Dental Hygiene Focus: Preparing for the Silver Tsunami - Working with Senior Populations

Connecting with Dementia Clients

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Recently I was invited by one of my clients to celebrate her 100th birthday. She is a vibrant senior who is one of an elite group of 6000 Canadians to reach this milestone.[1]

The number of Canadians over the age of 65 is projected to double from about five million in 2011 to about ten million by 2036. In 2011 approximately 15% had some degree of cognitive impairment, including dementia.[1-4]

Seniors need special attention for their dental care, and those with dementia need a unique and individualized approach.

For many dental hygienists, caring for seniors with dementia is unfamiliar territory and may be an uncomfortable experience. Your client is also living in this new territory and is experiencing fear. Learn to control your own anxieties and you can handle theirs.

UNDERSTANDING DEMENTIA

The first step is to recognize the stage of a client's dementia, which will help you to decide how best to approach him or her.

People with dementia may be unable to say if they are experiencing pain or discomfort. Refusing to eat, pulling at or continually touching their face, increased restlessness, erratic or aggressive behaviour are signs that you need to investigate the source of the problem. That investigation includes a dental assessment.[5]

The client's caregiver is a key source of information. Talk to the caregiver regarding any concerns, and encourage him or her to be present at all visits.[6]

Early-Stage Dementia

In the early stage of dementia, clients will usually still be able to clean their own teeth. They may have to be reminded to carry out the task or they may need supervision. This is the time to address and fix any mouth issues because they are still able to handle the treatment with minimum assistance.[7]

Middle-Stage Dementia

In the middle stage, clients may lose the ability to clean their teeth or lose interest in doing so, and caregivers may have to take over this task. The focus of dental treatment is likely to change from restorative to preventive care.[7]

Advanced-Stage Dementia

In the advanced stage the client is likely to have significant cognitive impairment, possibly accompanied by complex medical conditions. You want to focus on the prevention of dental disease, keeping the client comfortable, and providing or referring for emergency treatment.[7]

PRACTICAL TECHNIQUES

Working with clients affected by dementia, I have learned some techniques that have helped to make the dental care visit a more favourable and pleasant experience.[6]

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- **Approach your client from the front**
  As dementia progresses, the field of vision decreases and hearing becomes more conical. Always talk to clients from directly in front as their vision is like a television screen that keeps decreasing in size as time progresses. Approaching them from behind can profoundly startle and agitate.

- **Move slowly and calmly**

- **Smile and use a gentle touch**

- **Speak slowly and softly in short sentences**
  If you use long sentences, by the time you get to the end, your client will have forgotten the beginning.

- **Sing to your clients**
  Often I sing my instructions, which makes clients laugh and open their mouth for me.[8]

- **Use facial expressions**
  As much as 90 per cent of our communication takes place through non-verbal cues, such as gestures, facial expressions, and touch.[9] Your clients often watch your face for visual clues of what you are trying to communicate, so whenever possible let them see the communication triangle formed by your eyes and mouth.

- **Be aware of personal space**
  Clients with dementia can be very space sensitive so be aware as you work in an individual's intimate zone.[10]

- **Offer guidance not choices**
  When talking to someone with dementia, rather than asking a yes or no question, offer guidance like: "Mrs. Jones, we are going to brush your teeth now."

- **Avoid stressful situations**
  Be aware of situations in your surroundings that may cause stress to your client, such as

  » Unfamiliar territory, people, procedures, sounds, smells.

  » Physical pain, positioning, swallowing, hearing, vision, temperature, tiredness.

  » Mental confusion, disorientation, poor processing, hallucinations, paranoia.[11]

SEE THE PERSON

The most important lesson that I have learned is to always remember that every person you see has an amazing life story that may sometimes be hidden behind the person facing you now.

I have learned to treat the person and not the condition. People with dementia are wonderful souls who require more attention to tap into what they cannot easily express. When you apply all of your clinical skills and add in extreme kindness you will have a positive experience with your very special client.

I hope that I will be invited to celebrate my client's 101st birthday next year.

"People will forget what you did, but people will never forget how you made them feel."
- Maya Angelou[12]

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Dementia and the Aging Population

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WHAT IS DEMENTIA?

Dementia is an umbrella term used to describe an assortment of brain disorders.[1] In essence, dementia refers to a decline in mental ability that significantly interferes with daily life or the ability to perform everyday tasks.[2] Primary dementias occur without physical complications, with Alzheimer's disease accounting for 50 % to 80% of dementia diagnoses. [2,3] Secondary dementias encompass brain damage that is linked with damage elsewhere in the body.[3] Parkinson's disease is an example of a secondary dementia.[3] Vascular dementia accounts for approximately 15% of dementia diagnoses.[3] This type of dementia occurs either in connection with multiple transient ischemic attacks as mild changes or thinking problems, or as sudden changes in thinking abilities following a cerebrovascular accident. [2,3] Mixed dementias exhibit characteristics of both Alzheimer's disease and vascular dementia, and have a greater impact on the brain than either one would have independently.[1]

In 2011, 747,000 Canadians were identified as living with some form of cognitive impairment, including dementia.[1] It is estimated that 15% of Canadians aged 65 or older are currently affected by cognitive impairment.[1] Approximately 9% of individuals aged 80 to 85 are affected by dementia, with the numbers increasing to 21% for those aged 90 years and older.[4] Alzheimer's disease is the most common form of dementia, with females accounting for about two thirds of those affected.[5] The number of individuals diagnosed with Alzheimer's disease is expected to double or triple within the next 20 years.[5]

SYMPTOMS AND PROGRESSION OF DEMENTIA

Regardless of the type of dementia, the symptoms are similar, differing only in the age of onset and progression speed of the condition.[3] In order for a diagnosis of dementia to be made, the symptoms must include at least two of five core mental functions: memory; communication and language; ability to focus and pay attention; reasoning and judgment; and visual perception.[2] These core mental functions must be significantly impaired, such that they interfere with the daily living activities of the affected individual.[2,6] Core mental functions translate to symptoms of memory loss, confusion, changes in mood or behaviour, and difficulty speaking and/or understanding, with the symptoms beginning slowly but gradually worsening as the condition progresses.[1,2] Dementia progresses through three stages: mild, moderate, and advanced.[6]

Mild dementia involves cognitive decline without major physical symptoms. Cognitive symptoms include recent memory loss, inability to learn or remember new information, changes in personality, communication problems, judgment errors, and a lack of spontaneity.[5] Individuals with mild dementia prefer familiar surroundings and may demonstrate anxiety and frustration when they face new situations.[5] They may also forget where they have left items or forget how to get to places that they have been before.

Moderate dementia includes additional cognitive deficits that affect speech (aphasia), judgment, short-term memory, decision making, learning skills, attention span, and sensory input interpretation (agnosia).[5] These changes affect the individual's performance at work, his or her social behaviour, and motor activity (apraxia) as well as the ability to manage personal care, including oral care.[5] Wandering, falls, and accidents due to confusion, as well as behavioural problems including anxiety, depression, irritability, agitation, hostility, and combativeness, are characteristic of moderate dementia.[5] As dementia continues to progress, the individual loses the ability to recognize his or her own face in a mirror, and experiences a loss of sense of time and place.[5]

In advanced dementia, the cognitive decline turns into a complete loss of both short-term and long-term memory. This results in apathy, confusion, and complete dependence.[5] Aggression, anxiety, and incontinence are associated behavioural issues for advanced dementia, with increased risk for medical complications such as aspiration pneumonia and malnutrition.[5]

DENTAL HYGIENE CONSIDERATIONS

With increasing lifespans, dementia will become more prevalent in society. Given that the number of individuals retaining their teeth for longer periods or for complete lifetimes is also on the rise, dental hygienists can expect to see an increased number of clients living with dementia.[5] Understanding the challenges that these individuals face will allow the dental hygienist to be proactive, and help to promote oral health. Individuals with Alzheimer's disease have been shown to have more gingival bleeding, plaque along the gingival margin, and calculus than their age- and gender-matched controls.[5] There is a correlation between the severity of dementia, decreased salivary output, and poor oral hygiene and gingival health, with trends towards root caries as the stages of dementia increase.[5,7] The focus for dental hygiene care is to implement preventive measures, such as appropriate use of topical fluorides, chlorhexidine, and frequent recare visits, as well as oral hygiene education for the client and the caregivers in daily oral and denture care.[5] Maintaining updated medical histories and medication records are vital to avoid possible complications, such as adverse reactions to epinephrine or postural hypotension.[5]

CONCLUSION

Understanding some of the basics of dementia and cognitive decline will assist the dental hygienist in caring for clients living with dementia. Understanding the needs and deficits present is paramount in order to support the client, family, and caregivers in promoting good oral hygiene practice and implementing a preventive dental hygiene care plan. Maintaining consistency and familiarity is vital for a positive dental hygiene visit for the client and his or her caregiver.

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Working with Senior Populations

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As is sometimes the case, after being on a career path for 25 years in an excellent environment that provides financial security and comfort, one can begin to feel bored and less inspired while heading to work each day. I discovered that my enthusiasm was highest when seeing new patients in great need, especially those who had never had contact with a dental hygienist before. I felt a strong connection with people presenting challenges, with physical or mental disabilities, the "disadvantaged" or newcomers to Canada.

Wondering if I would enjoy working with seniors I began a six-month contract, for four hours every Friday at an assisted care lodge. I was exploring new territory, assessing residents' oral health needs and possibly providing some in-house training to staff. On my first day, a care aid commented "there should be a law that everyone at age 65 gets dentures!". I believe she wore dentures, and providing oral hygiene care to her clients with natural teeth was out of her comfort zone. I was surprised to hear this viewpoint and realized the resistance I might face in asking for more care, not less, for some residents.

As the weeks progressed I was invited to participate in a three-month health assessment of one of the residents.

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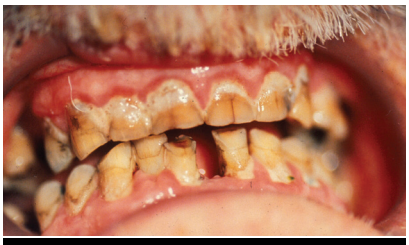
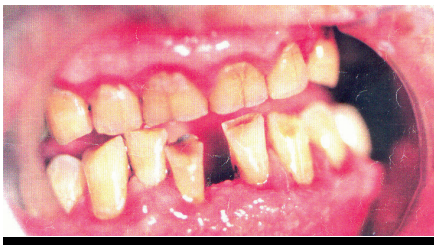
The team discussed this person's bodily functions, weight changes, foot problems, eye/ear health, medications, mobility/balance, nails, and eating habits—all charted for assessments—but there was no place in the file for documenting oral health status or changes in dentition. The mouth was not part of their assessment, ever! If a resident complained of a dental problem, a local dentist would come in and usually perform an extraction. It appeared that no one advocated for saving a tooth.



Before: Plaque and germs like to hide up at the gumline on the teeth.



After cleaning by the hygienist. The Elder needs someone to help him with his oral hygiene.

One resident had numerous lingual caries along her maxillary molars and, each time we met, she was missing another tooth. I learned that her family would gift her candies and chocolates at each visit. With her dry mouth, the decay was significant. No one had thought about the consequences of these little pleasures for Grandma, and she did not realize that she could request restorations instead. Her "home" was a small room, and treats and flowers were often the easiest way for loved ones to show they cared.

Mae, one of my favorite clients, was depressed when we met, having outlived two husbands and her only child. I visited with Mae often, and learned that she had lost a lower partial when staff had mistakenly thrown out the tissue in which she had wrapped it. With only seven lower teeth, she had another partial made, hoping that the lodge would cover the cost. I discovered that the new partial anchored on an abutment tooth that was very mobile, creating pain when she wore it. I arranged for a retired volunteer dentist (my former Alberta employer and lifetime member of CDA) to come in to see Mae. He eventually was able to get a letter from the College of Dental Surgeons of B.C. giving him permission to see residents as long as there was no fee attached. Mae was grateful for the gentle care, and the dentist was happy to be of service.

One of my most memorable experiences was with Frank. At 89, Frank lived with Korsakoff Syndrome and staff told me he wore dentures. I discovered a lively, humorous British gent who had his own teeth! Frank was the first adult patient I had ever met who had not had his teeth brushed for a very long time. I realized that a dental exam would benefit Frank, and I was interested in what else might turn up in his mouth. His young brother (age 86) brought him to our dental office for an exam and dental hygiene visit. Our staff discovered good news: Frank qualified for the veterans' dental plan.

I took photos of Frank to record this special patient. The presence of heavy plaque did not translate into serious decay. He had a few gingival caries and decalcification but the stains were mostly from medication. Marginal gingivitis would resolve with home care and possibly an electric toothbrush, with some coaching for his care workers in order to assist him. I believe that Frank ate a healthy menu and had very little sugar in his diet at the lodge.

It was very rewarding to be able to offer this service to Frank and the other residents. When the six-month contract was over, I found that some of my favourite residents had passed away, staff were more confident about learning to I.D. dentures and provide home care, and families appreciated my supportive coaching and advocacy for them. But end-of-life care was not the path for me.

This experience occurred 20 years ago, before visionary RDH Barbara Heisterman launched the much-needed changes to support B.C. long-term care residents. Dental hygienists under residential care registration can now provide staff training and clinical services directly to seniors without the need for a dentist to examine residents first. The huge gap in access to care for the elderly will hopefully become smaller when dental hygienists follow their passion outside of the traditional private practice model. New structures for the delivery of oral care to Canada's underserved masses must be built by fearless, passionate, visionary pioneers within our profession in the future.