://healthbulletin.org.au/category/topics/oral-health/">http://healthbulletin.org.au/category/topics/oral-health/</a>	3

Name of resource	Type of resource	Development	Date developed	Web address	Section
Teeth and denture care	Brochure	NSW Health	2014		3
Caring for your dentures	Brochure	NSW Health	2011	<a href="http://www.health.nsw.gov.au/oralhealth/Documents/denture-care-brochure.pdf">http://www.health.nsw.gov.au/oralhealth/Documents/denture-care-brochure.pdf</a>	3
Soft options: tasty soft food choices	Brochure	Centre for Oral Health Strategy, NSW Health	2014	<a href="http://www.health.nsw.gov.au/oralhealth/Documents/Soft-Food-Options-brochure-April-2014.pdf">http://www.health.nsw.gov.au/oralhealth/Documents/Soft-Food-Options-brochure-April-2014.pdf</a>	3
Tooth brushing technique	video	UK	2012	<a href="http://www.youtube.com/watch?v=IEGSK6r9PrQ">http://www.youtube.com/watch?v=IEGSK6r9PrQ</a>	3
Gum recession and how to treat it	video	USA	2012	<a href="http://www.youtube.com/watch?v=x29jZh_hxzM">http://www.youtube.com/watch?v=x29jZh_hxzM</a>	3
Australian dietary guidelines	Guidelines	NHMRC	2013	<a href="http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/n55_australian_dietary_guidelines_0.pdf">http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/n55_australian_dietary_guidelines_0.pdf</a>	3
NSW Health statistics	Epidemiology information	NSW Health	2014	<a href="http://www.healthstats.nsw.gov.au/Indicator/inj_falloldhos">http://www.healthstats.nsw.gov.au/Indicator/inj_falloldhos</a>	4
Aged Care - working with people with challenging behaviours in residential aged care facilities	Guidelines	NSW Health	2006	<a href="http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_014.pdf">http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_014.pdf</a>	5
Oral hygiene care for adults with dementia in residential aged care facilities	Fact sheet	Best practice:8;4	2004	<a href="http://connect.ibiconnectplus.org/ViewSourceFile.aspx?0=4335">http://connect.ibiconnectplus.org/ViewSourceFile.aspx?0=4335</a>	5

Name of resource	Type of resource	Development	Date developed	Web address	Section
Residential aged care facility oral health student placement program: the student experience	DVD	Centre for Oral health Strategy, NSW Health	2013		5
Delirium: care of the confused hospitalised older person	DVD	NSW Agency for Clinical Intervention Northern Sydney Local health District	2012	<a href="http://www.aci.health.nsw.gov.au/cho/ps/education/delirium-videos">http://www.aci.health.nsw.gov.au/cho/ps/education/delirium-videos</a>	5
Healthy mouth healthy ageing: oral health guide for caregivers of older people	Manual	New Zealand	2010	<a href="http://www.pc.gov.au/_data/assets/pdf_file/0010/106759/subdr496-attachment1.pdf">http://www.pc.gov.au/_data/assets/pdf_file/0010/106759/subdr496-attachment1.pdf</a>	5
Brushing up on mouth care	Education and resource package	Canada	2013	<a href="http://www.ahprc.dal.ca/projects/oral-care/">http://www.ahprc.dal.ca/projects/oral-care/</a>	5
Best practices toolkit: implementing and sustaining change in long-term care	Web info	Canada		<a href="http://tctoolkit.rnao.ca/resources/oral-care">http://tctoolkit.rnao.ca/resources/oral-care</a>	5
Oral hygiene instruction for caregivers	Video	Canada	2013	<a href="http://www.youtube.com/watch?v=vc4hG_8t9nA">http://www.youtube.com/watch?v=vc4hG_8t9nA</a>	5
Dental hygiene for residents in long term care - part 1 - introduction	PowePoint® presentation with voice-over	USA	2013	<a href="http://www.youtube.com/watch?v=-DIREyOIPkE">http://www.youtube.com/watch?v=-DIREyOIPkE</a>	5
Dental hygiene for residents in long term care - part 2 – challenges				<a href="http://www.youtube.com/watch?v=qVsgep8584I">http://www.youtube.com/watch?v=qVsgep8584I</a>	5
Dental hygiene for residents in long term care - part 3 - dry mouth				<a href="http://www.youtube.com/watch?v=hRcTpR4e7t8">http://www.youtube.com/watch?v=hRcTpR4e7t8</a>	5

Name of resource	Type of resource	Development	Date developed	Web address	Section
Dental hygiene for residents in long term care - part 4 - denture care	PowePoint® presentation with voice-over	USA	2013	<a href="http://www.youtube.com/watch?v=wYhIZ2UYuws">http://www.youtube.com/watch?v=wYhIZ2UYuws</a>	5
Dental hygiene for residents in long term care - part 5 - prevention				<a href="http://www.youtube.com/watch?v=aFYgsI1ZAll">http://www.youtube.com/watch?v=aFYgsI1ZAll</a>	5
Oral health assessment	Video	SA Dental Service	2005	<a href="http://www.youtube.com/watch?v=zaDDzzeVD7Y">http://www.youtube.com/watch?v=zaDDzzeVD7Y</a>	6
Aboriginal liaison program *Information about your oral health assessment	Fact sheet	SA Dental Service		<a href="http://www.healthinfolnet.ecu.edu.au/keey-resources/promotion-resources?lid=21516">http://www.healthinfolnet.ecu.edu.au/keey-resources/promotion-resources?lid=21516</a>	6

## Appendix B: Oral Health Assessment Tool

Resident:				Completed by:				Date:			
Resident: <input type="checkbox"/> is independent <input type="checkbox"/> needs reminding <input type="checkbox"/> needs supervision <input type="checkbox"/> needs full assistance <input type="checkbox"/> Will not open mouth <input type="checkbox"/> Grinding or chewing <input type="checkbox"/> Head faces down <input type="checkbox"/> Refuses treatment <input type="checkbox"/> Is aggressive <input type="checkbox"/> Bites <input type="checkbox"/> Excessive head movement <input type="checkbox"/> Cannot swallow well <input type="checkbox"/> Cannot rinse and spit <input type="checkbox"/> Will not take dentures out at night											
Healthy	Changes	Unhealthy	Dental Referral	Healthy	Changes	Unhealthy	Dental Referral	Healthy	Changes	Unhealthy	Dental Referral
<b>Lips</b>				<b>Natural Teeth</b>							
<input type="checkbox"/> Smooth, pink, moist	<input type="checkbox"/> Dry, chapped or red at corners	<input type="checkbox"/> Swelling or lump, red / white / ulcerated bleeding / ulcerated at corners*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No decayed or broken teeth or roots	<input type="checkbox"/> 1- 3 decayed or broken teeth / roots, or teeth very worn down	<input type="checkbox"/> 4 or more decayed or broken teeth / roots or fewer than 4 teeth, or very worn down teeth *	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Tongue</b>				<b>Dentures</b>							
<input type="checkbox"/> Normal moist, roughness, pink	<input type="checkbox"/> Patchy, fissured, red, coated	<input type="checkbox"/> Patch that is red and/or white / ulcerated, swollen*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No broken areas or teeth, worn regularly, and named	<input type="checkbox"/> 1 broken area or tooth, or worn 1-2 hours per day only or not named	<input type="checkbox"/> 1 or more broken areas or teeth, denture missing / not worn, need adhesive, or not named *	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Gums and Oral Tissue</b>				<b>Oral Cleanliness</b>							
<input type="checkbox"/> Moist, pink, smooth, no bleeding	<input type="checkbox"/> Dry, shiny, rough, red, swollen, sore, one ulcer / sore spot, sore under dentures	<input type="checkbox"/> Swollen, bleeding, ulcers, white / red patches, generalised redness under dentures*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clean and no food particles or tartar in mouth or on dentures	<input type="checkbox"/> Food, tartar, plaque 1-2 areas of mouth, or on small area of dentures	<input type="checkbox"/> Food particles, tartar, plaque most areas of mouth, or on most of dentures *	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Saliva</b>				<b>Dental Pain</b>							
<input type="checkbox"/> Moist tissues watery and free flowing	<input type="checkbox"/> Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	<input type="checkbox"/> Tissues parched and red, very little / no saliva present, saliva is thick, resident thinks they have a dry mouth *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No behavioural, verbal or physical signs of dental pain	<input type="checkbox"/> Verbal &/or behavioural signs of pain such as pulling at face, chewing lips, not eating, changed behaviour.	<input type="checkbox"/> Physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal & / or behavioural signs (pulling at face, not eating, changed behaviour) *	<input type="checkbox"/> Yes <input type="checkbox"/> No				

\*Unhealthy signs usually indicate referral to a dentist is necessary

### Assessor Comments

Source: Better Oral Health in residential Care: professional portfolio

## Appendix C: Oral Health Screening Questions

A 'yes' to any 6 questions about their natural teeth, mouth or dentures triggers a dental referral:

1. Do you have any of your natural teeth?
2. Have you had pain in your mouth while chewing?
3. Have you lost any fillings, or do you need a dental visit for any other reason?
4. Have you avoided laughing or smiling?
5. Have you had to interrupt meals?
6. Have you had difficulty relaxing?

**Source:** Slade 2007<sup>22</sup>

## SECTION 8

# References

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