

DENTAL HEALTH IN LONG TERM CARE FACILITIES

IN-SERVICE TRAINING

CURRICULUM

**PENNSYLVANIA DENTAL HYGIENISTS' ASSOCIATION
Public Health Council
3 CEUs**

INSERVICE TRAINING

Introduction:

Statistics prove that the elderly especially those residing in long term care facilities have limited access to oral health care due to availability and financial resources. The Pennsylvania Dental Hygienists' Association feels that if oral health training for the staff were incorporated in these facilities, elderly would have a better quality of life.

Activities:

A survey will be given out to the facility prior to the visit so that the dental hygienist can become familiar with the needs of the staff and residents.

A dental hygiene professional will visit the nursing home and provide in-service training to the staff, using visual aids and hands-on demonstrations.

The presenter will show products and provide literature that should be read and passed on to other staff members as well as family members. Topic will include: Tooth decay, periodontal disease, mouth lesions, xerostomia, ill fitting dentures and palliative treatment and appropriate referrals. Hygiene instructions will be given by using typodonts.

Following the presentation, an evaluation will be completed by the participants.

Two weeks following the presentation, the trainer will call the facility to answer any questions or concerns that the staff may have encountered.

Information gathered from the survey, evaluation and phone feedback will drive changes to improve the curriculum and program format.

Section I: pages 3 – 7
"Dental 101", Connection between Oral Health and Total Health, Plaque Removal

Section II: pages 8 – 16
Oral Cancer, Oral Lesions and Xerostomia

Section III: pages 17 – 21
Oral Health in Nursing Homes

Section I:**"Dental 101", Connection between Oral Health and Total Health, Plaque Removal****Objectives:**

1. The caregiver will have a basic understanding of
 - Oral anatomy and the function of each component
 - The balance between Oral Health and Oral disease
 - The plaque removal for natural teeth and dentures
2. The caregiver will, through basic knowledge, value preventive oral hygiene and nutrition practices in the long term care facility

The Instructor will be able to explain:

1. The function of the parts of oral anatomy – teeth, gums and soft tissue, saliva, tongue.
2. The balance between disease and health – biofilm, body defense system, dietary habits, influence of medications and disease, hygiene habits, fluoride intervention
3. The possible relationship of oral disease and systemic disease
4. Natural teeth versus dentures – functional comparison
5. Plaque removal for natural teeth and for dentures using a variety of tools
6. How to select the hygiene tool(s) appropriate for the patient

Supplies:

1. Picture of Oral Cavity
2. Picture of biofilm
3. Picture of Oral Balance
4. Typodont
5. Toothbrush, grip, Sonicare Demo, flosser, toothpicks, interproximal brush, tongue scraper, mouth prop
6. Picture of Ultrasonic Cleaner
7. Xylitol gum
8. Sensitivity toothpaste
9. Biotene products, including mouthwash
10. Product resource list

1. Anatomy of the mouth

- Teeth are held in place by bone and gums
- Natural teeth "exercise" the bone in the jaw and keep it from being lost – dentures do not exercise the bone and bone disintegrates (dentures that once fit become loose; bridges that once were next to gum now have a space between tooth and gum)
- The tissue inside the mouth is very absorbent due to thin tissue and a rich supply of blood – food and chemicals are taken into the blood stream and therefore your body, quickly
- Tongue and cheeks help to move food and mix with saliva
- Major salivary glands located in cheeks, floor of mouth
- Minor salivary glands in roof of mouth (accounts for some loss of taste in denture wearers)
- Food digestion begins in the mouth –teeth grind the food into bits that mix with saliva; carbohydrates (bread, pasta, etc.) turn into sugar

2. The Balance of Oral Health

- The mouth contains over 5 billion germs – some potentially harmful to the health of the body

- In order to become “pathogenic” or cause disease, a germ needs to adhere and settle onto a surface (teeth, dentures, tongue, gums)
- Once the germ adheres, it is called plaque – a sticky coating that in a day or two of being left alone (not disturbed by toothbrush or floss for example) the plaque becomes organized into a “biofilm”
- Biofilm is a colony of different kinds of germs that can channel nutrients into the center of the colony and channel waste products out. A biofilm protects the members of the colony from harm. This big, happy family of germs is harder to kill with mouthwash, and even antibiotics. A biofilm can cause disease.
- Biofilm is commonly found in nature – think of the vase of flowers that after a few days, develops a slimy, stinky coating on the stems and vase
- Just like the flower vase, biofilm is responsible for bad breath
- The older the biofilm (organized plaque that is left undisturbed) the more harmful it gets, potentially the cause of tooth cavities, gum disease and bad breath
- Saliva has natural germ killers and flushes the teeth and gums so that germs do not have a less of a chance to stick onto places where they can hide and do damage.
- When we sleep, saliva output is slowed and our mouth is not moving – the natural protection against disease is not as effective. Teeth coated with a bedtime snack are at the highest risk for decay.
- A healthy immune system, adequate oral hygiene, and plenty of saliva will keep the balance – keep germs under control

3. What is a Cavity?

- The germs in your mouth that cause cavities are “sugar loving”.
- These sugar loving germs hide in the pits and fissures of back teeth, between teeth, at the gum line or any place you don’t disturb them.
- When the germs have leftover food stuck on the teeth, they eat it, digest it and produce an acid as a waste product.
- The acid waste product lowers the pH of the mouth for about 20 minutes and the enamel on the teeth starts to dissolve.
- The saliva tries to “re-mineralize” the damage tooth enamel, and will adjust the pH in the mouth back to neutral in about 20 minutes.
- Fluoride (low frequent doses from fluoridated water and toothpaste) also will repair early damage – the repair is harder and stronger than the original enamel.
- The problem is when we constantly snack and drink sugary liquids (soft drinks are very acidic, even if sugar free) – the teeth are always under “an acid attack”; the saliva does not have a chance to neutralize the acid and repair the weakened tooth enamel.
- Sucking on hard candy is very damaging, especially for people who have “dry mouth” or inadequate saliva.
- If a person “pouches food”, the risk for decay is high.
- The dissolved enamel allows the germs to get through the protective coating of the tooth and attack the softer center of the tooth.
- If the cavity is not cleaned and filled, the germs could get to the root of the tooth – the living part, full of nerves and blood vessels.
- Exposed Roots at high risk for decay – spreads rapidly and is difficult to restore (fill)
- Germs in the root cause an infection that causes pain, and potentially life threatening systemic disease.

4. What is Gum Disease?

- Gum disease is an infection of the tissue that holds the teeth in place.
- Early stages of infection are called "gingivitis".
- Gingivitis is reversible, meaning that with adequate oral hygiene (biofilm removal) the gum tissue will heal.
- Most people have or have had gingivitis during their lives.
- Common symptoms of gingivitis are swollen, red and bleeding gums
- Chronic gingivitis or gum disease allows the infection to damage the supporting tissue – gum tissue is destroyed and pockets around the teeth become deeper.
- When the infection is no longer reversible (tissue does not grow back) the gum disease is called "periodontal disease".
- 20 – 30% of the population has destructive periodontal disease
- Deeper pockets allow more damaging germs to thrive (the ones that do not like oxygen). Living deep in the pockets, they cause the body to launch a defense attack that actually destroys the body's cells during the battle. The destroyed cells involve the bone that supports the tooth.
- If enough bone is destroyed before the battle is stopped (with treatment at a dental office and improved home care), the gum recedes, exposes the softer root.
- Exposed roots are at high risk for decay. This kind of decay progresses quickly and is harder to repair.
- As the tooth loses its bony support, it may become loose and finally fall out.
- Using tobacco products decreases the body's defense against germs in the mouth. Tobacco users are at a very high risk for Periodontal Disease.

5. What Causes Tooth Sensitivity?

- Exposed roots
- Tooth brush abrasion
- Cavities
- Cracked or leaking fillings
- Cracked teeth

Treatment for Tooth Sensitivity:

1. Dental diagnosis and treatment for cavities
2. Fluoride application
3. Sensitivity treatments – fluoride toothpaste, varnish or self applied gel
4. Sensitivity toothpaste – not effective
5. Reduce toothbrush abrasion – correct tooth brushing, soft toothbrush, electric toothbrush (toothpaste formulas currently are not abrasive)

6. The Connection between the Mouth and the Health of the Body

- Research has shown a connection between oral disease and the risk for diseases in the rest of the body.
- An infection in your gums allows the high load of harmful bacteria in your mouth to enter the blood stream and/or be aspirated into the lungs.
- Respiratory Infections: a person with chronic gum disease has a higher risk for respiratory infections. Germs from the mouth are aspirated into the lungs.
- Diabetes: a person with diabetes has a higher risk for gum disease and tooth decay. A person with gum disease (periodontal disease) may have a harder time controlling blood sugar levels.

- Heart Disease and Stroke: a person with chronic gum disease has a higher risk for heart attack and stroke. The body's reaction to the gum infection promotes a substance that builds plaque/clots in blood vessels.
- If gums or mouth tissues are sore, saliva is not plentiful, dentures or teeth are loose, a person does not have the ability to chew and digest nutritious food. A person cannot be healthy unless the mouth is healthy.

7. Oral Hygiene

- Thorough plaque removal/biofilm disruption must be done daily to prevent disease.
- Demonstrate Products using typodont: toothbrush (demonstrate correct tooth brushing and advise that toothbrush needs to be replaced at least every 6 months),
- Electric/sonic toothbrush, inter-dental or sulcular brush, floss, toothpick, floss holders, tongue scraper (since 90% of the bacteria in the mouth live on the tongue, disrupting biofilm on tongue dramatically reduces bacterial colonies in mouth and may be the single most effective hygiene habit to improve bad breath).
- Adapting Products for a person with disability: Mouth prop, large grip for toothbrush
- Toothpaste: flavor choices make the difference for how tolerable brushing routine can be, sensitivity ingredients, formula to prevent canker sores
- Fluoride for High Risk Patients: Prescription formulas, office applied varnish
- Mouthwash: alcohol vs. non-alcohol, essential oils to kill germs vs. breath freshener (discuss difference between Listerine and Scope)
- Xylitol and sugar-free gum, toothpaste, mouthwash and mints – chewing sugar-free gum, whose first ingredient is Xylitol will reduce decay risk by lowering the ability of germs to colonize.
- Cleaning dentures: denture brush, toothpaste, denture soak, ultrasonic bath

Section II: Oral Cancer, Oral lesions and Xerostomia

Objectives

1. Familiarize support staff with the concept of looking in the patients' mouth for lesions.
2. Show pictures of what lesions look like
3. Demonstrate with models where lesions most likely appear
4. Familiarize support staff with xerostomia

The Instructor will be able to explain:

1. What are common lesions.
2. How to palliative treat some of the common lesions.
3. How lesions can make eating, talking and other daily living skills difficult
4. That if oral cancer is diagnosed early it can be treated
5. Symptoms, causes and problems a patient might have when they have xerostomia and treatment that is acceptable
6. When to refer the patient to a dentist or physician.

Materials

1. Large mouth model
2. Flip Chart
3. Dry Mouth pamphlet from National Institute of Health

1. Oral and pharyngeal cancer

- 30,000 cases diagnosed annual in US, half are fatal within 5 years.
- Worse than prostate, breast, uterine, cervix, bladder, colon or rectum cancer. Oral cancer accounts for about 8% of all malignant growths.
- 95% cases in people over 45 years old
- 18% incidence increase in African Americans
- Men are affected twice as often as women, particularly men older than 40.

Expectations (prognosis)

- Approximately 50% of people with oral cancer will live more than 5 years after diagnosis and treatment. If the cancer is detected early, before it has spread to other tissues, the cure rate is nearly 75%. Unfortunately, more than 50% of oral cancers are advanced at the time the cancer is detected. Most have spread to the throat or neck.
- Approximately 25% of people with oral cancer die because of delayed diagnosis and treatment.
- If a lesion of the mouth or lip or a lump in the neck are present and do not clear within 1 month, refer to physician for evaluation. Early diagnosis and treatment of oral cancer greatly increases the chances of survival.

Major risk factors:

Oral or mouth cancer most commonly involves the tissue of the lips or the tongue. It may also occur on the floor of the mouth, cheek lining, gingiva (gums), or palate (roof of the mouth). Most oral cancers look very similar under the microscope and are called squamous cell carcinomas. These are malignant and tend to spread rapidly.

- Smoke and smokeless tobacco and heavy alcohol use combined - Smoking and other tobacco use are associated with 70-80% of oral cancer cases. Smoke and heat from cigarettes, cigars, and pipes irritate the mucous membranes of the mouth. Use of chewing tobacco or snuff causes irritation from direct contact with the mucous membranes.
- HPV type 16 - HPV 16 oral cancer is passed through oral sex and can generally be found in the palatine and lingual tonsil areas. Oral cancer due to HPV16 has reduced the male/female ratio of oral cancer from 6:1 to 2:1.
- Poor dental and oral hygiene and chronic irritation (such as that from rough teeth, dentures, or fillings).
- Some oral cancers begin as leukoplakia or mouth ulcers.

Symptoms:

- A sore on the lips, mouth or cheek that does not heal in 2 weeks
- Lingering red or white patches on the gingival, tongue, tonsil or oral mucosa
- A lump present on one side of the mouth or cheek
- A sore throat or a feeling that something is caught in the throat
- Difficulty chewing or swallowing
- Numbness of the tongue or other area of the mouth
- Swelling of the jaw that causes denture to fit poorly or become uncomfortable
- Persistent ear pain
- Hoarseness or voice changes
- A lump or mass in the neck, behind the ear, or under the jawbone
- Abnormal taste

OC lesions are frequently found in the posterior part of the oral cavity, soft palate, tongue, but can be on the lips, cheeks, floor of mouth, gums or hard palate.

- Usually small
- Most often pale colored, may be dark or discolored
- May be a deep, hard edged crack in the tissue
- Usually painless initially
- May develop a burning sensation or pain when the tumor is advanced

An examination of the mouth by the health care provider or dentist will show a visible or palpable (can be felt) lesion of the lip, tongue, or other mouth area. As the tumor enlarges, it may become an ulcer and bleed. Speech difficulties, chewing problems, or swallowing difficulties may develop, particularly if the cancer is on the tongue.

References <http://www.nlm.nih.gov/medlineplus/ency/article/001035.htm>

2. Mouth sores

Various types of sores can appear anywhere within the mouth, including the inner cheeks, gums, tongue, lips, or palate.

Common Causes

Most mouth sores are cold sores (also called fever blisters), canker sores, or a mechanical irritation caused by:

- Biting your cheek, tongue, or lip

- Chewing tobacco
- Braces
- A sharp or broken tooth or poorly fitting dentures
- Burning your mouth from hot food or drinks
- Drugs, including chemotherapeutic agents for cancer, aspirin, barbiturates (used for insomnia), gold (used for rheumatoid arthritis), penicillin, phenytoin (used for seizures), streptomycin, or sulfonamides.

Prevention

- Avoid very hot foods or beverages
- Reduce stress
- Avoid mechanical irritation (a sharp or broken tooth or ill-fitting dentures)
- Chew slowly
- Use a soft-bristle toothbrush

Refer for medical evaluation if:

- The sore begins soon after you start a new medication
- You have large white patches on the roof of your mouth or your tongue (this may be thrush or another type of lesion)
- Your mouth sore lasts longer than 2 weeks
- You are immunocompromised (for example, from HIV or cancer)
- You have other symptoms like fever, skin rash, drooling, or difficulty swallowing

Treatment (may depend on the underlying cause of the mouth sore):

- Topical anesthetic (applied to a localized area of the skin) such as lidocaine or xylocaine
- Antifungal medication may be prescribed for oral thrush (a yeast infection).
- Anti-viral medication may be prescribed for herpes lesions (although, some feel that this does not shorten the length of time that the lesions are present)
- Antibiotics may be prescribed for severe or persistent canker sores.

Home Care

Mouth sores generally last 10 to 14 days, even if you don't do anything. They sometimes last up to 6 weeks.

The following steps can make you feel better:

- Gargle with cool water or eat popsicles. This is particularly helpful if you have a mouth burn.
- Avoid hot beverages and foods, spicy and salty foods, and citrus
- Take pain relievers like acetaminophen

Cold Sore/Fever Blister/Herpes simplex-oral

- Cold sores are caused by herpes simplex virus and **are very contagious.**
- Usually, symptoms of tenderness, tingling, or burning occur 2 days before the actual sore appears.
- Begin as blisters and then crust over.
- The herpes virus can reside in your body for years, appearing as a mouth sore only when something provokes it. Such circumstances may include another illness, especially if there is a fever, stress, hormonal changes (like menstruation), and sun exposure. Most Americans are infected with the type 1 virus by the age of 20. Contact may occur directly, or through contact with infected razors, towels, dishes, and other shared articles.
- Skin lesions or rash around the lips, mouth, and gums
- Small blisters (vesicles) filled with clear yellowish fluid
- Blisters on a raised, red, painful skin area

- Blisters that form, break, and ooze
- Yellow crusts that slough to reveal pink, healing skin
- Several smaller blisters that merge to form a larger blister
- Mild fever (may occur)

Treatment:

Wash blisters gently with soap and water to minimize the spread of the virus to other areas of skin. An antiseptic soap may be recommended. Applying ice or warmth to the area may reduce pain.

Complications:

- Spread of herpes to other skin areas
- Secondary bacterial skin infections
- Recurrence of herpes labialis
- Generalized infection -- may be life-threatening in immune-suppressed people
- Blindness (Herpes infection of the eye is a leading cause of blindness in the US, causing scarring of the cornea)

Prevention:

- Avoid direct contact with cold sores or other herpes lesions.
- Minimize the risk of indirect spread by thoroughly washing items in hot (preferably boiling) water before re-use.
- Do not share items with an infected person, especially when herpes lesions are active. To prevent the spread of herpes sores, do not kiss or have oral sex with someone with a cold sore or fever blister. Do not share razors, lip balm, toothbrushes, or lipsticks.
- Avoid precipitating causes (especially sun exposure) if prone to oral herpes lesions.
- If you get cold sores often, taking L-lysine tablets or increasing lysine in your diet (found in fish, chicken, eggs, and potatoes) may reduce outbreaks. However, if you have high cholesterol, heart disease, or high triglycerides, DO NOT use L-lysine.

Canker sores

A canker sore is a common form of mouth ulcer, which appears as a painful white or yellow ulcer surrounded by a bright red area. A canker sore can be triggered by emotional stress, dietary deficiencies (especially iron, folic acid, or vitamin B-12), menstrual periods, hormonal changes, food allergies or trauma in the mouth. Canker sores usually heal without treatment within two weeks.

- **Are NOT contagious** and can appear as a single pale or yellow ulcer with a red outer ring, or as a cluster of such lesions.
- The cause of canker sores is not entirely clear, but may be related to
 1. a virus
 2. a temporary weakness in your immune system (for example, from cold or flu)
 3. hormonal changes
 4. mechanical irritation
 5. stress
 6. toothpaste with the ingredient "sodium lauryl sulfate" or SLS
- Usually appear on the inner surface of the cheeks and lips, tongue, soft palate, and the base of the gums.

- For unknown reasons, women seem to get canker sores more often than men. This may be related to hormonal changes.
- Less commonly, mouth sores can be a sign of an underlying illness, tumor, or reaction to a medication.
- RAS Canker sores (Aphthous ulcers) are very common. Typically, they are a shallow ulcer with a white or whitish/yellow base surrounded by a reddish border, Halo border is bright red (a red halo may not always be present). This ulcer is seen in an individual with AIDS and is located in front and just below the bottom teeth.

Prevention:

- Doctor may recommend folic acid and vitamin B12 to prevent outbreaks

Treatment:

- Rinse with salt water
- Apply baking soda
- Apply hydrogen peroxide (1 part hydrogen peroxide and one part water with a cotton swab) to the canker sore. Then dab a small amount of milk of magnesia on the canker 3-4 times a day. This is not only soothing, but appears to help healing.
- Non-prescription preparations, like Orabase, can protect a sore inside the lip and on the gums. Blistex or Campho-Phenique may provide some relief of canker sores and cold sores, especially if applied when the sore initially appears.
- Apply ice to the lesion.
- Take L-lysine tablets.

Anti-viral medications for herpes lesions of the mouth may be recommended by your doctor. Some experts feel that they shorten the time that the blisters are present, while others claim that these drugs make no difference.

Oral Thrush

- Characterized by ulcers or lesions in the mouth (usually on the tongue or inner cheeks) caused by the yeast fungus *Candida albicans*.
- Common in people who wear full dentures, smoke or are ill
- On antibiotics, corticosteroids, immunosuppressive drugs, having chemotherapy and or radiation, have diabetes, AIDS or have malnutrition they could also have Candidiasis.
- The person often has dry mouth.

Symptoms:

- Painful
- Slightly raised area
- Creamy white appearance
- May appear curd-like ("cottage cheese" appearance)
- CAN BE WIPED OFF

Treatment:

- The first is to improve your immune system's ability to function. For example, in diabetics, good control of diabetes may be enough to clear the infection without other treatment.

- The second is to directly treat the infection. For this purpose, your doctor may prescribe an antifungal mouthwash or lozenges to suck on. These are usually used for 5-10 days. If they don't work, other medication may be prescribed.
- If the infection has spread throughout your body or you have HIV/AIDS, stronger medications may be used, such as ketoconazole (Nizoral) or fluconazole (Diflucan).

Expectations (prognosis):

In adults, oral candidiasis can be cured. However, the long-term outlook is dependent on your immune status and the cause of the immune system deficiency.

Complications:

The candida organism can spread throughout your body, causing infection in your esophagus, brain, heart, joints (arthritis), or eyes. If you have frequent outbreaks of thrush, your doctor may recommend taking antifungal medication on a regular basis to avoid recurrent infections.

3. Xerostomia

Symptoms of Xerostomia:

- Sticky dry feeling or a burning in the mouth
- Difficulty while eating or swallowing
- Mouth sores or cracked lips
- Dry rough tongue
- Dry throat
- Dry nose and eyes
- Sandy gritty feeling in eyes
- Constipation
- Heartburn

Complications of Xerostomia:

- Person may have difficulty tasting and smelling
- Chewing
- Swallowing
- Speaking
- Mouth infections may occur
- Tooth decay
- Spicy or salty foods may cause pain
- Bad breath
- Difficulty wearing dentures or appliances
- Vaginal itching, burning, dryness, yeast infection

Causes:

- Over 400 medications and over the counter drugs can cause xerostomia
Drugs for the treatment of allergies, incontinence, high blood pressure, depression and other psychological disorders, rheumatoid arthritis, and cancer treatments
- Injury to the head or neck
- Caffeine, tobacco, alcohol
- Diabetes, HIV/AIDS, Parkinson's disease and Sjogren's disease

Treatment:

- Sipping water frequently or other unsweetened drinks can help.
- Using citrus flavored sugar-free gum or hard candy can also help.
- Rinsing with non-alcohol mouth rinse or rinses specific for dry mouth and or using toothpaste for xerostomia will help reduce discomfort.
- Certain medications can be prescribed if the symptoms are severe
- Alterations to current meds could be made.
- Using an extra soft toothbrush softened in warm water will make brushing more comfortable.

References

<http://nihseniorhealth.gov/drymouth/selectPrint.html?dir=/drymouth/faq>

<http://www.nlm.nih.gov/medlineplus/ency/article/001448.htm>

Section III: Denture care, Social Issues, Diet and Caries

Objectives:

1. The staff will be able to recognize signs and behaviors of ill fitting dentures.
2. The staff will know the procedures for cleaning removable and full dentures.
3. The staff will realize the importance of daily removal of dentures.
4. The staff will become familiar with both oral hygiene products as well as denture cleaning and adhesive products accepted by the American Dental Association.
5. The staff will be able to identify early signs of possible problematic areas as a result of ill fitting dentures, decay, periodontal disease and broken teeth, dentures or appliance clasps.
6. The staff will act as a social worker in recognizing social and eating disorders which may be caused by an oral health problem.
7. The staff will be able to net work with dental health professionals so that the patient is provided with the necessary dental treatment.

1. Dentures

Dentures replace missing teeth. There are three types: fixed partial, partial and full dentures

Fixed Partial Dentures (Bridges) (cannot be removed from the mouth)

1. Natural teeth support fake tooth/teeth
2. Care –
 - Brush as you do natural teeth
 - Clean between fake teeth and gum line with floss and threader, single tufted brush or interdental brush

Full Dentures and Partial Dentures

1. Partial dentures are held in place by clasps that rely on natural teeth for support.
 2. Full dentures are held in place by suction to the mouth's anatomy. In time the mouth changes due to bone loss and dentures will not fit. With this change, suction will not be possible and a denture adhesive will be necessary to retain dentures.
 3. Dentures that cover the palate, masking many taste buds, do not allow proper taste. Denture wearers may not enjoy eating as much as when they had natural teeth.
 4. Dentures provide surfaces for bacteria and fungus to attach and create opportunity for infections.
 5. If dentures are not removed at night, the natural tissues of the mouth do not have a chance "to breathe" (think of how your feet would be if you never took off your shoes!) and are at risk for infections, especially fungal infections.
 6. Weight loss due to lack of chewing abilities can be the result of toothaches, xerostomia or ill-fitting dentures
- Signs of ill-fitting dentures:
 - loss of interest in socializing with their friends
 - resident is not interested in wearing their denture
 - extra wrinkles around the mouth
 - clicking of dentures
 - slurred speech
 - constant use of denture pads
 - change in the appearance of the denture

-ongoing pain or sore spots in the mouth

- Ill-fitting dentures can result in:
 - Poor chewing and indigestion
 - Mouth sores – chronic abrasion can result in oral cancer
 - If partial denture – loosening of supporting teeth
- 7. Routine Care of Dentures – the impression surface of the denture must be kept meticulously clean
Deposits on unclean dentures can cause mouth irritation – hard irritants rub the tissue and chemical irritants (food debris and bacterial by-products)
 1. rinse denture under running water after meals
 2. brush with water, soap or toothpaste or immerse in a chemical cleaner before soaking in water overnight
 3. clean denture over sink lined with a face cloth (for cushioning) or containing water – if denture is dropped, this will prevent breakage;
grasp firmly, but too tight of a grasp may bend a partial denture
 - rinse off food debris and saliva with running water
 - remove denture paste – do not scrape with a sharp instrument
 - brush entire denture with tooth brush or denture brush
 - use chemical cleaner (i.e. Polident) as often as necessary to keep denture stain and tartar free – twice weekly is a good regimen – do not use a chemical cleaner for dentures with metal parts unless product is designated for partial dentures. Chemical cleaners have bactericidal and fungicidal action.
 - dentist may prescribe a specific product for patients at risk for fungal infections
 - brush denture bearing tissue
 - brush natural teeth with a tooth brush not used for brushing denture
 - massage denture supporting tissue – thumb and index finger, soft toothbrush or power assisted brush
 4. residents should remove their denture before sleeping (bedtime) and keep in a container covered with clean water
- A dentist must do an annual exam for evaluation of dentures and oral examination
- If dentures are ill-fitting or mouth sores observed, a dentist should be called for evaluation
- Dentures must be marked and properly identified before a resident inserts denture
- Fluoride is recommended for supporting teeth for those patients wearing partial dentures – ask dentist for prescription toothpaste, varnish or trays with gel drops

2. Practice Considerations in Long Term Care

- Diet
 1. Avoid frequent snacking – monitor the available sugary drinks and food
 1. Avoid foods that are high in sugar and stick to the teeth
 2. Avoid sugared and acidic candy to relieve dry mouth
 3. Avoid sugary drinks (including fruit juice) and snacks before bedtime unless oral hygiene can be performed prior to patient going to sleep
 4. Include snacks that stimulate saliva especially for patients with dry mouth – hard cheese, sugar free candy (non-acidic), non-caffeinated drinks, water
- Motivating oral hygiene - appeal to the patients personal concerns

1. appearance and fresh breath more appealing to family and friends
2. mouth feels better
3. a clean and healthy mouth lowers the risk for disease (respiratory infections, etc.)
4. premature aging can result from poor oral hygiene

- Professional Oral Health Care

Palliative or emergency care is not comprehensive care

Routine Care

1. A dentist is able to examine, diagnose, write prescriptions and treat oral health problems. A dentist can bill insurance companies for all covered services.
2. A dental hygienist can examine, do a dental hygiene diagnosis, perform cleanings and gum therapy, select appropriate oral hygiene care and provide prescribed fluoride treatment without a dentist present, if authorized in writing by a dentist.
3. Each resident is different in oral health needs – all residents should receive comprehensive oral health care at least annually
4. An oral health professional should –
 - Do a thorough head and neck exam
 - Do a thorough mouth exam, that includes an oral cancer screening
 - Recommend practices and products that can be implemented to improve oral health and prevent oral disease
 - Refer suspicious lesions for evaluation by an oral surgeon
 - Refer treatment that requires a specialist (dentist - if a dental hygienist finds decay requiring fillings, endodontist, oral surgeon, periodontist, prosthodontist)
 - Educate the patient and family on the risks delaying or declining treatment and benefits/risks of alternate treatment
5. Preventive care will improve the resident's total health –
 - Bad breath
 - The potential health effects of chronic infection
 - Ability to chew and digest nutritious foods
 - Self esteem and the ability to interact socially
 - A part-time or full-time staff dental hygienist can provide continuity of oral health care for each resident, customized to the patient's ability to manage necessary oral hygiene

Non-Routine Care (Emergency Treatment for a Problem)

1. Have a dentist immediately evaluate/treat a patient with –
 - Facial swelling with or without pain
 - Unexplained inability to chew
 - Refused denture
 - Broken denture
 - Broken tooth or lost filling
 - Loose or lost tooth
 - Mouth sore
 - Patient expresses pain or bad taste in mouth
 - Gums bleed when brushing teeth or gums