Oral Care with Dementia Patients - Dealing with Care-Resistant Behaviors

Presenter: Angela Mansolillo, M.A., CCC-SLP, BCS-S

Moderated by:
Amy Hansen, M.A., CCC-SLP, Managing Editor, SpeechPathology.com

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Oral Care with Dementia Patients – Dealing with Care–Resistant Behaviors

Angela Mansolillo, MA/CCC–SLP, BCS–S

Don't make use of another's mouth unless it has been lent to you.

Belgian Proverb
Goals

- Discuss oral health issues in the elderly
- Describe the components of an oral assessment
- Discuss behavioral and environmental interventions for reducing care resistant behaviors
- Improve staff participation in oral hygiene programs

The Oral Care Imperative

Effective Oral Care...

- Reduces bacteria
- Increases appetite
- Improves oral control of bolus
- Increases alertness
- Increases salivary flow
- Improves overall health, immune function
- Reduces pneumonia incidence
The Oral Care Imperative


› Cost for those with pneumonia during episode and 1 year after $15,682 higher than age matched peers without pneumonia
› >87 billion dollars cost to Medicare annually
› 30 day mortality: 6.2% for CAP; 13.4% for HCAP; increases with age


Normal Oral Flora

› Prevent colonization by pathogens by competing for attachment and nutrients
› Antagonize other bacteria – inhibit and/or kill
› Assist in immune responses
Oral Health

**Dental Plaque:** Colonizing bacteria forms a film on teeth

**Tooth Decay:** Bacteria de-mineralizes the tooth; results in cavities (caries)

**Gingivitis:** Inflammation of the gums; early stage of Periodontal disease

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Oral Health

**Periodontal Disease:** Destruction of gum tissue; gums feel tender, recede; bleed when touched

**Denture stomatitis** – Inflammation under the dentures

**Xerostomia** – Dry mouth; often the result of disease, radiation treatment, or medication effects
Oral Health

Oral Health Statistics

- Approximately 50% of all US adults have *gingivitis* (early periodontal disease)
- 23% of adults >65 years of age have *advanced gum disease*
- 25 –30% of US adults age 65 or older have *lost all of their teeth*
- *Tooth decay* increases in lower income individuals; more likely to have untreated decayed teeth

Oral Health

Poor Oral Health has been linked to...

- Diabetes
- Heart disease
- Stroke
- Low birth weight premature birth
- Lung disease
- Pneumonias
- Systemic infections
Oral Infection and Systemic Disease

- High concentrations of pathogens in the oral cavity with close proximity to the bloodstream
- With normal dental care, only small amounts of bacteria reach the bloodstream; increases with poor care

Li, X., et al, 2000

Links:
- Inflammatory response associated with oral infection spreads, proliferates
- Tooth loss, pain results in nutritional deficits which compromise immune system
- Bacteria infect lower respiratory tract via aspiration, inhalation, spread from infected sites
Oral infection and Illness

- Illness/Impaired immune system function
- Reduced salivary gland output
- Increased oral flora

Aspiration and Oral Hygiene

- Millions of bacteria shed daily by gums, tongue, teeth
- Increases with disease, xerostomia, malnutrition, dental and periodontal disease
- Plaque re-development begins within minutes of removal; returns to original concentration within 24 hours
Oral Health in the Elderly

- Reduced salivary flow
- Medication effects – xerostomia, gingival overgrowth
- Functional dependence
- Cognitive impairment
- Staffing issues
- Care-resistive behaviors – refusing, biting, agitation, etc
- Financial access – lack of dental insurance
- Attitude re: utilization of dental care

So…

Oral care reduces aspiration pneumonia risk, risk of systemic infections...

That means….
Oral hygiene is a *medical intervention*
Oral Health Assessment

Oral Cavity:
- Overall cleanliness
- Presence of Infection
- Growths
- Bleeding
- White or red patches
Oral Health Assessment

Saliva
- Dry mouth?
- Thick, ropey secretions?

Saliva and Oral Hygiene
- Washes away oral debris
- Prevents bacterial attachment
- Lysozyme, Histatins attack pathogens
Saliva and Swallowing

68 Elderly SNF residents underwent salivary tests

- Increased medication use positively associated with low salivary flow and dry mouth
  
  And...
  
  - Low salivary flow was associated with difficulty swallowing

  deLima and Goncalves, 2013

Oral Health Assessment

Refer for medical/dental assessment...

- Loose, broken teeth
- Pain
- Infection
- New growth
Oral Health Assessment

To what extent can this patient be independent?
- Manual dexterity; arthritis
- Positioning
- Level of alertness
- Vision
- Cognition (attention, recall, ability to follow directions)
- Care-resistant behaviors

Oral Health Assessment

Other Considerations
- Presence of oral infection (thrush, e.g.)
- Chemo/radiation (high risk for infection)
- Xerogenic medications
Oral Health Assessments

› Brief Oral Health Status Examination
› Oral Health Assessment Tool
› Assessment of Current Oral Hygiene Care

Oral Hygiene Interventions
Oral Hygiene Intervention

- Oropharyngeal cleaning and decontamination with an antiseptic agent
- Develop and implement a comprehensive oral-hygiene program (that might include the use of an antiseptic agent) for patients in acute care settings or residents in long-term care facilities who are at risk for healthcare-associated pneumonia
- No recommendation can be made for the routine use of an oral chlorhexidine rinse

Guidelines for Prevention of Nosocomial Pneumonia – CDC, 2003

Oral Hygiene

An Oral Hygiene Program Should:

- Include assessment of oral cavity
- Include staff education
- Provide a specific protocol for staff to follow
- Provide access to an “expert” resource
- Encourage patient independence with self care; include written instructions
- Provide for sufficient tools, time

Oral Hygiene

Cleansing Agents

› Toothbrush is most effective tool! Removes plaque; stimulates gums; removes debris; increases saliva production

› Toothpaste – cleansing, protective against dental caries

› Consider pedi toothbrush – smaller, softer

› Foam brush is *least effective*

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Oral Hygiene

Cleansing Agents

› Tap water, saline when toothpaste not available/appropriate

› Rinse – alcohol free; helps control plaque

› Chlorhexidine (Peridex/Periogard): not appropriate for regular use; consider short term use
Oral Hygiene

Avoid Drying Agents

- Lemon glycerin and hydrogen peroxide – linked to decreased saliva production, enamel erosion and mucosal abnormalities; painful with cut tissue
- Glycerin promotes bacteria growth
- Mouthwash – choose alcohol free

Frequency:
- Disagreement in the literature: 2–6x/day

Best Practice:
- AM/PM Care
- After meals, snacks

And...
- Frequency should increase with patients with severe mucositis, oral infections, altered level of consciousness
- Intubated and/or trach patients: every 2–4 hrs.
Oral Hygiene

Duration:
- 1–2 minutes; include teeth and tongue (CDC)
- Again, disagreement in the literature but minimal acceptable would be 90 seconds (Harris, et al, 2008)

Oral Hygiene Interventions

Adaptations
- Built-up handles for toothbrush
- Flexible handle
- Power brushes
- Non–foaming toothpaste
- Floss holder
- Inter–dental brushes
What about aspiration?

- Swipe with mouth wipes (Ikeda, et al, 2014)
- Positioning – forward over sink
- Reduce/eliminate toothpaste
- Avoid swish with rinse – substitute rinse on swab instead
- Suction toothbrushes

Oral Hygiene Interventions

Suction toothbrushes
Sage Q-4 suction brush

Vac U Brush

Plak Vac
Oral Hygiene Intervention

Dentures
› Label appropriately
› Brush morning/evening; rinse
› Routine disinfection (minimum = weekly)
› Brush gums of edentulous patients
› Clean the denture cup too!

Oral Hygiene Interventions

Xerostomia
› Water, water, water
› Lip moisturizer
› Reduce alcohol, caffeine
› Saliva substitutes
› Medication review
But We Can’t Get it Done… Why Not?

- Lack of training
- Fear
- Distaste
- Lack of time
- Low priority on own oral health
- Lack of accountability
- Grooming, rather than a medical intervention
- Lack of pt/resident cooperation

Care–Resistant Behaviors

Actions “invoked by a care–giving encounter…identified as the repertoire of behaviors with which persons with dementia withstand or oppose the efforts of a caregiver”

Increase in frequency as dementia severity increases

Care–Resistant Behaviors

Limbic system (specifically the amygdala) detects threats and initiates protective responses; cortex receives these signals and assesses them, adds context

Dementia interferes with individual’s ability to assess, contextualize threats

Resident is no longer able to accurately assess threats; employ CRBs to protect themselves

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Care–Resistant Behaviors

*Triggers of CRBs in dementia:*

- Physical assistance (without verbal cues)
- Forceful insertion of swab or brush into mouth
- Lack of praise, encouragement
- Multi–step directions
- Unsmiling facial expression
- Pain
- “Elderspeak”
Behavioral Strategies

- Calm approach
- Avoid standing over the patient, resident
- Respectful communication
- Simple directions, gestures

Chalmers, JM 2000

Behavioral Strategies

Video of family members

- Pre-recorded videos of family members encouraging participation

O’Connor, et al, 2011
Behavioral Strategies

Encouraging participation

- Appropriate environment (i.e., bathroom in front of sink – not in bed)
- Place toothbrush in hand
- Hand over hand assist
- Chaining – initiate the task and encourage patient to continue
- Mirroring – caregiver mimes task on self

Jablonski, 2012

Behavioral Interventions

Distraction

- Bridging – Give resident something to hold (e.g., toothbrush, denture cup)
- Rescuing – replacement of one caregiver with another

Chalmers, 2000
Behavioral Strategies

*Grabbing/Hitting*
- Pain? Fear? Startled?
- Rescuing

*Won’t open mouth*
- Gentle touch to hands, then cheek
- Toothpaste on lips

*Biting toothbrush*
- Stop; don’t pull on brush
- Distract with touch to arm, head
- Toothbrush or tongue depressor as bite block

Behavioral Strategies

*Removing Dentures*
- Explain what you’re doing
- Give patient the denture cup to hold
- Hand over hand for removal
Environmental Strategies

- Quiet, familiar environment (e.g., patient’s personal bathroom) to trigger procedural memory, calm patient
- Establish routine in re: place, time
- As few people present as possible
- Smile on approach
- Limit touch
- Establish rapport before beginning oral care – tell the patient who you are and what you’re going to do

May also Consider...

- Soft toothbrush
- Brightly colored brush
- Anti-bacterial spray
- Wipe toothpaste on teeth
Improving Staff Participation

- Training
- Tools
- Time

Remember, this is a medical intervention!

Establish oral care “experts”

- Have primary responsibility for oral care in facility
- Serve as resource to staff, residents
- Consult with nursing, medical staff as needed
- Documentation

Wardh, et al, 2003
Improving Staff Participation

Accountability

› Oral Health “Coordinators” appointed in each of three test facilities
› Served as liaison between nursing and dental staff
› Provided education, information, supplies, etc to staff
› Ensured oral hygiene interventions were carried out
› All facilities reported improved oral hygiene in residents

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Staff Education

Incorporate Principles of Adult Learning:

1. Demonstrate relationship between oral hygiene and health, well-being
2. Increase confidence – use return demonstration; provide feedback
3. Stimulate Attention – use a variety of materials (video, physical demonstration, handouts, pictures, sample product, etc)
OK, But What About the Cost?

- Staff time
- Toothbrushes, toothpaste
- Adaptive equipment
- Rinses, etc.

What’s the Cost of NOT Doing Good Oral Care?

Remember?
Pneumonia = >87 billion dollars cost to Medicare annually
Oral Care and Cost Reduction

**Elderly in SNFs**
Compared those receiving professional oral/dental care to those who did not
Those not receiving care...

- Higher numbers of respiratory pathogens
- Higher incidence of aspiration pneumonia over a 24 mo period
- Higher incidence of *fatal* aspiration pneumonia


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**Oral Care and Cost Reduction**

**SNF Residents**
Oral care group received oral care after meals and demonstrated...

- Lower pneumonia incidence
- Fewer deaths from pneumonia
- Improvement in ADLs
- Improvement in cognitive function

Yaneyama, et al, 2002
Additional Resources...

www.mouthcarewithoutabattle.com

http://www.healthcare.uiowa.edu/igec/resources-educators-professionals/dentistry/default.asp


Now...

Go brush your teeth!