Mouth Care Matters

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Developing people for health and healthcare
www.hee.nhs.uk
Mouth Care Matters

Care Home ahead

@NHS_HealthEdEng   @MCM_HEKSS   #mouthcarematters
Putting the mouth back into the body

Oral health is integral to general health
Why is oral health important?

Maintaining oral health brings benefits in terms of self-esteem, dignity, social integration and nutrition.

Poor oral health can lead to pain and tooth loss, and can negatively affect self-esteem and the ability to eat, laugh and smile.

Alzheimer's Society 2015 (UK) amplified by NICE 2016
A changing population

1968 = 37%  No teeth
2009 = 5%   No teeth

Adult Dental Health Survey 2009
Why does oral health deteriorate in older people in care homes?

- Lack of awareness
- Inadequate training
- Demands on staff
- Changing population
Aspiration pneumonia and oral pathogens

Acute inflammatory condition that affects the distal airways and lung alveoli

- Hospitalised associated pneumonia (nosocomial)
- Ventilator assisted pneumonia
- Community acquired pneumonia

48 hours after admission
A systematic review found the removal of dental plaque reduces the incidence and mortality of pneumonia

*Scannapieco et al, 2003*

Approximately one in 10 cases of death from pneumonia in elderly nursing homes may be prevented by improving oral hygiene

*Sjogren et al, 2008*

Oral hygiene including chlorhexidine mouth rinse/gel reduced VAP by about 40%

*Shi et al, 2013*
Recommendations

- Access to appropriate dental services including out of hours emergency treatment
- Assessments of residents oral health are carried out that define what happens in the daily mouth care plan
- Define what happens if a resident refuses oral care (in line with the Mental Capacity Act)
- Define who supplies oral hygiene equipment such as toothbrushes and toothpaste
- Ensure that care staff who provide daily personal care to residents understand the importance of oral care and its effect on residents well being
Studies show

- that many residents have oral health problems, owing to an inconsistent approach to care
- Care staff are reluctant to help clean patients' mouths and lack the appropriate training

NICE: Oral health for adults in care homes (NG48) 2016
• Is oral health contained with the care plan
• Evidence that oral health interventions actually take place
• Have care staff that are appropriately trained
15 sets of standards

Understand your role
Duty of care
Work in a person centred way
Privacy and dignity
Awareness of mental health, dementia and learning disability
Safeguarding adults
Basic Life Support
Handling information

Your personal development
Equality and diversity
Communication
Fluids and nutrition
Safeguarding Children
Health and Safety
Infection prevention and control

Soon to be 16 – Oral Health

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Who is responsible for mouth care?
Doctors
Nurses
Dentists
Carers
SALT team
Dieticians
Occupational therapists
Pharmacy
Managers
Operationally
Summary

• Older persons face challenges maintaining oral health
• By improving oral health we can improve overall health, dignity and quality of life
• Mouth problems often trigger increased vulnerability and dependency
• The whole system needs to support mouth care
Mouth Care Matters: Programme overview
National perspective

5 year forward view: next steps

• Urgent and Emergency care 24/7
• Prevention
• ED demand and delays to discharge
• Primary care, fully resourced (GPs and GDPs)
• Helping frail and older people stay healthy and independent
  – avoiding hospital stays
  – improved primary care integration

National perspective

5 year forward view: next steps

• Workforce
• Mental Health
  – Increased risk of oral disease
  – Dementia and oral health, oral diseases, care resistive behavior, communication difficulties
• Cancer
  – Incidence of oral cancer are projected to rise 33% in the UK between 2014 and 2035
  – 45% of oral cancer deaths in the UK each year are in people aged >70
  – Mortality rates for oral cancer in the UK are highest in people aged 90+

http://www.dementiaaction.org.uk/assets/0000/7951/Vicki_pres.pdf
STPs

- STP’s, broad scope, triple aim improving quality and efficiency and reducing costs
- Mouth care link UEC, Mental Health, Primary Care (Care Closer to home), workforce
- Integration and dental professional involvement
Key points

1. Identifying and sharing how holistic care (including mouth care) impacts on general health and wellbeing

2. Linking all examples of good practice nationally (and internationally)

3. Identifying opportunities for collaboration and how this component of health can help to deliver national aims
## General Health and Oral Health

<table>
<thead>
<tr>
<th>Condition</th>
<th>Association/effects on/of oral health</th>
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<tbody>
<tr>
<td>ASVD</td>
<td>Strong link</td>
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<tr>
<td>Pneumonia</td>
<td>Strong link</td>
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<tr>
<td>Diabetes</td>
<td>Strong link</td>
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<tr>
<td>Malnutrition</td>
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<tr>
<td>Dementia</td>
<td>Strong link</td>
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<tr>
<td>Osteoporosis</td>
<td>Link</td>
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The healthy mouth

Evidence

No teeth, no problem?
• Edentulous ridges can also accumulate biofilm – and require cleaning (Sachdeo A, Et Al 2008)
• Presence of tongue coating associated with higher bacterial counts and increased development of aspiration pneumonia (Abe S Et Al 2008)

Aspiration Pneumonia
• Develops after misdirection of oral contents into pulmonary tree
• Link between oral pathogens and those causing AP
• Poor oral hygiene is a risk factor (Terpenning M, 2005, Paju S and Scannapiece FA, 2007, Manger D Et Al, 2017)

Posture
• Chin down posture, common in older adults
• Requires more effort to form a bolus and to swallow (Hori K Et Al 2011)
The healthy mouth

Evidence

**Dysphagia**
- Risk of aspiration
- Increased risk with age
- Stroke, Parkinson's, and other diseases
- 50-75% in nursing homes
- 10% of acute hospitalised elderly
- Malnutrition, dehydration, poor OH, choking and AP (Aslam M 2013, BGS)

**Denture wearing and Pneumonia**
- Overnight denture wearing and perceived swallowing difficulties associated with a 2.3 fold higher risk of incidence of pneumonia (Linuma T Et Al 2015)
Considerations

Mouth Care for older people

- Link between oral and general health
- Lack of oral care
- Heavy metal generation + ageing population
Ageing and oral health

Medical changes
• Medications
• Co-morbidities
• Dry mouth

Change in diet and dependency
• May need assistance with oral care
• Change in taste and ability to chew

More complex restorations
• Need to be maintained with good oral care
• and access to dental services
Treatment for older people

- Access to care
- Treatment complexities
- Prevention
Summary

1. Link between oral and general health
2. Evidence and literature to support the detrimental effects of poor mouth care
3. Timely access to dental care (as well as prevention) especially for the older population who may face a greater burden of oral disease