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Dentition: Oral Health, Hygiene and the Swallow (Part 2)

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Dentition: Oral Health, Hygiene and the Swallow (Part 2)
Denise Dougherty, MA, CCC-SLP
SpeechPathology.com
Part Two:

- Mouth care – in many facilities – is lacking or spotty at best. Poor saliva, oral bacteria and poor mouth care creates health issues and puts our patient’s health at risk.

- Staff are poorly educated on the rationale for mouth care AND how to do it!

- **Part Two** of this seminar will address the importance of mouth care, help you formulate talking points to educate your staff, identify the “how – to” for mouth care and provide resources to utilize to develop a mouth care protocol.
Learning Objectives Part Two

- Identify three health risks that are related to poor oral care.
- Identify talking points for educating staff on the benefits of mouth care.
- Describe the components of an evidence-based mouth care protocol.

AGENDA

Part Two!

- Why Oral Hygiene?
  - Health Risks!
- Mouth Care
  - Teeth and Tongue
- How to!
  - Mouth Care Protocols
Why Mouth Care?

**Concerns!**

- Chart review!
  - Disorders
  - Disease processes
  - Medications

- Dentition
  - Dentures?
  - Own teeth?
  - Condition!

- Medications cause or exacerbate
  - Xerostomia
  - Excess secretions
  - Mouth ulcers, stomatitis
  - Thrush
Drugs Treating These Conditions Potentially Cause Xerostomia (1)

- Anxiety
- Asthma
- Bipolar
- Blood pressure
- COPD
- Circulation
- Depression
- Diarrhea
- Fluid retention
- Heart failure
- Heartburn
- Pain
- Parkinson’s
- Restless leg
- Schizophrenia
- Spasticity
- Vomiting
- Nausea

Drugs Treating These Conditions Potentially Cause Dysphagia (1)

**Increased Secretions**

- Anxiety
- Circulation
- Schizophrenia

**Dysphagia**

- Asthma
- Bipolar
- Blood pressure candidiasis
- Diabetes
- Diarrhea
- Fluid retention
- Fungal infection
- Osteoporosis
Drugs Treating These Conditions Potentially Cause Mouth Ulcers, Thrush, Esophageal Ulcers

- Arthritis
- Asthma
- Bipolar
- Cancer
- COPD
- Constipation
- Depression
- Diarrhea
- Heartburn
- CNS infection
- Inflammatory disease
- Lupus
- Osteoporosis

Connection between occlusion and human brain function (2)

- Mastication may be
  - considered a mild and lifelong daily exercise
- Forceful chewing may be beneficial to pts w cognitive impairments
  - might help reduce wt. loss in cognitively impaired pts
- Rhythmic jaw movements stimulate activity in cerebral cortex
  - Increase cerebral blood flow
  - Activate parts of the cortex
  - Increase blood oxygen levels in prefrontal cortex and hippocampus – may play role for learning and memory performance
  - Possibility to prevent decline in brain function by improving masticatory function
- May alleviate mucosal inflammation, diminish risk of caries, increase lubrication of bolus for swallow and taste sensation
Diabetes and Oral Health

- Periodontitis - Systemic inflammatory response from inflamed periodontal tissue
  - exacerbates diabetes
  - worsens cardiovascular outcomes
  - Connection between cardiovascular disease and decreased size of olfactory bulb in brain!
  - Decreases sense of smell!
  - increases mortality

- Severe periodontal disease leads to tooth loss
  - Poor control of diabetes
  - Increased duration of diabetes

Chronic complications of diabetes – oral health!

Perioral diseases
- Gingivitis
- Periodontitis
- Xerostomia
- Candidiasis
- Oral cancer

Oral lichen planus
- Chronic inflammatory condition
- Affects oral mucous membranes
- Long lasting disease
- Bilateral white striations, open sores, plaques on buccal mucosa, tongue and gingiva
- Significant pain w oral intake

Leukoplasia
- Firmly attached white patch on mucous membrane
- Increased risk of cancer
- Can’t be scraped off
- Usually associated w tobacco use
Oral Pathogens and Increased Risk of Esophageal Cancer! (4)

- Abundance of periodontal pathogen (porphyromonas gingivalis) trended with higher risk of esophageal squamous cell carcinoma

- Significant predictors of increased risk of precancerous lesions of gastric cancer (PLGC)
  - Not flossing regularly
  - Higher prevalence of bleeding on probing
  - Elevated colonization with periodontal pathogens (5)

Pulpal Necrosis or Pulp Death! (6)

- Death of pulp with low grade inflammation around apex of tooth root overlooked by medical team
  - Pt. becomes frailer, less resilient and more belligerent
  - defensively aggressive, refuses to speak, eat or cooperate

- Painful!
  - remains undetected when communicative disorders mask source/extent of suffering

- Caries in frail elderly seriously threatens health and QOL
  - Might be more life threatening than generally known
Oral Health in LTC Facilities

Oral health generally very poor
- Chronic gingivitis
- Caries
- Missing teeth
- Chewing difficulties
- Discomfort & pain

- Widespread malnutrition in frail elders
- Studies report assoc. between candida albicans and denture stomatitis

Aspiration pneumonia risk significantly increased by
- decayed teeth
- presence of bacteria in saliva

Need to balance increased risk of decay vs. need for meds and high calorie food supplements w sucrose to maintain nutritional status
Oral Care for Institutionalized Elderly is Essential Component of Holistic Care! (8)

- Affects general health and personal well-being
- Oral disease causes pain & suffering w significant morbidity
- Lack of pain does not mean free from disease or infection
  - Sensitive to hot/cold
- Periodontal disease present for yrs. yet be relatively asymptomatic

Teeth
- Affect quality of life
- Helps mastication of healthy diet
- Important for communication, socialization and appearance

Oral Health Care (9)

- Diminished risk of/dying from aspiration pneumonia in care home residents
  - Risk factor for aspiration is bad oral health
- Potential respiratory pathogens found in oral plaque of frail older people
- Assistance w oral health care after each meal may reduce risk 2× improved swallow reflex
- Cough reflex sensitivity at 30 days was significantly higher when oral care done!
Mouth care

- Improved hygiene/frequent professional oral health care reduced AP 40% in high risk elderly

- Oral hygiene removes dental plaque (reservoir of potential respiratory pathogens) (13)

- Intensive oral care may reduce AP by improving cough reflex sensitivity in elderly NH pts. (11)

- Poor oral health impacts taste

- Increased bacterial growth assoc. w impaired taste (10)

Variables influencing risk of aspiration pneumonia directly (9)

- Salivary substance P
  - mediates swallowing and cough reflex
  - ACE inhibitors stimulate production of substance P

- Cough reflex sensitivity

- Levels of oropharyngeal pathogens
Older individual’s ability to perform good oral hygiene reduced by cognitive, visual and physical impairment

Oral health relies on
- good plaque removal
- low sugar diet
- adequate salivary flow

Good plaque control relies on
- fine motor skills
- adequate vision
- motivation

Plaque
- Sticky layer of bacteria
- Forms on all oral structures within minutes of being removed
- In all mouths including NPO pts.
- Hardens and becomes tartar or calculus
- Removed w scaling instruments
- Mouth care 2 x day should be in plan of care
Tooth Loss and Oral Function

- Leads to predominantly soft easy to chew foods**
  - Decreased stimulation of saliva 2° less chewing
  - Nutrient density of pureed food reduced 2° addition of liquid
  - Must consume greater volumes of energy diluted food to meet needs
  - High tongue driving force and increased pharyngeal pressure required to effectively clear very thick bolus from pharynx

- Reduced oral function may result in
  - restricted food selection
  - reduced nutritional benefit
  - wt. loss
  - dehydration

Fungal Infection

- Candida species

- Cause inflammation
  - especially under upper denture
  - red looking palate.

- Cause angular cheilitis
  - Red cracks at corners of mouth which can be crusted
  - Saliva collecting at corners of mouth can exacerbate condition

- Candida infections treated w antifungal cream – miconazole
Ulcers (8)

- Causes include trauma of any oral soft tissue
- Asymptomatic to extremely painful
  - NSAIDS for oral pain
- Usually heal within 2 wks.
- May be sign of underlying deficiency/disease
  - Iron deficiency
  - Upper or lower GI tract
  - Cancer
- Chlorhexidine mouthwash accelerates healing
- Carmellose sodium paste creates protective layer, useful in recurrent ulcers (orabase)

Stomatitis

- Denture stomatitis
  - Common oral mucosal lesion
- Common in elderly
  - Reduced oral & denture hygiene
- Risk w age-related chronic disease
  - type 2 diabetes mellitus
  - Drugs - Flagyl
  - age-associated immunocompromise
- Contact sensitivities to denture material
- Side effect of cancer tx
• Decreased taste, bad taste

• infection of buccal cavity
  • yeast overgrowth
  • antibiotics, steroids, immune dysfunction

• common in poorly nourished populations

• fluconazole or oral nystatin suspension
  • Swish & swallow
  • Failure to do provides ineffective tx for lesions in posterior pharynx, esophagus.

Mouth Care!

It’s not JUST the TEETH!
Healthy Adult Mouth

- Clean teeth, no decay and minimal plaque
- Intact fillings w no trauma to tongue or cheek
- Pink, firm gums/gingiva –not red and loose
  - Bleeding gums indicates of gum problems
- Dentures – partial or complete – clean w no rough edges
- Pink tongue and even texture w no ulcers
- Pink, smooth, moist mucosa and free from ulcers
- Assess lumps or suspicious areas such as white, red speckled patches, mouth ulcers present longer than 2 wks. ASAP

Tongue and mouth care

- Can’t taste w coated tongue
- Papillae trap bacteria, dead skin cells, food particles
- Cause bad breath, white discoloration of tongue
- Tongue bacteria redeposits on teeth/gums after cleaning
- Increased plaque, tartar buildup on teeth
- Tongue most common source of bad breath
Papillae:

• House taste buds

• Area of contact/friction w food

Helps tongue

• manipulate bolus

• position food between teeth during chewing

Tongue Coating and Lingual function!

• Correlation between amt. of tongue coating & reduced lingual function

• Tongue coating = Micro-organisms, food residues, abrasive epithelia

• Motor function of tongue, lips & saliva secretion decrease w aging & have effect on build up of tongue-coating

• Possible reduction of coating by functional training of tongue.
Rinsing mouth?

- Biofilm sticks to surface of tongue
- Rinsing w/ mouth rinse, only destroys outer cells of biofilm
- Cells beneath surface still active

Dry Mouth

Saliva has
- protective function
- lubricates oral cavity
- prevents trauma
- dilutes & neutralizes pH of oral cavity to protect tooth surface

Altered rates of salivary flow normal throughout day

Dehydration = reduced saliva
- Xerostomia is symptom of Sjogren's syndrome (autoimmune condition)
- Radiation involving salivary glands
  - substantial damage to gland tissue
Dry Mouth
Reduced salivary flow, common side effect of meds

- Antihypertensives
- Antidepressants
- Diuretics

30% of 65 yr. olds have xerostomia and salivary gland hypofunction

- unpleasant and uncomfortable
- difficulty speaking, swallowing, eating
- leads to malnutrition and wt. loss
- makes denture wearing awkward
- increases risk of dental decay

Saliva Substitutes
Gels placed on tongue and spread around mouth

- Mouth more comfortable, helps w wearing dentures
- Frequent sips of water encouraged
  - helps w speaking, eating, swallowing
- Refrain from sucking sweets (unless sugar free) or consuming drinks containing sugar
  - detrimental to integrity of any natural teeth
Mouthwash Ingredients

- Alcohol
  - Help kill bacteria/germs that contribute to tooth decay & bad breath
  - Avoid if dx w xerostomia
- Detergents
  - Dislodge/remove food debris, loose plaque
- Flavor
  - Flavors/colors improve look and taste
- Preservatives
  - Prevent growth of bacteria in mouthwash
- Water
  - Dissolve other ingredients
- Fluoride
  - Make teeth more resistant to acid, help defend against tooth decay
- Salt water
  - Natural mouthwash
  - Natural disinfectant
  - Helps w mouth ulcers or infections
  - Avoid long term use – eats away/softens enamel
  - Predisposes teeth to chipping and cavities

Mouth Rinses (12)
- Nystatin and chlorhexidine gold standard antimicrobial mouth rinses
- Nystatin effective against candida w/out side effects or fungal resistance since 1951
  - Treats oral, gi and esophageal candidasis
  - Not absorbed by GI tract, skin or mucosae
  - Low risk of toxicity – IV administration considerably toxic
  - Restricted to superficial infections
  - Gel preferred formulation for head/neck cancer pts
Chlorhexidine

- Used since 1940
- Should not use with nystatin
- Problems when combined with other substances such as fluoride and sodium lauryl sulphate found in dentifrice (toothpastes etc.)
- Wait 30 minutes between mouth rinse and toothpaste use
- NOT effective with gastrointestinal candidiasis

- 30% of active component remains in oral mucosa after single use
- Forms sulphides
  - gives tooth surface and tissues dark brownish color
- Temporary side effects
  - Dysgeusia (foul, salty, rancid or metallic taste sensation)
  - burning sensation
- Not metabolized and excreted via feces

NPO Patients

- Plaque buildup
  - Mouth becomes stagnant
- Too sore to brush
  - gauze or sponge sticks soaked in water or chlorhexidine .2% or diluted if feels too sharp
- If brushing tolerated
  - use small headed manual brush and non-foaming toothpaste
- Fluid in mouth kept to absolute minimum and remove to prevent choking/aspiration
NPO Patients

- Clean dry/cracked lips w water moistened gauze
  - protect w aqueous skin cream

- Cleaning tongue 1x day for 2 wks. w tongue brush immersed in mouthwash
  - Decreased # of anaerobic bacteria in mouth

- Mouthwash more effective for cleaning tongue in dry mouth of elders w tube feeding

Dental treatment w frailty

- Very time consuming
- Success depends on special attention to psychosocial influences on health and illness
- Rely on frailty as a health marker rather than chronological age when considering dental treatment
- Frail individuals have health issues that need consideration in addition to cognitive changes and limited life expectancy
Questions BEFORE Treatment!!

- Will treatment reduce pain/discomfort
- Can it be provided safely
- Will it improve QOL?
- In cognitively impaired pt.
  - Sedation for safe delivery of care
  - Is treatment worth risk of morbidity/mortality assoc. w sedation?
- Confident treatment provided, pt. will remain symptom free for remaining years of life?
- Does pt./POA FULLY understand benefits/burdens assoc. w treatment vs. no treatment?

How To’s and Protocols
Resources and Protocols

- **Mouth Care Guides and Forms**

- **Oral Health Assessment Tool**
  - [www.healthcare.uiowa.edu/igec/tools/oralhealth/OHAT.pdf](http://www.healthcare.uiowa.edu/igec/tools/oralhealth/OHAT.pdf)

- **Oral Health Screening Tool for Nursing Personnel – OHSTNP**
  - Based on Oral Health Assessment Tool – OHAT

- **Forms to Document Oral Care For the Nursing Home Patient**
  - Instructions – CNA’s & Nurse Supervisors, AM/PM Checklist, Weekly Assessment

Xerostomia Handouts

- **English** -

- **Spanish** -
**Oral Health Screening Tool for Nursing Personnel – OHSTNP**

Based on Oral Health Assessment Tool – OHAT

- Assists LTC nursing staff without preliminary training in identifying residents in need of dentist referral

- Reliable and valid for screening natural teeth, denture conditions and oral functions

- Takes between 144 and 202 sec.
  - ½ the time required for OHAT

- Time reduced if assistant available to record scores

**ASSESSMENT INCLUDES:**

- Lips
- Tongue
- Gums and tissues
- Saliva
- Natural teeth conditions
- Denture conditions
- Oral cleanliness
- Tongue protrusion beyond lower lip
- Cheek puffing test
- Articulation
- Oral intake - reported by resident & staff
- Coughing during meals - reported by resident & staff
Best Intervention to reduce incidence of aspiration pneumonia? (9)

Literature review – best intervention:

- Tooth brushing after each meal
- Cleaning dentures once a day
- Professional oral health care once a week
  - Dentists or dental hygienists

Knowledge and attitudes of caregivers are integral to delivery of oral care

Barriers to providing effective oral care
- Low priority – seen as burden
- Excessive workload – limited staff
- Psychological distress at working inside another person’s mouth
- Busy nursing staff lacking sufficient time (8)

Factors affecting efficacy of caregiver intervention in oral hygiene:
- Lack of knowledge
- Relationship between caregivers lack of knowledge and motivation
- Need for education session (13)
Nurses/Aides and Mouth Care Education

- Typically lectures or seminars presented by visiting dental personnel
- Studies showed benefits noted were usually short-lived
- Organizational structure in LTC long facilities and labor relations between administrators, nurses and care-aides in many facilities harbor hidden values and assumptions

Risk related burden plays important role in oral health related caregiver burden

- More difficult to perform oral care for elders requiring care than healthy people
- Reluctance to give oral care
  - lack of cooperation by elders, client not opening mouth
- Inappropriate oral care because of insufficient time for practice, difficulty in accessing the mouth etc.

Consider oral health care assistants
Oral Health Caregiver Burden Index  

0 = never, 4 nearly always

- I have no time to provide oral care services – **technique burden**
- My body aches when brushing – **technique burden**
- I want to delegate oral care to someone else – **technique burden**
- I experience hardship because caregiving does not give me a sense of “satisfaction” – **existential burden**
- I feel endangered when brushing for senior citizens – **risk related burden**
- I don’t know what to do about oral care on assistant – **technique burden**
- I feel uncomfortable because of unpleasant oral appearance and odor when brushing – **service related burden**
- I have a hard time because patients resent receiving oral care – **service related burden**
- Overall, how much burden do you think providing oral health care is to you – **overall burden**

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**Cleaning Tongue**

**Brushing**

- Toothbrush or tongue brush
- Gently scrub from back to tip w moistened toothbrush
- Do after brushing
  - Toothpaste residue still in mouth

**Scraping**

- Scraping surface takes off tongues’ layer of mucus, bacteria and trapped debris
- Scraper at back of tongue & slide to tip
- Rinse and repeat
- Prior to brushing teeth
Toothette® does not remove plaque - brushing better

Studies: (412 residents)
- 70%+ not seen dentist in 5+ yrs.
- 22% reported dental problem
- 82% unable to clean dentures
- 64% Staff cleaned denture
- 95% dentures unhygienic
- 33% stomatitis*
  - Pts w/ teeth – 75% unable to do mouth care
- 0% received assistance
- ½ tooth surface covered in plaque
- Calculus in 82% & cavities in 63%

Procedures before helping w oral care
- Plastic apron, gloves, protective eye wear
- ORAL CARE PLAN
- Inspect lips, mouth, teeth using flashlight
- Presence/absence of saliva, natural teeth, dentures, condition of dentures, standard of oral hygiene
- Complete risk assessment form (Bissett, pg. 18)
- Completion of daily oral care sheet
- Regular reassessment!
Brush after breakfast and before sleep
- How to brush teeth (Bissett, page 20)
- More difficult to brush own teeth if stroke, arthritis, Parkinson’s, dementia

Modify toothbrush w built up handle
- Electric toothbrush easier to hold
- Electric toothbrush w rotation oscillation more effective in reducing plaque and gingivitis
- Reduces muscle fatigue

Optimal plaque removal not always possible
- Protective benefits of fluoride and chlorhexidine!
- Toothbrush removes plaque but sometimes not possible to brush 2x discomfort or lack of compliance

Applying fluoride toothpaste topically w sponge applicator will go some way to protect teeth despite layer of plaque.
- High strength fluoride toothpastes available on prescription

Poor denture cleanliness

Permits
- Micro-organism proliferation
- Denture plaque formation assoc. w denture derived stomatitis

Denture adhesives used to
- Improve comfort and function of dentures by increasing retention and stability

Cream and powder adhesives
- Become viscous by absorbing saliva
- Spreads between alveolar ridge and mucosal surface of denture
- Leave residue that is difficult to remove from denture undersurface
- Residue limits effectiveness of daily cleaning, providing breeding ground for bacteria

Cushion adhesives fill gap between denture and oral mucosa to enhance fit
- Damage oral mucosa and cause resorption of alveolar bone
- Create impaired occlusion
Denture Care

- Moist dentures easier to remove
  - sip of water before removal

- Lift/rotate lower denture to remove one side, then the other

- Remove by gently rocking upper denture to break seal

- Reinsert, rotating back into place – moist dentures insert easier

- Reapply fixative after cleaning

- Regular removal/reapply new fixative especially important if oral fungal infections

- Soak 1 x day **min. of 20 minutes** – ideal time is overnight

- Plastic dentures – recommend diluted sodium hypochlorite, proportions used to sterilize baby bottles
  - Soak then place in cold water overnight, rinse before use

- Hot water rinse can bleach pink areas of dentures

Conclusions of 5 intervention studies

- Assistance w oral care after each meal assoc. w significant decrease in swallowing latency time
  - suggests reduced aspiration pneumonia risk

- Care providers clean mouth 5 min after each meal = significantly improved cough reflex sensitivity
  - suggests reduced aspiration pneumonia risk

- **Assigned oral hygiene aides** led to 3 fold risk reduction for dying from pneumonia vs. control group

- Levels of respiratory pathogens decreased/disappeared after **weekly professional oral health care**

- Gargling after lunch w povidone iodine less effective than professional oral health care
**Tongue Cleaning**

- Significantly decreased total # of oral microbes on tongue immediately after cleaning

- Tongue surface in elders requiring care
  - Large amt. of tongue coating
  - Tongue dryness makes coating difficult to remove

- Tongue surface moisture level increased w use of mouthwash and mouth moisturizing gel w moisturizing ingredient
  - Softens tongue coating for easier removal

- Water has no moisturizing agent
  - does not soften coating

- Papillae makes tongue surface rough
  - Biofilm/debris sticks

- Deep region between papillae is favorable environment for bacteria

- Lower viscosity solutions clean better than gels

- Maintaining high moisture level on tongue surface after cleaning keeps # of oral microbes low
Tongue Cleaning

- Mouthwash (low viscosity) reaches deep regions between papillae better than mouth moisturizing gel
  - Moistens dry biofilm
  - Oral microbes easily removed
  - Tongue cleaning w mouthwash keeps # of microbes on tongue surface low for longer period of time
  - # of oral microbes did not return to pre-oral cleaning levels until 5 hours after oral cleaning IF mouthwash used to clean!

Professional Oral Care

- 1 x week throughout 12 month study period
- Brush teeth w electric toothbrush and toothpaste w sodium fluoride, interdental cleaning w interdental brushes and toothpicks
  - Electric toothbrushes w rotation oscillation action more effective in reducing plaque and gingivitis
  - Oral B
- Resulted in decreased plaque score and decreased bacteria assoc. w periodontal disease
  - Plaque score did not show effects of intervention until 6 month exam
  - Decreased bacteria on tongue and supragingival plaque supported improved oral hygiene during 12 month study
Professional Oral Care 3 month study\(^{(20)}\)

Effects of interventions on oral hygiene and oral flora shows significant differences in groups with different dental status

- Pts had oral care plan for their specific oral status
- Mouth care
  - morning after breakfast and evening after dinner
- Staff training
  - improvement in oral care practices from the first month of implementation

- Best effect of intervention:
  - 1\(^{st}\) edentulous pts
  - 2\(^{nd}\) pts w full dentures
  - 3\(^{rd}\) natural teeth only
  - Worst in dentate participants w removable dentures – partials

Japanese study evaluated denture adhesive removal by denture cleaners

- Use of denture adhesives increasing
- No study has evaluated denture adhesive removal by denture cleaners
  - not all products tested available in US – several available on Amazon

- Denture cleaners categorized by active ingredients
  - Hypochlorous acid, peroxides, enzymes and mineral acids
  - Each eliminate bacteria differently

- Polygrip (adhesive) residue effectively removed w water
  - Area w residue decreased over time after immersion in all denture cleaners and water (polident containing enzymes and polident for partial dentures – both have hydrogen peroxide and enzymes)

- Greater proportion of water soluble material in polygrip \(^{(16)}\)
Rated easiest to hardest to remove:
- Powder adhesives
- Cream adhesives
- Cushion adhesives

Powder adhesives easiest to remove from denture base by immersion in denture cleaners and water – liquefied earlier and more completely than creams

Cream adhesives
- Effective removal required immersion in denture cleaners for over 12 hours

Cushion adhesives –
- Main component is water insoluble

STILL NEED MECHANICAL CLEANING! [18]

Mouth Care
- May need to do baby steps!
- Administration must buy into protocol
- Educate on protocol
- Document protocol followed
- Staff held accountable!
Remember……..

- Health risks related to poor oral hygiene
- Mouth care for teeth AND tongue important
- HOW TO......where to find information
- Mouth Care Protocols

Q&A
4. Oral Microbiome Composition Reflects Prospective Risk for Esophageal Cancers Brandilyn A., Peters, Jing Wu, Zhiheng Pei, Living Yang, Mark P. Purdue, Neal D. Freedman, Eric J. Jacobs, Susan M. Gapstur, Richard B. Hayes and Jiyoung Ahn DOI: 10.1158/0008-5472.CAN-17-1296 Published December 2017
11. Daily Oral Care and Cough Reflex Sensitivity in Elderly Nursing Home Patients Aya Watando, MD, Satoru Ebihara, MD, PhD, Takae Ebihara, MD, PhD, Tatsuma Okazaki, MD, PhD, Hidenori Takahashi, MD, PhD, Masanori Asada, MD, PhD and Hidetada Sasak, MD, PhD, FCCP. From the Department of Geriatric and Respiratory Medicine, Tohoku University School of Medicine, Sendai, Japan.

