



Choose
health!

ML MIDDLESEX-LONDON
HEALTH UNIT

Keeping Seniors Smiling

CONTROLLING ORAL INFECTIONS

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Oral health affects overall health

- Cavities, gum disease, tooth loss, oral cancer
- Mouth pain and infection
- Links to:
 - Heart disease, stroke
 - Lung infections
 - Diabetes
 - Poor nutrition
 - Rheumatoid arthritis
 - Osteoporosis

Social impacts of poor oral health

- Learning potential
- Employability
- School and work attendance and performance
- Self-esteem
- Relationships

Oral health status among elderly Canadians (60-79 years)

- 100% are affected by one or more decayed, missed, or filled teeth (DMFT)
- 21.7% are edentulous
- 14.2% rated their oral health as poor or fair
- 12.7% avoiding foods because of problems with their mouth
- 7.4% reporting persistent pain or ongoing pain anywhere in their mouth.

Defining the problem

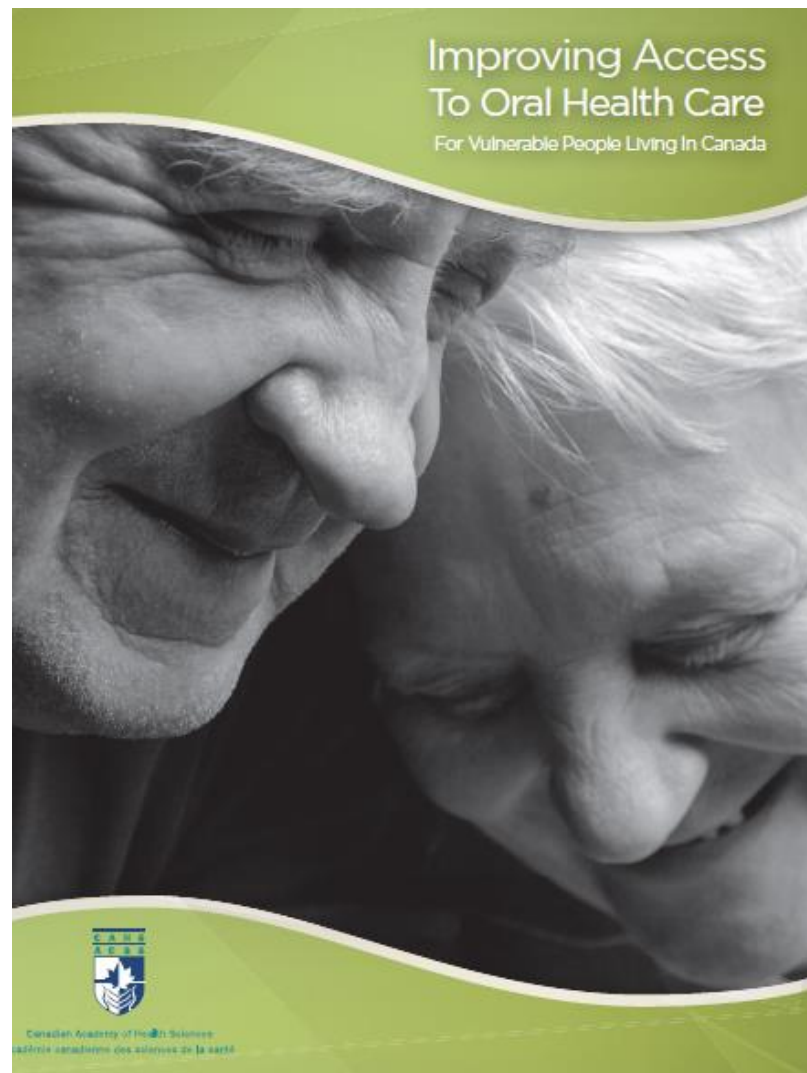
- Limited income
- Loss of dental benefits
- Limited mobility & fear
- Dependency of living in residential care
- LACK OF PERCEIVED NEED
- Complex dental care including bridges, crowns, some or many natural teeth
- Complex medical care

Dental disease is preventable... and treatable

ORAL HEALTH POLICIES
TO CONTROL
ORAL INFECTIONS
IN YOUR FACILITIES

What kinds of policies?

Canadian
Academy of
Health Sciences
(Sept2014)



Potential solutions

Screening of residents in facilities

Labelling of dentures, oral hygiene aids

On-site preventive care

Treatment & rehabilitative care

Appropriate training

Require flexible use of health care professionals and non-professional caregivers.

Tasks need to mesh into protocols already in place.

Consideration of payment schemes

Acknowledge special needs & challenge

Lack of Ontario government funding & policy specific to oral health of low-income adults and seniors

- Prevention = Cure
- Early treatment is less expensive, less invasive, and less medically complex***
- Canadian Academy of Health Sciences
- Toronto Oral Health Coalition
- Association of Community Health Centres
- Ontario Oral Health Alliance
- Ontario Association of Public Health Dentistry

Ontario specific?



Practical solutions – in the meantime

Let's have a conversation

Screening

 *instrument*

Labelling

 *train staff*

Causes of disease

 *diet, habits*

On-site & dental office care

 *referral*

Screening

- Black holes or ditches
- Breaks or chips
- Sensitivities with cold food, drink, and air



Screening

- Red, swollen gums
- Bleeding with brushing and flossing
- Boils
- Halitosis



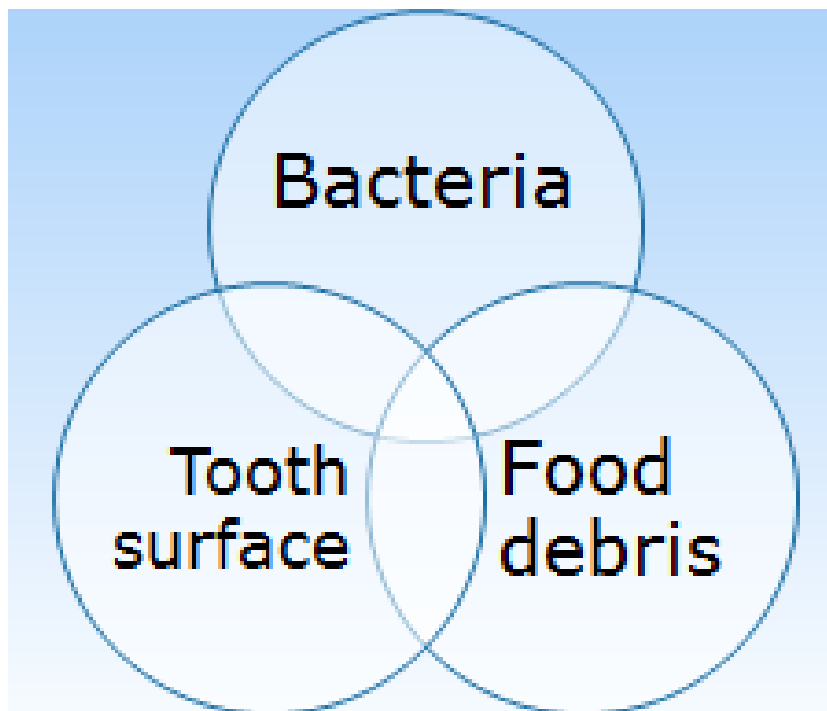
Screening

- Dropping & floating
- Large chips & missing false teeth
- Covered in solid, hard debris
- LABELLING



Controlling infection

- TIME



Mouth care

- Brush teeth at least twice a day with fluoride toothpaste
- Use fluoride mouth rinse or high fluoride toothpaste nightly before bedtime
- Electric toothbrush or larger handle if poor dexterity
- Floss nightly before bedtime
- For larger gaps between teeth, use thicker floss or yarn
- Baking soda as toothpaste or mouthrinse

Denture care

- Brush denture with denture cleaner or mild soap and water nightly
- Clean any remaining teeth and gums nightly
- Always take dentures overnight
- Follow dentist's or denturist's instructions about overnight care for your dentures
- Consider labelling dentures with your name

Nutrition

- Avoid sugary, sticky foods
- Avoid overly acidic foods and drink
- Consume higher sugar and higher acidity foods with meals rather than as stand alone snacks
- Drink primarily water between meals
- Choose fruits and vegetables over fruit and vegetable drinks, dried snacks, and bars