



Optimizing Oral Health in Older Adults

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SEMINAR INSTRUCTOR



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GOALS AND OBJECTIVES

Oral Health Assessment



Common Oral Health Problems



PREVENTION



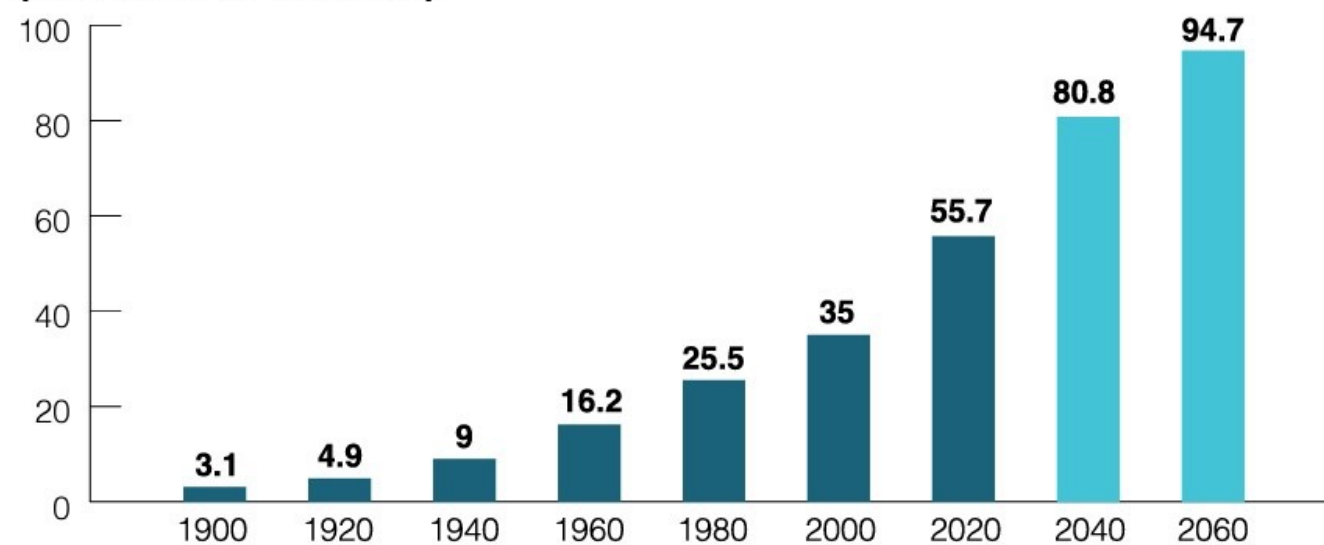


Oral Health for Older Adults

Why your dental health matters?



**Number of Persons Age 65 and Older, 1900-2060
(numbers in millions)**



Note: Lighter bars (2040 and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections



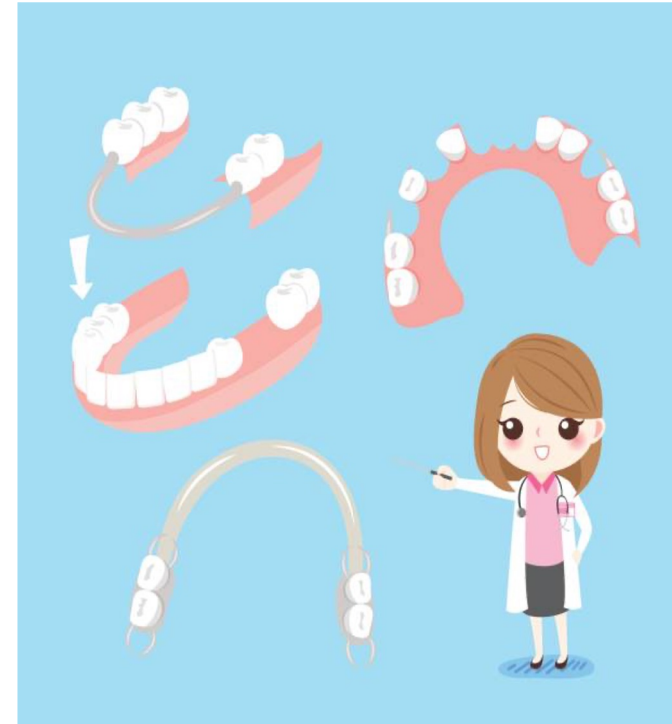
Growing Population

= Growing Oral Health Needs!



Oral Health Assessment

- Complete an accurate oral assessment of elderly patients.



Oral Health Assessment



Assess symptoms suggestive of oral problems.

Palpate:

- Neck, TMJ, FOM

Examine:

- Face and lips
- Teeth, gums, and prosthesis
- Evaluate hygiene
- Mucosal surfaces and saliva, both soft and hard palate
- Lateral borders and undersurface of the tongue
- Posterior pharynx

Oral Pain

- Common with almost 25% of adults report oral pain in the past year
- Communicating pain is often difficult
 - *Patients with disabilities*
 - *Non- verbal adults*
- Signs and Symptoms to look for in patients
 - *Agitated, refuse to eat, pull at the face*
 - *Swelling of the cheek or gum*
 - *Broken, decayed teeth*
 - *Ulcers, abscesses or fistula*
- Elder trauma – pay attention – ensure no abuse!

Oral Health Assessment & Elder Abuse

- Elder abuse is highly under-reported! First presentation may be oral

Broken, neglected teeth, or dentures

Black eye or broken nose

Bruises to chin, earlobes

Multiple bruises varying in healing stages

Finger marks on face or neck

Poor hygiene

Signs of malnutrition or dehydration

Unexplained or implausible injuries

Face and Lips

- **Examine at rest**

*Look for any facial deformity or lesions
Pay attention to dry, scaly, or ulcerated
areas -> Why?*



Normal



Squamous Cell Carcinoma



Angular Cheilitis

Gums and Teeth



Periodontal Disease

Oral hygiene / home care

Caries and root caries

Broken or worn teeth

Prosthesis



Gingival Recession
resulting in root surface exposure

Photo: John McDowell, DDS



Worn incisal edges and yellowing

Photo: UKCD



Dark Staining

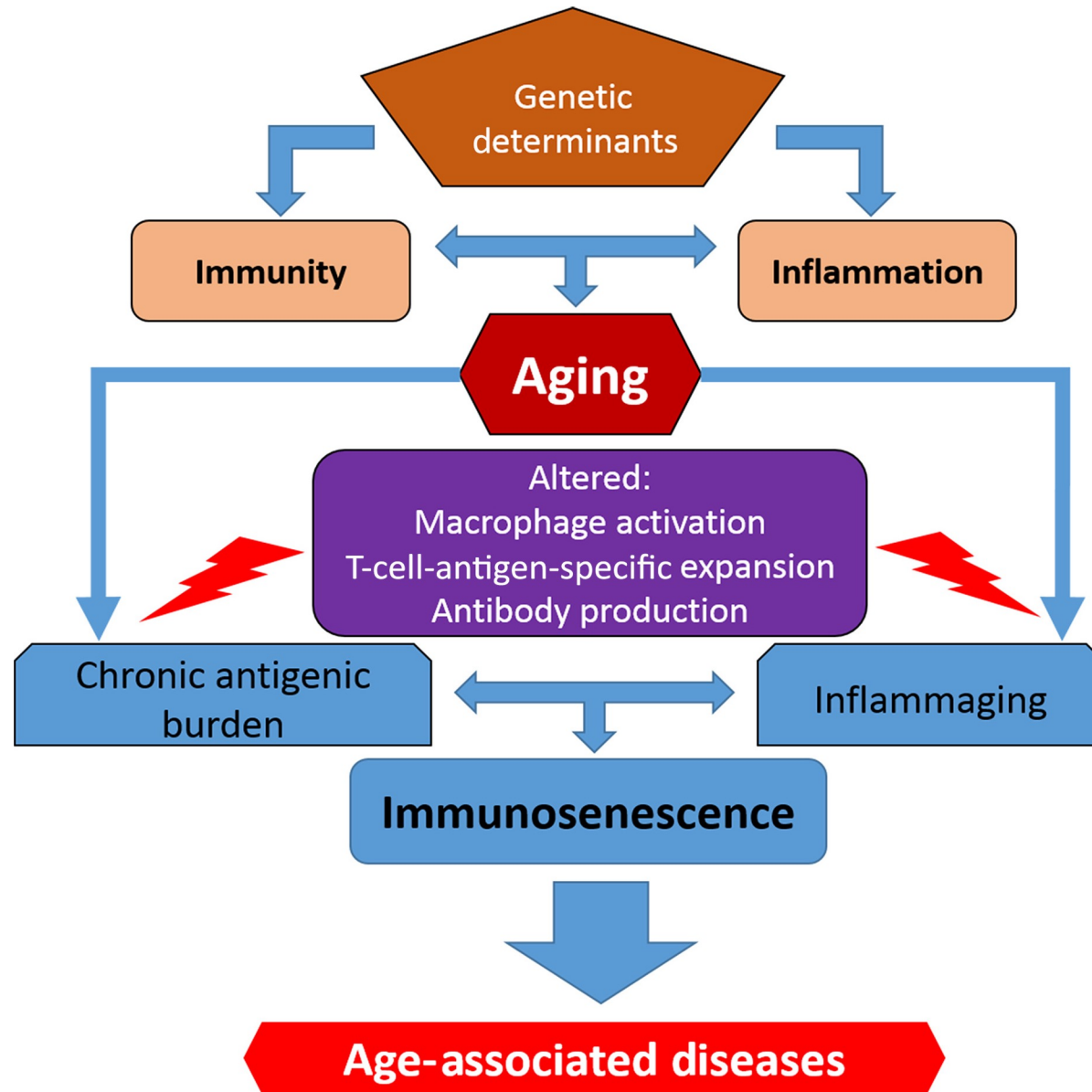
Photo: Robert Henry, DMD, MPH



Tobacco Staining

Photo: Robert Henry, DMD, MPH

Periodontal Disease and Aging



CAVITIES (Dental Caries)



High bacteria



Dry mouth (Xerostomia)



Poor Oral Hygiene



Poor Diet / Consumption of Sugary Food



Multiple Medication (Polypharmacy)

Treatment (least to most invasive)

Silver Diamine Fluoride

Fillings

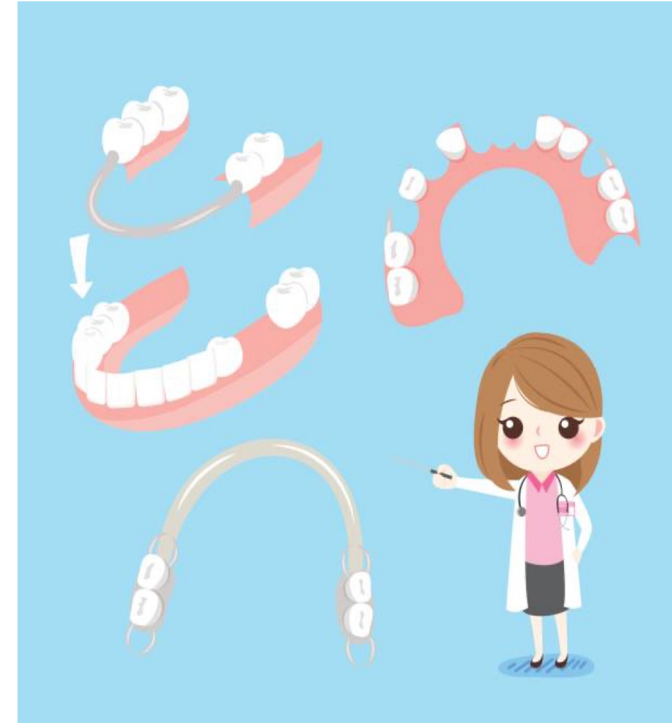
Root canal

Extraction

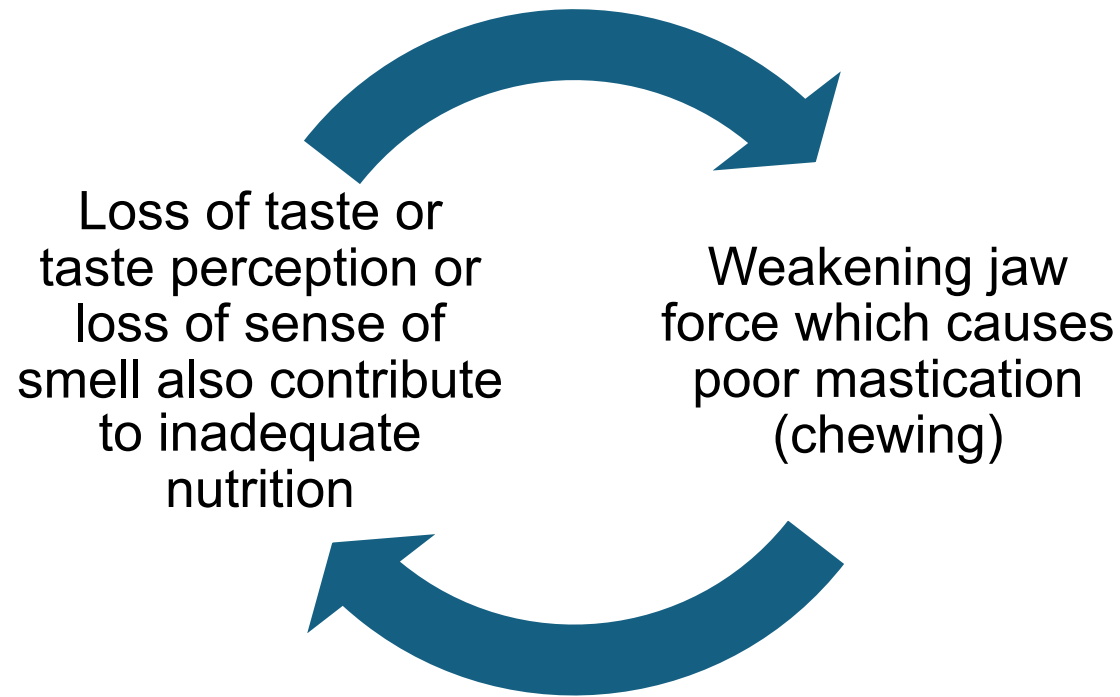


Common Oral Health Problems

- Important to identify and manage common oral health conditions in the geriatric population



Common Oral Health Problem: Aged Mastication & Musculature



Common Oral Health Problem: Root Exposure & Caries

- **Root Exposure**

Gum recession

- **Root Caries**

*Carbohydrates
+ Bacteria + Acid*



Root Caries

Photo: Robert Henry, DMD, MPH

Common Oral Health Problem: Gum Disease

. Gingivitis & Periodontitis

Symptoms: Tenderness, Red, & Bleeding.

Treatment: Good home care

Regular dental visits

Stopping irritants: ex: tobacco

Referral to gum specialist if continues

Oral antibiotics or Topical solution ex: Chlorohexidine

Common Oral Problems: Denture Problems

- **Ulcerated mucosa due to irritation from prosthesis**

Ill-fitting prosthesis

Poor oral hygiene

Leaving in prosthesis; example: overnight

- **Angular Cheilitis**

Insufficient vertical height

Assess denture/ Remake

Treat with antifungals

Biopsy if non-healing

Maxillary Ridge Ulceration



Angular Cheilitis



Common Oral Problems: Denture Problems Continued

- **Denture Stomatitis**

Signs are red areas (erythema)

Symptoms are uncommon

Dominant etiological factor: fungal infection

Treatment: Mechanical plaque removal

Proper denture wearing habits

Topical Antifungal

Denture Stomatitis



Photo: Robert Henry, DMD, MPH

Common Oral Health Problems: Oral Cancer

Leukoplakia “white patch”

Erythroplakia “red patch”



Etiology: Premalignant



Symptoms: Subtle white or red patch



Symptoms: Elevated plaques ulcerated



Treatment: Biopsy if over 2 weeks

Common Oral Health Problems: Oral Cancer

Epidemiology

Alcohol and tobacco

Human Papilloma Virus, HPV 16

Sunlight (lip cancer)

Betel nut

Symptoms

Red or white patches existing beyond 2 weeks

Ulcers that bleed easily or do not heal

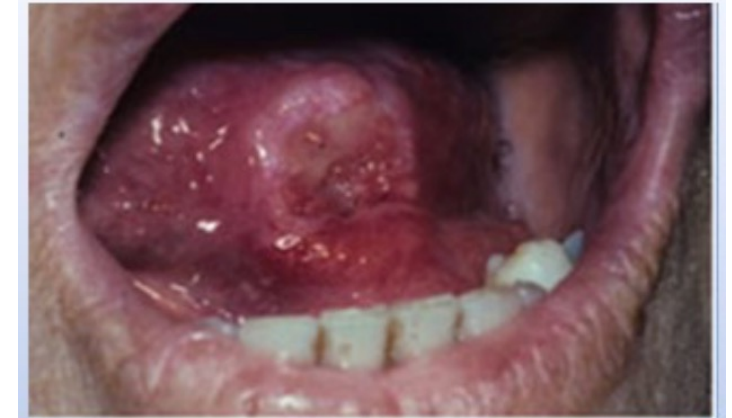
Masses

Treatment

See your dentist

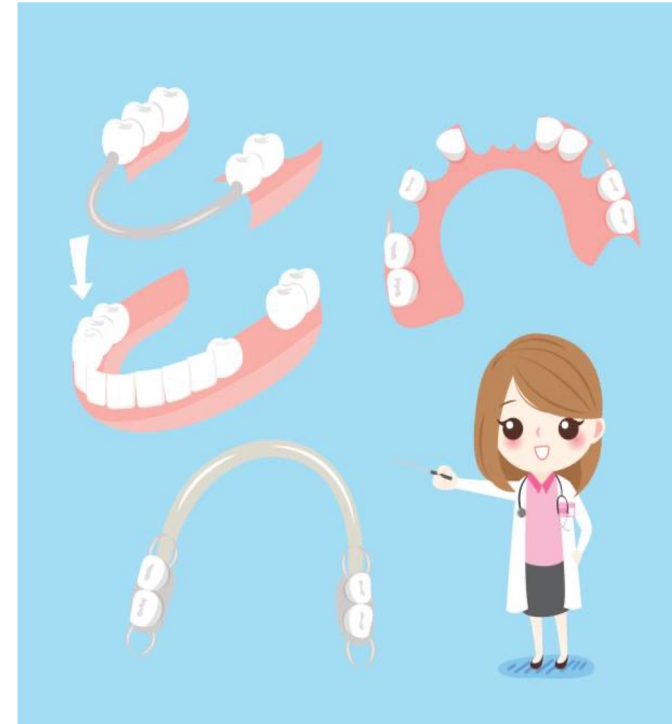
May be referred to specialist

Biopsy



Oral Effects from Medications

- **Common oral effects of medications**



Common Medications & Oral Effects

Medications	Adverse intraoral Effects
Phenytoin, methotrexate, calcium channel blockers	Gingival Overgrowth
IV Bisphosphonates	Osteonecrosis
Chemotherapy and radiation therapy	Stomatitis and mucositis
Steroids	Candidiasis
Nifedipine in Type II diabetics	Periodontal disease
Sugar containing medication preparations, e.g. syrups	Dental caries
Progesterone, nitrates, beta and calcium channel blockers	Dental erosions due to gastric reflux
Antihypertensives, antidepressants, antihistamines, diuretics	Xerostomia

Common Oral Effect from Medication

- **Xerostomia “Dry Mouth”**

Sensation of dry mouth; Decreased salivary flow

Medication Related

Rheumatic Disease

Sjogren's Syndrome

Post radiation therapy

Exam: *mucosa is dry and friable in appearance*

No pooling of saliva at floor of mouth

Management: *Ask physician for medicine substitution*

Avoid irritants: alcohol, caffeine, smoking

Avoid sugary drinks and food

Sip on water

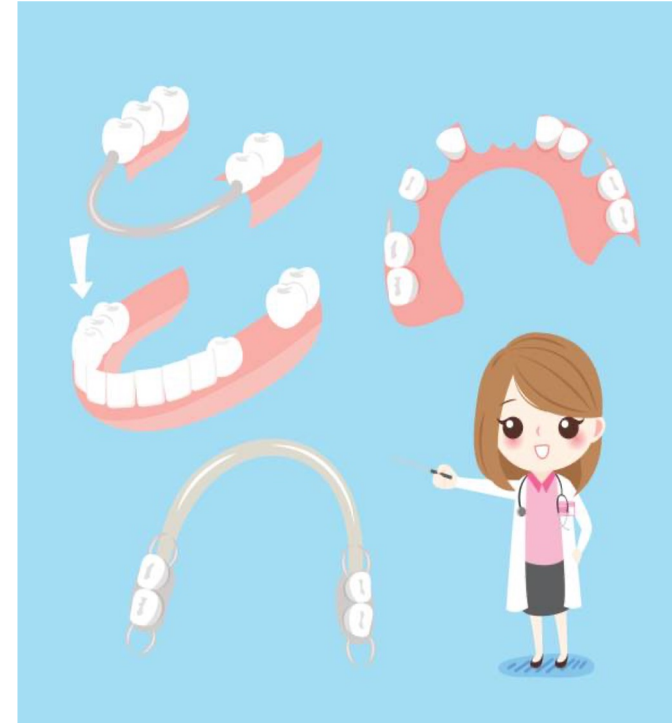
Sugarless gum and mints

Saliva substitutes, Salivary stimulant like pilocarpine



Oral Preventive Care

- **Implementing effective oral preventative measures**

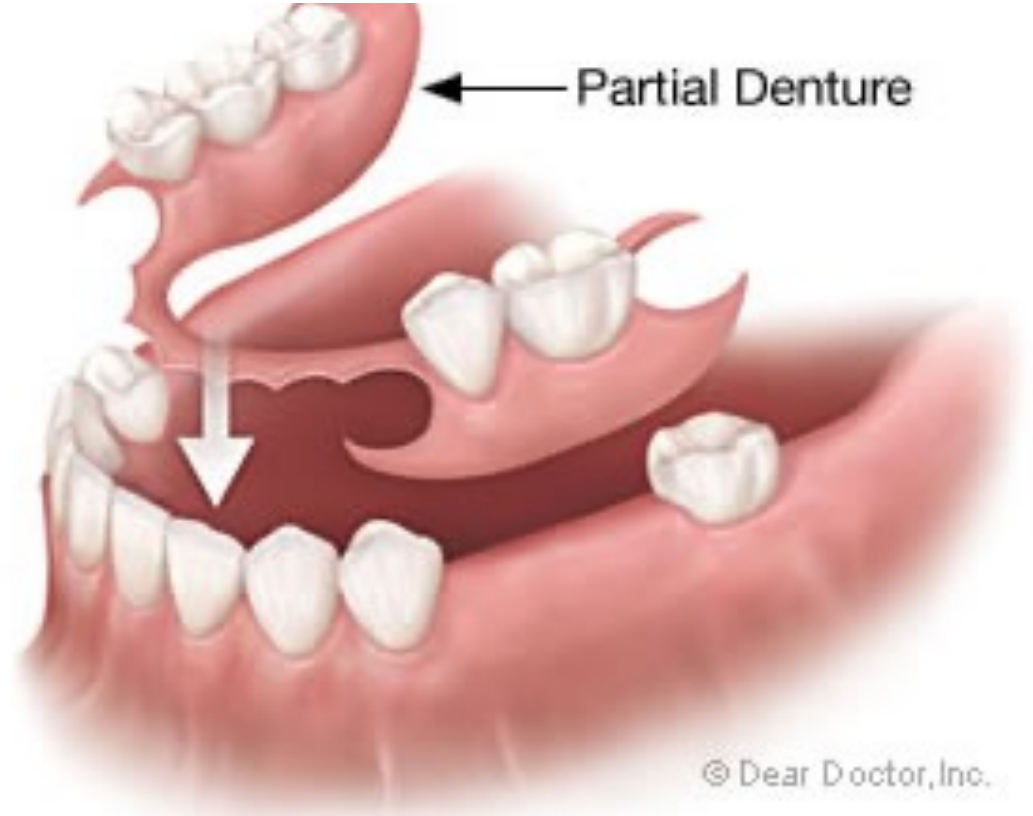


Prevention: Patient Steps

- **Maintain good oral hygiene/ home care**
 - *Brush your teeth for two minutes twice per day with a soft toothpaste*
 - *Use a fluoridated toothpaste*
 - *Floss at least once per day*
 - *Use a mouth rinse (Listerine, Biotene, ACT, or Colgate) once or twice per day*
- **Maintain good dietary habits**
 - *Drink tap water – tap water contains fluoride, which will help keep your teeth strong*
 - *Avoid sugary snacks and drinks*
 - *Avoid alcohol and tobacco*
- **Visit the dentist on a regular basis**
 - *Even if you have dentures!*

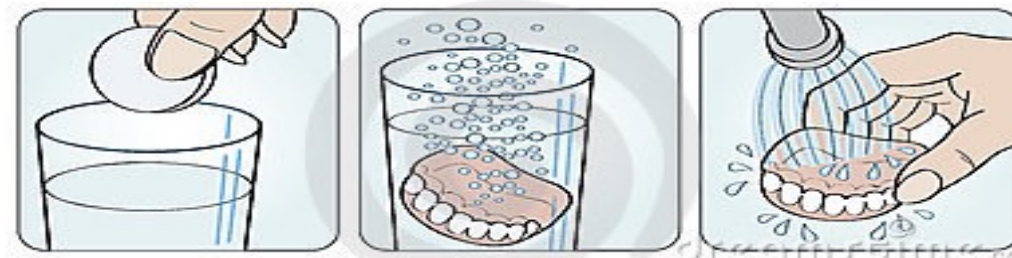


Surround Toothbrush



Prevention: Prosthesis Care

- Make sure to remove your denture daily
- Soaking your denture overnight in a solution such as Polident can kill up to 99.9% of bacteria
- Before brushing your denture with a soft bristle toothbrush, make sure to rinse it to remove any debris
- After cleaning your denture, make sure to brush the inside of your cheeks, gums, tongue, and teeth



Prevention: Prosthesis Care

Resources

Older Adult Oral Health: Fact About Older Adult Oral Health

https://www.cdc.gov/oralhealth/basics/adult-oral-health/adult_older.htm

Oral Health Tips: What Can Adults Do to Maintain Good Oral Health?

<https://www.cdc.gov/oralhealth/basics/adult-oral-health/tips.html>

Taking Care of Your Teeth and Mouth:

<https://www.nia.nih.gov/health/taking-care-your-teeth-and-mouth>

Geriatric Oral Health: A Review Article:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4295446/>

Smiles for Life: Geriatric Oral Health

<https://www.smilesforlifeoralhealth.org>

NIHAN Tip Sheets for the 4Ms:

<https://www.nihan.care/older-adults-families/tip-sheets-2/>



Creating an Age-Friendly Health System & Dementia-Friendly Community in Nevada

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NEVADA SENIOR
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alzheimer's
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QUESTIONS?



THANK YOU