



## Dental Health and the Geriatric Patient

The following is intended as a general guideline for those who have been diagnosed with some of the conditions discussed below. For specifics on an individual patient please consult with the attending Dentist directly and review all consult notes and orders related to that Resident's care. For additional information on general dental care topics please visit [www.ada.org](http://www.ada.org).

### Dental Education

Age in and of itself is not a dominant or sole factor in determining oral health. However, certain medical conditions, such as arthritis in the hands and fingers, may make brushing or flossing teeth difficult to impossible to perform. Drugs can also affect oral health and may make a change in dental treatment necessary. Daily brushing and flossing of natural teeth is essential to keeping them in good oral health. Plaque can build up quickly on the teeth of seniors, especially if oral hygiene is neglected, and lead to tooth decay and gum disease. Some of the most common dental conditions associated with Residents of Senior and Long Term Communities are:

- Dry Mouth.** Dry mouth is caused by reduced saliva flow and can cause decay in the oral cavity. This can occur as a result of cancer treatments that use radiation to the head and neck area. Dry Mouth can also be caused by many medications. Because many Residents of Long Term Communities are being treated with a variety of medications, Dry Mouth is more common in this population and frequently can cause decay in the oral cavity. Other consequences that can be associated with dry mouth include thrush infection, burning mouth syndrome and loss of denture retention. **Thrush infections** are also common when dentures are worn overnight for extended periods of time.
- Root Decay.** This is caused by exposure of the tooth root to decay-causing acids. The tooth roots become exposed as gum tissue recedes from the tooth. Roots do not have any enamel to protect them and are more prone to decay than the crown part of the tooth. The lack of dexterity in a geriatric patient can result in ineffective brushing at the gum line which will result in an increased risk of root decay.
- Gum Disease.** Gum disease is caused by plaque and associated bio film buildup and is compounded by food being left in teeth, the use of tobacco products, poor-fitting bridges and dentures, poor diets, and various diseases, such as anemia, cancer, and diabetes, all of which are common problems for this population. **Gum disease is a leading cause of tooth loss.**
- Ill-Fitting Dentures and Partials. Bone Loss** can occur over time in patients that are lacking a natural dentition. As the bone resorbs it makes denture fit with less and less retention. Adhesives must be used to make up for bone loss and at a certain point there may not be enough bone left to support a prosthesis. A significant change in weight can cause dentures and/or partials to no longer fit comfortably. Due to metabolic changes, the mouth can often become irritable, sore, or easily damaged. The gums frequently react unfavorably to the pressure of dentures and healing is often slower with elderly patients. Elderly patients also take longer to adapt to a new denture so patience and perseverance is needed. Dentures can be removed for a few days, and reintroduced slowly to alleviate problems with denture sores. Dentures can be relined to fit more tightly if they are otherwise in good shape. New dentures can be difficult for anyone to get used to but elderly patients who are used to wearing the same set of dentures for the past several decades may take longer to become comfortable with their new denture.
- Residual Root Tips.** It is not uncommon for patients that have had multiple extractions to have root tips or bony spicules work to the surface post-operatively. Roots may inadvertently be left in place during extractions if the risk of tissue damage during attempted removal is too great.

### To Maintain Good Oral Health-Regardless of Age

- Brush at least twice a day with a toothpaste containing fluoride and floss at least once a day.
- Be seen by a Dentist at least once a year for a cleaning and an oral exam even if the Resident does not have any teeth.  
During an oral exam, your dentist will check the following: your face and neck for skin discoloration, moles, sores; your bite for any problems in how the teeth come together while opening and closing your mouth; your jaw for signs of clicking and popping in the temporomandibular joint; your lymph nodes and salivary glands for any sign of swelling or lumps; your inner cheeks for infections, ulcers, traumatic injuries; your tongue and other interior surfaces for signs of infection or oral cancer; and your teeth for decay, condition of fillings, and cracks. If you wear dentures or other appliances, your dentist will ask you a few questions and will also look for any irritation or problems in the areas in the mouth that the appliance touches, and examine the denture or appliance itself looking for any worn or broken areas.

### Referrals to Community Dentists

It is not uncommon to refer a Resident to an outside community dentist for recommended dental treatment. Those treatments may include the need for special surgical treatment, especially in the cases of multiple extractions, broken teeth that require bone removal concurrent with extraction treatment or non-compliant patients that cannot tolerate treatment without sedation or controlled dental environment.