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Book Chapter: Oral Health in Older Adults

1. Which of the following *best* describes as to why older adults usually fail to seek adequate preventive dental care?
 - a. Lack of mobility.
 - b. Poor value judgment.
 - c. Inadequate insurance coverage.
 - d. Barriers in access to care.

Answer: d.

Discussion: Dental insurance is typically provided as a benefit for working individuals; therefore, retired persons on fixed incomes are not likely to have dental insurance coverage. In addition, Medicare and Medicaid do not cover dental procedures. The rising costs of prescription drugs cause retired individuals to make a choice about where they will spend their health care dollars. Access to care may be affected by several barriers. Among the most common are high costs associated with dental care, transportation to dental clinics, and disabilities that affect mobility.

2. Which of the following systemic illnesses does not have a known or suspected bidirectional relationship with oral health?
 - a. Crohn's disease.
 - b. Diabetes.
 - c. Pneumonia.
 - d. Epstein–Barr.

Answer: d.

Discussion: Chronic systemic disease and oral disease share common risk factors. There are over 100 systemic diseases that have oral manifestations, such as cardiovascular disease, stroke, chronic respiratory disease, diabetes, and nutritional deficiencies. This is a bidirectional relationship, the link being inflammation. Periodontal pathogen and inflammatory mediators that are pronounced in the oral

cavity may access the circulation and have systemic effects. Stroke patients may have impaired manual dexterity; therefore, oral hygiene will usually deteriorate on the affected side. Epstein–Barr is causative or contributory in various viral infections and in itself is not a true systemic illness.

3. Which of the following oral hygiene aids would be helpful for patients with arthritis or recovering from a stroke?
 - a. Oral irrigator.
 - b. Power toothbrush
 - c. Adaptive floss aids.
 - d. All of the above.

Answer: d.

Discussion: Patients may all benefit from using adaptive floss aids, power toothbrushes and oral irrigators. Pictures and a two-minute egg timer ensure that the patient will be brushing long enough with the proper 45° angle at gumline to remove the bacterial plaque. In addition, a caregiver may need to assist with proper oral care. However, although an oral irrigator is an extremely useful preventive instrument, it does require reasonable dexterity to operate, limiting its usefulness in a patient with severe arthritis or recovering from a stroke.

4. The primary reason why caries rates among older adults are growing faster than in children is best explained by which of the following?
 - a. Dietary considerations.
 - b. Insufficient water fluoridation.
 - c. Repositioning of gumline with increased age.
 - d. Increased retention of plaque biofilm.

Answer: d.

Discussion: Longitudinal data for older adults suggest that they may have more caries (decay) than children, although the latter are the primary recipients of caries-prevention services. Currently, water fluoridation is the main caries prevention program that affects older adults.

Because of gum recession, older adults are more prone to have decay on the exposed root area next to the gumline. This area lacks the protective hard enamel coating; therefore, it is softer and more affected by the plaque biofilm and resulting gingival inflammation. The *primary reason* for increased caries rates in all populations centers around retention of plaque on the dentition. This fact is due to the bacterial component in biofilm that converts carbohydrates to acids capable of decaying calcified tooth structure. Older adults may struggle with dexterity issues that further complicate adequate biofilm removal. For further decay prevention, older individuals should limit the frequency and amount of carbohydrate exposure.

5. What is the most effective way to ensure that institutional barriers in dental access to care for older adults are being more adequately addressed?
 - a. Provide improved oral hygiene training of nursing staff by expert dental hygienists.
 - b. Directly utilize more dentists within the facility.

- c. Change laws and statutes to improve language in access to care.
- d. Employ more nursing staff dedicated to dental health needs.

Answer: a.

Discussion: Studies have found the nursing staff needs more training by expert dental hygienists and recommend that long-term care facilities consider hiring dental hygienists to assess oral health and oversee oral care. In addition, policymakers and insurance companies need to come together to increase oral health policies and provide reimbursement for older adult dental patients. Standards and protocols need to be implemented to ensure that oral care goals are met. Steps to improve a nursing staff's performance in addressing the patient's preventive dental needs would undoubtedly have a positive impact; midlevel dental hygiene professionals are ideally poised to oversee oral care in an institutional setting.