

# Oral Health and Dementia: Strategies to Care for Patients with Cognitive Decline

November 7, 2024

# Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on [carequest.org](https://carequest.org).

## To Receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, November 8**.
- Eligible participants will receive a certificate soon after via email.

**We appreciate your feedback to help us improve future programs!**



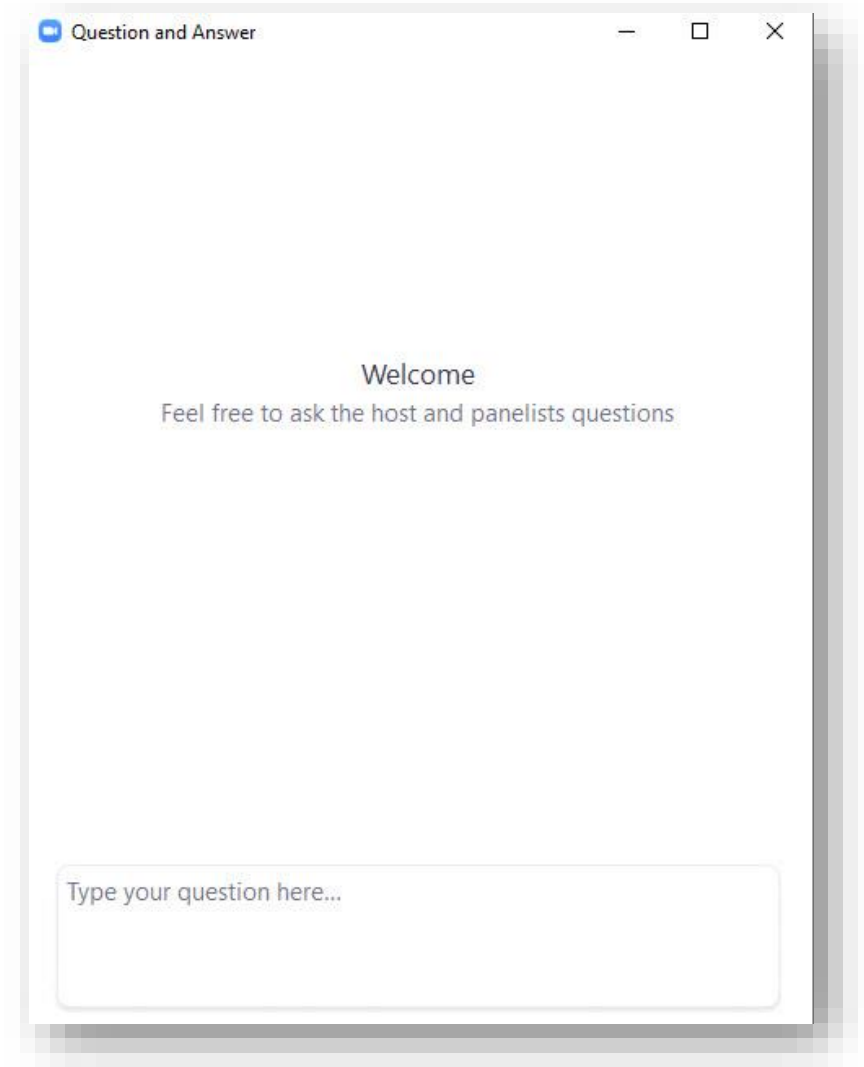
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\*Full disclosures available upon request



# Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.





## Webinar

# Oral Health and Dementia: Strategies to Care for Patients with Cognitive Decline

Thursday, November 7, 2024  
7-8 p.m. ET

**ADA CERP Credits: 1**



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Biostatistician, Associate Professor,  
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# Learning Objectives

- Identify the connection between Alzheimer's disease and related dementias (ADRD) and oral health.
- Describe the significance of verbal and nonverbal communication techniques — demonstrated through patient scenarios — to treat patients with cognitive impairments.
- Develop treatment plans with practical strategies tailored to treating patients with ADRD, integrating appropriate interventions for managing common oral health issues such as dry mouth across different stages of the diseases.

# Poor Oral Health May Contribute to the Risk of Dementia



**Tooth loss, often the result of gum disease or tooth decay, is linked with a higher risk of being diagnosed with Alzheimer's disease.**

Read the Report



## Poor Oral Health May Contribute to the Risk of Dementia



Many adults recognize the occasional forgetfulness that often accompanies growing older — misplacing a set of keys, walking into a room only to lose track of why they're there, or momentarily blanking out on the name of an acquaintance.

The memory impacts of dementia, however, go well beyond those of normal aging. Dementia (often referred to collectively as Alzheimer's disease and related dementias [ADRD]) is defined by the Centers for Disease Control and Prevention (CDC) as "the impaired ability to remember, think, or make decisions that *interferes* with daily activities."

Of the several different types of ADRD, Alzheimer's disease (also referred to as Alzheimer's dementia) is the most common form. In 2023, approximately 6.9 million adults aged 65 and older — about one in nine older adults — were diagnosed with Alzheimer's disease in the United States (US). Combined with other forms of ADRD, including vascular dementia, Lewy body dementia, and frontotemporal dementia, it is estimated that by 2040, the number of individuals with ADRD in the US could reach 12 million.

ADRD has a disproportionate impact across race and gender. Individuals identifying as Black or Hispanic are at a higher risk of being diagnosed with ADRD than white individuals. While the reasons for these differences are currently unknown, some suggest they may be potentially due to complex interactions of biological risk factors (e.g. cardiovascular disease), implicit biases among health care providers diagnosing Black and Hispanic individuals with ADRD, and the health effects of racism. It is estimated that by the year 2060, the number of Hispanic individuals diagnosed with ADRD will increase by seven times, and by four times among Black individuals, primarily due to

projected growth in the Hispanic and Black populations over the next few decades. Across all races, women are nearly twice as likely to be diagnosed with ADRD than men, primarily because women tend to live longer than men.

Overall health is inextricably linked with oral health. Oral health conditions such as periodontal disease have been linked to other systemic conditions, such as diabetes and cardiovascular disease. Recently, researchers have begun to examine the links between poor oral health and the risk of being diagnosed with ADRD. Their findings emphasize the importance of maintaining good oral health throughout a person's life.

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# Alzheimer's Disease and Oral Health Connections

Joohyun Chung, PhD, MStat, RN  
Biostatistician





# Alzheimer's Disease and Alzheimer's Disease and Related Dementias (AD/ADRD)

- **6.7 million** people in the US, and nearly **40%** of individuals aged **85 and older**
- A group of conditions leading to cognitive decline
- Alzheimer's disease — the most common type, but ADRD also includes other forms like vascular dementia, frontotemporal dementia, and Lewy Body Dementia
- Dementia is one of the main causes of death and disability in the elderly
- Currently no known treatments to prevent or stop



# ADRD Sign and Symptoms

- Memory loss: Disrupts daily life
  - Difference between normal aging and ADRD
    - **Normal aging:** mild changes in memory, but independently maintain daily activities
    - **ADRD:** significant memory loss, difficulty with language, problem solving
  - ADRD symptoms
    - **Behavioral changes:** increased confusion, mood swings, withdrawal from social interactions, and changes in personality
    - **Daily functioning:** Gradual loss of the ability to perform everyday tasks

# Causes and Risk Factors for ADRD

- Age
- Family history
- Genetics (heredity)
- Head injury
- Certain medical conditions (linked to brain health)
- Poor oral health



# Poor Oral Health Among Older Adults with ADRD

- Tooth decay/loss, dental caries, or severe oral disease (e.g., periodontitis, gingivitis)
- Significantly higher prevalence of dental caries (50%), poorer oral hygiene (40%), increased mucosal infections (such as Candida) (30%), reduced salivary flow (60%), and fewer teeth in individuals with ADRD compared to cognitively healthy controls
- Oral pathogens are significantly more prevalent in individuals with ADRD and are associated with an increased risk of developing the condition

→ **Poor oral health problems with poor cognitive outcomes**

# Poor Oral Health Linked to ADRD

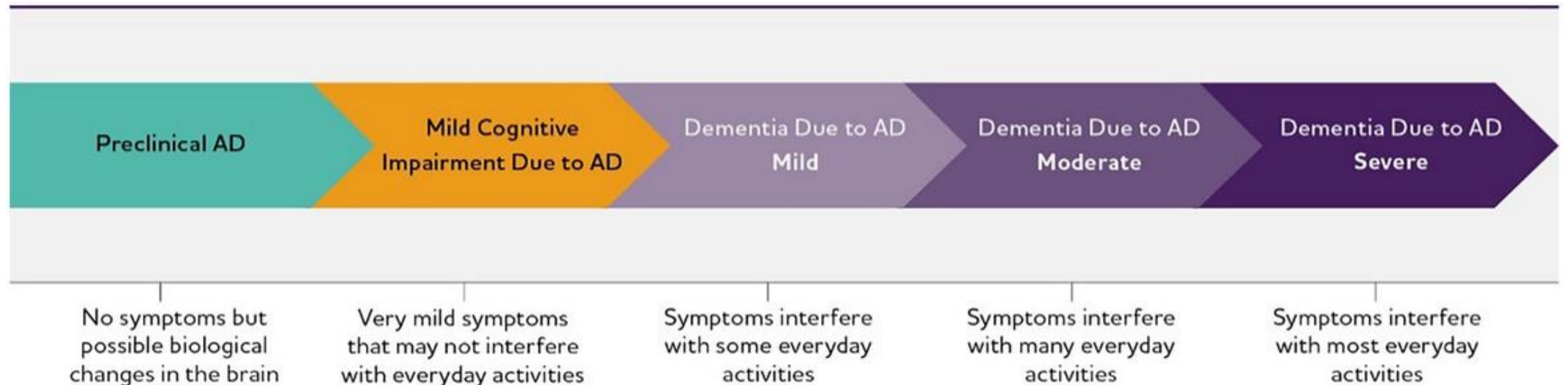
- Infection caused by viruses and bacteria have been linked to ADRD
- Infectious disease and inflammation are potential triggers to AD, due to the direct link of specific genes with both inflammatory processes and dementia
- Periodontitis (PD) is an infection caused by periodontal bacteria
  - Known to be associated with systemic inflammation (e.g., cardiovascular disease, stroke, coronary heart disease)
  - Associated with systemic inflammation and/or potentially modifiable
- Poor oral health is associated with a **17% increased risk** of all-cause dementia

# Pathways Linking PD and ADRD

- Complex pathways involves chronic inflammation, bacterial presence, systemic factors, and shared risk factors
- Inflammation
  - PD triggers sustained inflammation in the gums, releasing pro-inflammatory molecules into the bloodstream
  - These molecules may contribute to neuroinflammation, a common feature of dementia
- Blood-brain barrier – inflammation can disrupt the blood-brain barrier, allowing inflammatory substances and bacteria to enter the brain
- Bacteria entry, systemic inflammation
- Future research for establishing causal relationships and clarify mechanism

# Implications for Oral Health

- ADRD is a multifactorial disease and can be influenced by many factors
- Poor oral health is linked to a higher risk of ADRD
- People with poor oral health are **2.4 times more likely** to develop ADRD compared to those with good oral health
- Some people may live with mild cognitive impairment (MCI) for **5 to 10 years or longer** without developing dementia



# Best Practice and Tips

- It is important to recognize that older adults may not be aware they have mild cognitive impairment (MCI)
- Cognitive decline can lead to **neglect of personal care** and **difficulty with oral care tasks** (e.g., hold a toothbrush)
- Impact on dental treatment outcomes: increased risk of dental issues, and complications during dental procedures
- **Challenges**, due to memory loss and **behavioral changes**
  - Sedation and anesthesia risks: Special considerations for patients with ADRD, as they may respond unpredictably
  - Difficulty following post-treatment instructions or understanding the importance of follow-up care



# Examples of Best Practices for Sedation and Anesthesia in Patients with ADRD

- **Comprehensive assessment:** A thorough pre-treatment evaluation, including cognitive function, medical history, and any specific needs related to ADRD
- **Tailored sedation protocols:** Lighter sedation, when possible, as patients with ADRD may have unpredictable response
- **Clear communication:** Use simple, clear language to explain the procedures to both the patient and caregivers
- **Monitor and adjust:** After administering sedation, closely monitor the patient's response

# Best Practices for Dental Providers

- **Communication Strategies:** Use clear, simple language and be patient. Nonverbal communication can also be effective.
- **Environment adaptation:** Create a calm, familiar environment to reduce anxiety and confusion.
- **Monitoring for behavioral changes:** Be vigilant for changes in behavior or mood, as these can indicate discomfort or distress.
- **Pain management:** Assess pain effectively, as patients may have difficulty expressing discomfort.
- **Education and training:** Continuously educate staff on ADRD to improve care strategies and enhance understanding of the condition.

**“For individuals with ADRD, good oral health is not just about teeth; it’s about enhancing overall quality of life and dignity.”**



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# Practical Strategies for Treating Patients at Various Stages of ADRD Through Verbal and Nonverbal Communication Techniques and Treatment Planning

Leonard Brennan, DMD

# Oral Integrity Is Important for Communicating with **Cognitively Impaired Patients**



“Ultimately, the communication that occurs at the end of life between the terminally ill, family members and healthcare specialists is critical for a good death, because it is only through communication where peoples’ true wishes are heard, understood, and followed.”

Oral Integrity is very Important to effectively communicate.

Family Communication at the End of Life”; [Behav Sci \(Basel\)](#). 2017 Sep; 7(3): 45

# What Is Oral Palliative Care and Who Comprises the Team?

## *A Palliative Care Team*

Multiple professionals work with the patient, family, and the patient's other doctors to provide medical, emotional, social, and practical support.

***“The importance of dental care is often overlooked due to the omission of the dentist as a member of the palliative care team.”***

***- M A Wiseman***

## *Oral Palliative Care Dentistry*

The management of patients with active, progressive, advanced disease in whom the oral cavity has been compromised.

- ***Key:*** *Critically ill people are usually totally dependent on others for their oral care*
- ***Key:*** *Most seniors enter palliative care with multiple dental concerns*
- ***Key:*** *Financial access to dental care is a major health issue for older adults*

## Action Strategy

Advocate for oral health providers to be part of the Oral Palliative and End of Life teams

Become an educator for oral health for the palliative care interdisciplinary teams

## Proficiency in Oral Health Literacy (OHL)

- Older Adults (88% Poor OHL)
  - Families (Poor OHL)
    - CNAs (Low OHL)
    - Nurses (Low OHL)
- Administrators (Low OHL)
  - Pharmacist (Low OHL)
  - Physicians (Low OHL)
  - Policymakers (Low OHL)



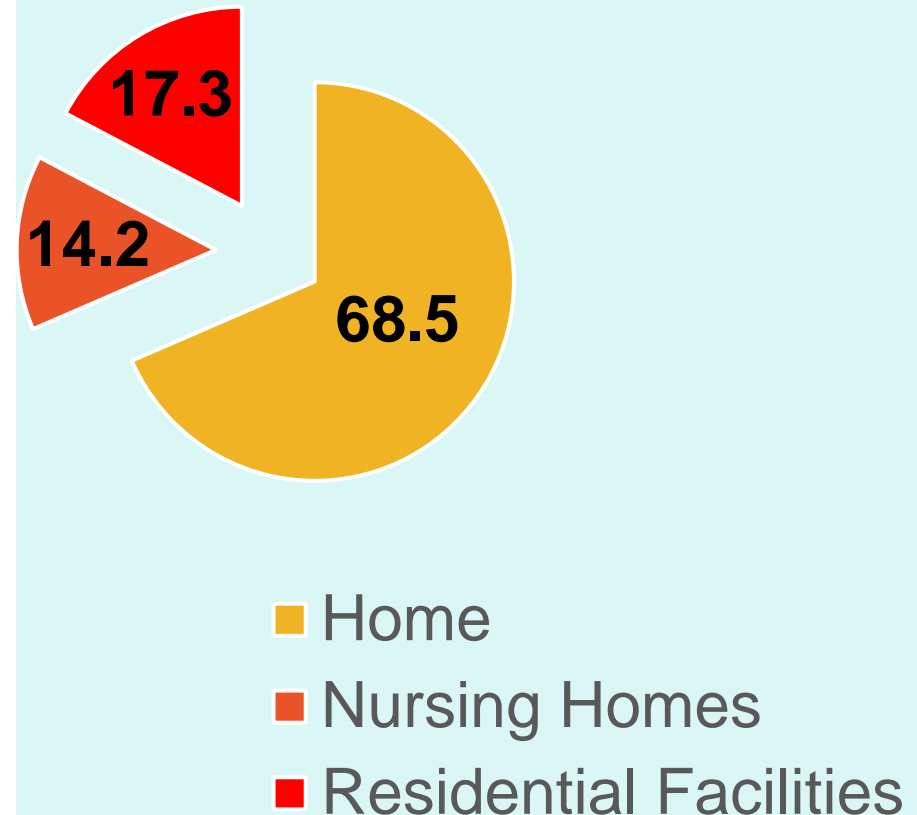
# Alzheimer's Patients Living in the Community

Alzheimer's Facts and Figures Report | Alzheimer's Association

- **83%** of the help provided to older adults in the United States comes from family members or friends.
- Most older adults (**70%**) do not have access to dental care
- One of our roles is to educate caregivers on the importance of oral health

Educate patients who are caregivers

Consider asking on HH form if a patient is a caregiver



# Action Strategy

Learn about and understand capacity and consent

**HAVING DEMENTIA DOESN'T MEAN A PERSON CAN'T MAKE DECISIONS ABOUT THEIR DENTAL CARE AND TREATMENT.**

**THE LAW TELLS US THAT A DENTIST MUST ASSESS THE MENTAL CAPACITY OF A PERSON WITH DEMENTIA TO SEE IF THEY ARE ABLE OR UNABLE TO MAKE A DECISION ABOUT THEIR DENTAL TREATMENT.**

**THE DENTIST MUST RESPECT THE PERSON'S DECISION, EVEN IF THEY DISAGREE WITH IT. IF THE PERSON CAN MAKE THEIR OWN DECISION, THEN THEY CAN EITHER AGREE OR REFUSE TO HAVE THE TREATMENT.**

# Case #1: Meet Rose

- Please help us
- No dentist available to help
- 12 months in long term care
- Combative and aggressive



# Approach and Communication Strategies for Rose

## Nonverbal **ACTION** Strategies

- Remember that the mouth is a very intimate space; ask permission to enter the mouth
- Patients may have a history of dental phobia
- Be calm, not hurried, and use gentle touch
- Your mood will be mirrored
- Approach from the front
- Evaluate in a safe environment
- Establish eye contact
- Speak at eye level
- Point or demonstrate

## Verbal **ACTION** Strategies

- Use calm, gentle voice, speak slowly
- Ask a TRUSTED caregiver to remain in operatory
- Establish who you are and what you hope to do, and that you will not hurt her/him
- Use short, simple sentences
- Eliminate distracting noises
- Use familiar words and give simple choices
- Give one instruction at a time
- Allow time for the person to respond

# Action Strategies for Reducing Anxiety

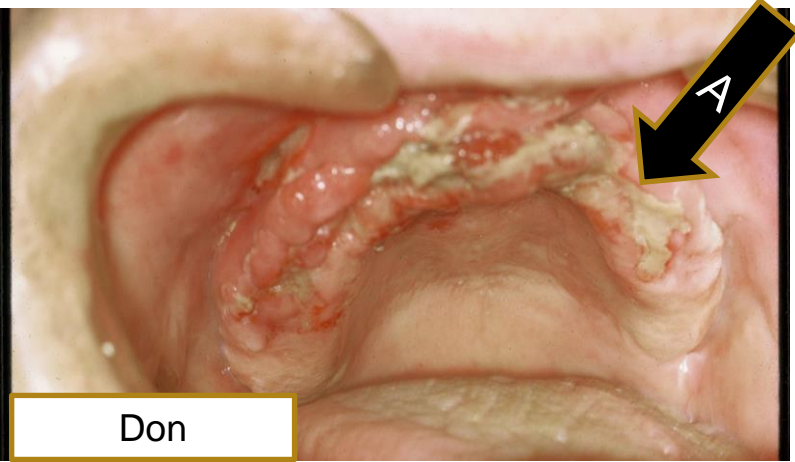
- **Distraction:** Using music, holding an item or something to look at for distraction
- **Rescuing:** A second caregiver takes over to complete a task
- **Bridging:** The patient would hold something that is the same or similar to what you may be holding
- **Chaining:** Staff or hygienists start and then have the patient join in



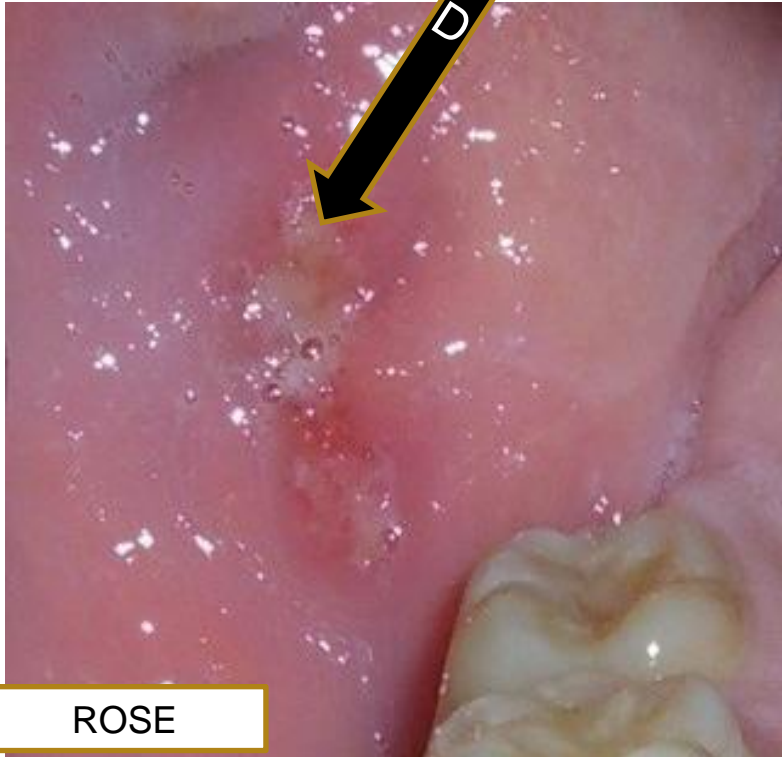
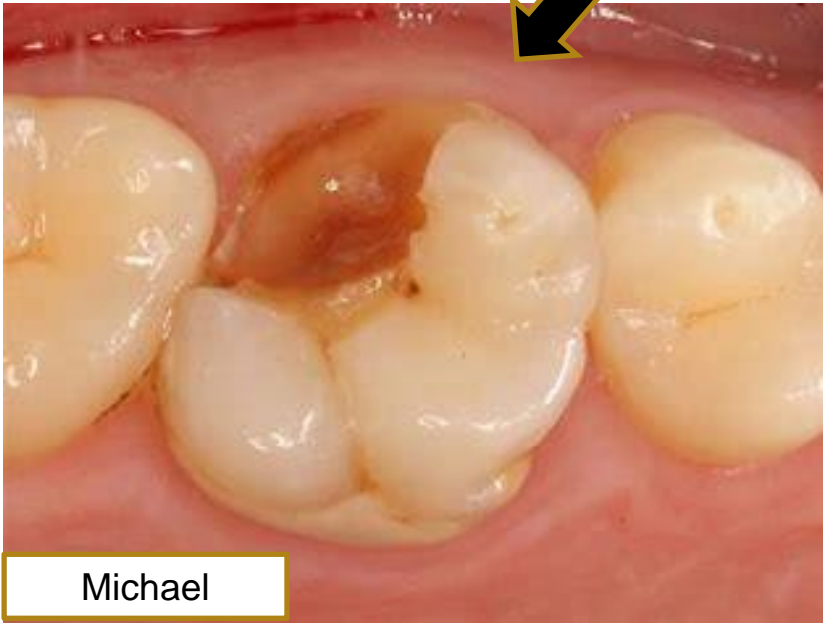
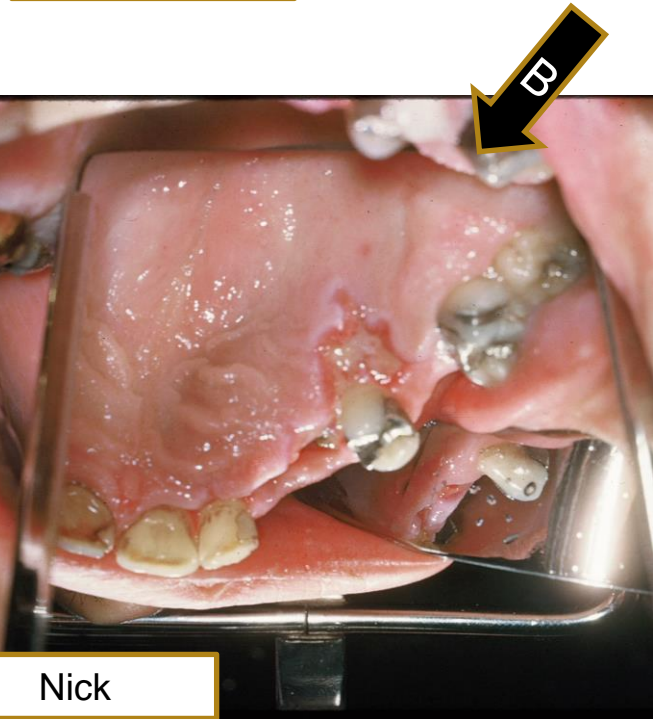
# Meet Rose



# Denture and Partial Sores Management From Ill-Fitting Appliances



**Etiology: usually secondary to biting, improper brushing, ill-fitting appliance, broken teeth**



Don

Nick

Michael

ROSE

# Case Two: Beautiful Mrs. D

## Using Bridging and Distraction



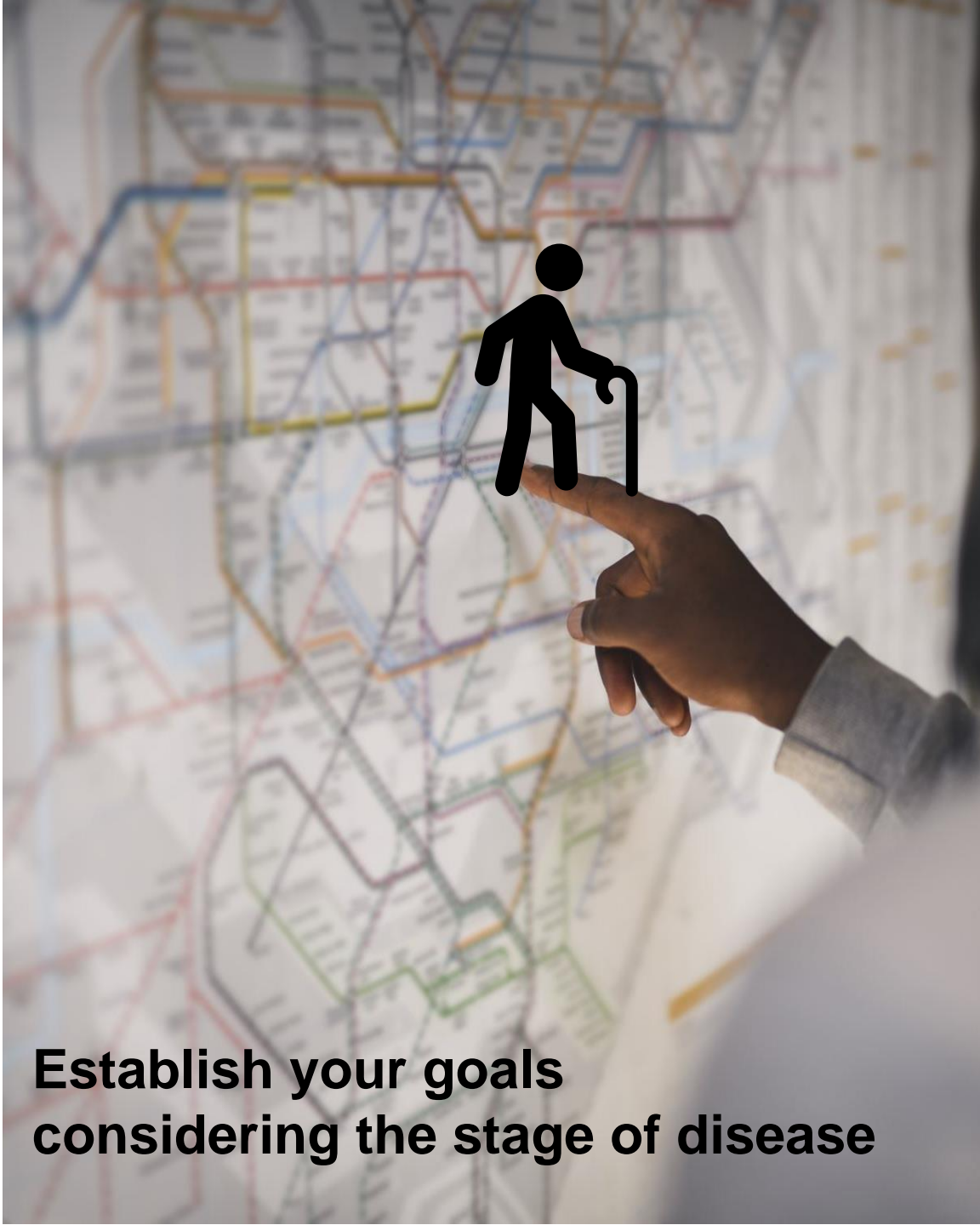


# Action Strategies for Dry and Cracked Lips

Moisture is lost through the lips much more easily than through other parts of the body. The lips become cracked and painful, leaving tissues open to infection.

- **Drink plenty of water**
- **Keep mouth and lips clean**, moist, and intact by removing plaque and debris
- **Apply water-based gel** to dry lips after oral care and several times a day, and before bed
- **Plug in a humidifier at home** or in the bedroom; breathing through the mouth at night is helpful
- **Limit or avoid the use of any products containing alcohol; avoid smoking**
- **Avoid irritants** like menthol, salicylic acids, eucalyptus, and fragrance





**Establish your goals  
considering the stage of disease**

**A Rationale Treatment Plan is like a road map that outlines what steps you need to take and when.**

- Assess: Data collection
- Engage the health care team; educate the health care team
- Diagnose: Identify the problems based on data
- Development of a Rationale Treatment Plan based on the stage of dementia, and ability to maintain treatment
- Implement: Activate the plan
- Evaluate: Feedback on effectiveness

# An Oral Health Risk Assessment Is Essential



- The four Cs
  - Communication
  - Capacity/Competence
  - Consent
  - Compliance
- The oral side effects of medication
- Dietary changes required to maintain nutritional health

These factors must be viewed in the context of dementia as a progressive degenerative condition with individual variation in the rate of progression of the illness and be related to all aspects of oral health

[Oral health of people with dementia - 2006 - Gerodontology - Wiley Online Library](#)

# Treatment Planning by Dementia Stage

Early Stage	Moderate Stage	Advanced Stage
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Minimal Changes Necessary	 <ul style="list-style-type: none"> <li>Shorter Visits</li> <li>More Frequent Recall</li> <li>Possible Anxiolysis</li> </ul>	
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**Aggressive Prevention**  
**Good Daily Hygiene, Topical Fluorides, Care Partner Education**

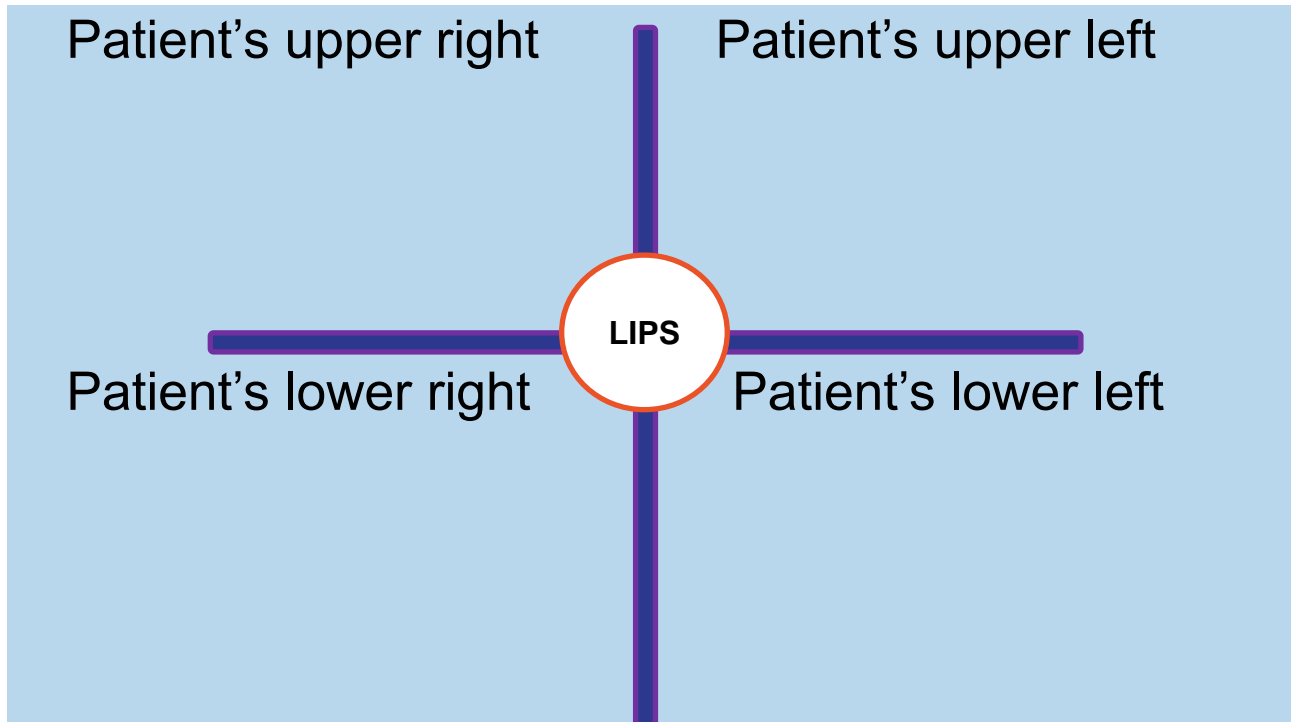
<p style="text-align: center;"><b>Treatment Plan Anticipating Decline</b></p>	<p style="text-align: center;"><b>Treatment Plan With Minimal Changes</b>  <i>(More Difficult Decisions)</i></p>	<p style="text-align: center;"><b>Prevention and Maintenance Decisions</b></p>
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<p style="text-align: center;"><b>Restore ASAP</b></p>	<ul style="list-style-type: none"> <li>• Simpler interventions</li> <li>• Extract vs. complex restoration</li> <li>• Reline/repair vs new pros.</li> <li>• Partials vs fixed prosthesis</li> </ul>	<p style="text-align: center;">Palliative care:</p> <ul style="list-style-type: none"> <li>• *Maintain comfort, dignity             <ul style="list-style-type: none"> <li>• Treat *Infection</li> </ul> </li> <li>• Treat Symptoms *Problems</li> </ul>
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# Mouth Exam, Conversation Form for Care

Leonard Brennan, DMD

## Develop Communication Tool



- Pain
- Bleeding mouth, gums, lips
- Sensitivity cold/hot
- Speaking problems
- Swallowing difficulties
- Spitting difficulties
- Eating problems
- Sharp teeth, loose teeth
- Mouth odor
- Swelling
- Cracked lip
- Mouth sores
- Loose denture
- Broken denture
- Dry mouth

# Level of Dependency

The Seattle Care Pathway for securing oral health in older patients

## Middle Stage

## Late Stage

### Assessment

- **Participate** with social and other services
- Assess health risks generally
- **Review** frequency of periodic recalls
- **Manage** elevated risk of oral disorder and disease
- **Understand** that patients may live with 5 to 10 years or longer

- **Examine** patient's physical, cognitive, and social barriers to emergency palliative care
- **Monitor** the burden of oral care on patients and caregivers; can they DO IT?
- **Monitor** the ability to deliver plans during increasing medical complexity

### Prevention

- **Maintain** contact with members of the health care team to monitor and help their contribution to the oral health
- **Reassess** the need to increase the fluoride concentration in toothpaste and rinses
- **Prescribe** applications of preventive and therapeutic products (e.g., fluoride varnishes; chlorhexidine rinses)
- **Reassess** adverse effects of medications
- **Reassess** the need for relief from dry mouth

- **Focus on the increasing challenges** of preventing and managing oral infection and disorders, controlling pain and comorbidity
- **Emphasize management** of pain and infection
- **Maintain** use of *preventive concentrated fluoride* toothpaste, gels varnish, mouth rinses
- **Expand strategies** to manage mucositis and respiratory infections

# Level of Dependency

The Seattle Care Pathway for securing oral health in older patients

## Middle Stage

## Late Stage

### Treatment

- Repair and maintain strategy *with conservative treatment; i.e., atraumatic restorative tech with fluoride glass ionomer*
- Use prosthodontic adjustments *between overdentures and teeth or implants to simplify hygiene and maintenance*

- Offer palliative treatment *on demand from the patient to control pain and infection and to maintain social contacts*

### Communication

- Maintain communications of all caregivers, *including family and members of the interprofessional team*
- *Increase vigilance of the daily oral care plan*

**Action**

**Review Seattle Care Pathway**



# Strategies For Oral Care

## Brushing by Patients

1. **Assist if needed using simple language.** “Here is your toothbrush and toothpaste.”
2. **Provide recognizable cues** and bring to the bathroom or in from a sink
3. **Soft toothbrushes with a small head/electric toothbrush feel and sound may trigger a resistant response**
4. **Starting goal may be to first dry brush** if there is much debris on the teeth and then add toothpaste
5. **Allow patients to do as much as possible** by themselves. If needed, bring a toothbrush to patients’ mouth ... learned behavior often takes over from there
6. **If they do not respond to verbal cues, use gestures or pantomime.**

## Brushing by Caregiver

1. Where to begin? Start on the outside of the lower teeth then move to the outside of the upper teeth on both sides of the mouth
2. Then move to the inside of the mouth to prevent a gag reflex that will trigger resistance
3. Warm water to rinse to minimize sensitivity that may trigger a fear response

# Early Stage of Dementia

## Action Strategies for Caregivers

- **Provide gentle reminders** for a person to brush. Stand near them if they need some guidance. Set a reminder alarm or a note on a visible whiteboard, to prompt them to brush their teeth at a specific time. Having a fixed routine in the morning and evening can help, too.
- **Buy an electric toothbrush with a small head and an easy-to-grip handle. The extra weight may also help** reduce hand and arm tremors.
- **Ensure dental care is part of their care plan.** If a home care worker is supporting the person as part of a visit, check that the care plan includes prompting them to brush their teeth at specific times.
- **Encourage the person** to do their own mouth care as much as possible until you think they might need more assistance.

# Middle Stage of Dementia

## Action Strategies for Caregivers

- **Guide the person to the bathroom.** It's common for people with more advanced dementia to lose their way or become confused about where they need to go.
- **Encourage the person to brush their teeth.** If they don't want to brush their teeth, they can make that decision — just as anyone can.
- **Assist with brushing** — depending on the person's ability at this stage, you might only need to hand them the toothbrush and explain what they need to do, or you might need to brush their teeth for them.
- **Consider using mouthwash.** If the person becomes distressed about brushing their teeth, rinsing with mouthwash can help clear food particles from their mouth.

# Later Stage of Dementia

## Action Strategies For Caregivers

- **A person's teeth and gums can often worsen** later as it becomes harder to ensure their teeth are brushed regularly. They may be less willing to do so themselves or become agitated when someone tries to help them. They are also much less likely to be able to tell someone that they are in pain.
- **Despite the person's condition, it's crucial to continue supporting their mouth care** as much as possible. This prevents weight loss, dehydration, pain, and infections, underscoring the caregiver's role in maintaining the person's overall health.
- **Mouth care should focus on keeping the mouth clean, moist, and comfortable in the final stages of life.**

UK Alzheimer's Association July2023

# Identifying Toothaches and Other Mouth Pain

**A person may have difficulty understanding their pain or asking for help. Look out for signs of pain and distress, such as:**

- Struggling or refusing to eat food
- Frequently touching their face or mouth
- Swollen face
- Increasingly restless
- Moaning or shouting
- Disturbed sleep
- Struggling to take part in daily activities
- Refusing attempts to help them with their mouth care
- Behaving aggressively (particularly toward you or someone else caring for them)

## **Avoid comparisons**

“It’s easy to compare your loved ones today to past selves. This is not helpful and should be avoided. People with dementia don’t process pain in the same way they did before their diagnoses.”

# Saliva Production

- Circadian rhythm:  
Nighttime production
- Radiation and  
Chemotherapy



Medication  
effects



Normal  
saliva  
production



# Dry Mouth in Dementia

## Functions of Saliva

- Keeps your mouth moist and comfortable
- Helps you chew, taste, and swallow
- Fights germs in your mouth and prevents bad breath
- Has proteins and minerals that protect tooth enamel and prevent tooth decay and gum disease
- Helps keep dentures securely in place

## Symptoms of Dry Mouth

- Dry and cracked lips
- Stickiness on the cheeks or tongue
- Food debris in the mouth
- Bad breath
- Dried saliva on the tongue or palate
- Red, sore, or swollen gums around a denture can cause it to become loose
- Cervical caries
- Loss of buffering capacity
- Decreased socialization

## Causes:

- Dehydration
- Side effects of many medicines' anxiety
- Cancer therapies, radiotherapy or chemotherapy
- Breathing more through the mouth than the nose
- Using oxygen therapy

## **Did You Know:**

Some people feel they have dry mouth even if their salivary glands are working correctly. People with Alzheimer's disease, or those who have suffered a stroke, may not be able to feel wetness in their mouths.



# Dry Mouth

## Action: Avoid substances that irritate

- Caffeine
- Citrus fruit
- Alcohol containing mouth rinses
- Tobacco
- Glycerin

## Action: Replace lost secretors

- Saliva substitutes
- Milk
- Increase fluid intake
- Regular misting
- Sips of Water
- Swab mouth with gauze or sponge wet gauze or sponge
- Mouth rinses
- Tobacco
- Glycerin

## Action: Protect the teeth

- Avoid sugar, form and frequency (Lozenges)
- Rinse well
- Toothbrush with fluoride application
- Soft toothbrush, floss

## Action: Stimulate saliva

- Crushed Ice
- Sugar-free gum
- Foods that require chewing
- Treatment: pilocarpine

# Mucositis

[Mouth sores caused by cancer treatment: How to cope - Mayo Clinic](#)

[Cancer care for people with dementia: Literature overview and recommendations for practice and research - Ashley - 2023 - CA: A Cancer Journal for Clinicians -](#)

- Oral complications occur in virtually all patients receiving radiation therapy and chemotherapy for head and neck malignancies.
- Severe dry mouth and increase in soft and hard tissue problems.
- Dementia prevalence rate of **7%** among patients with cancer.

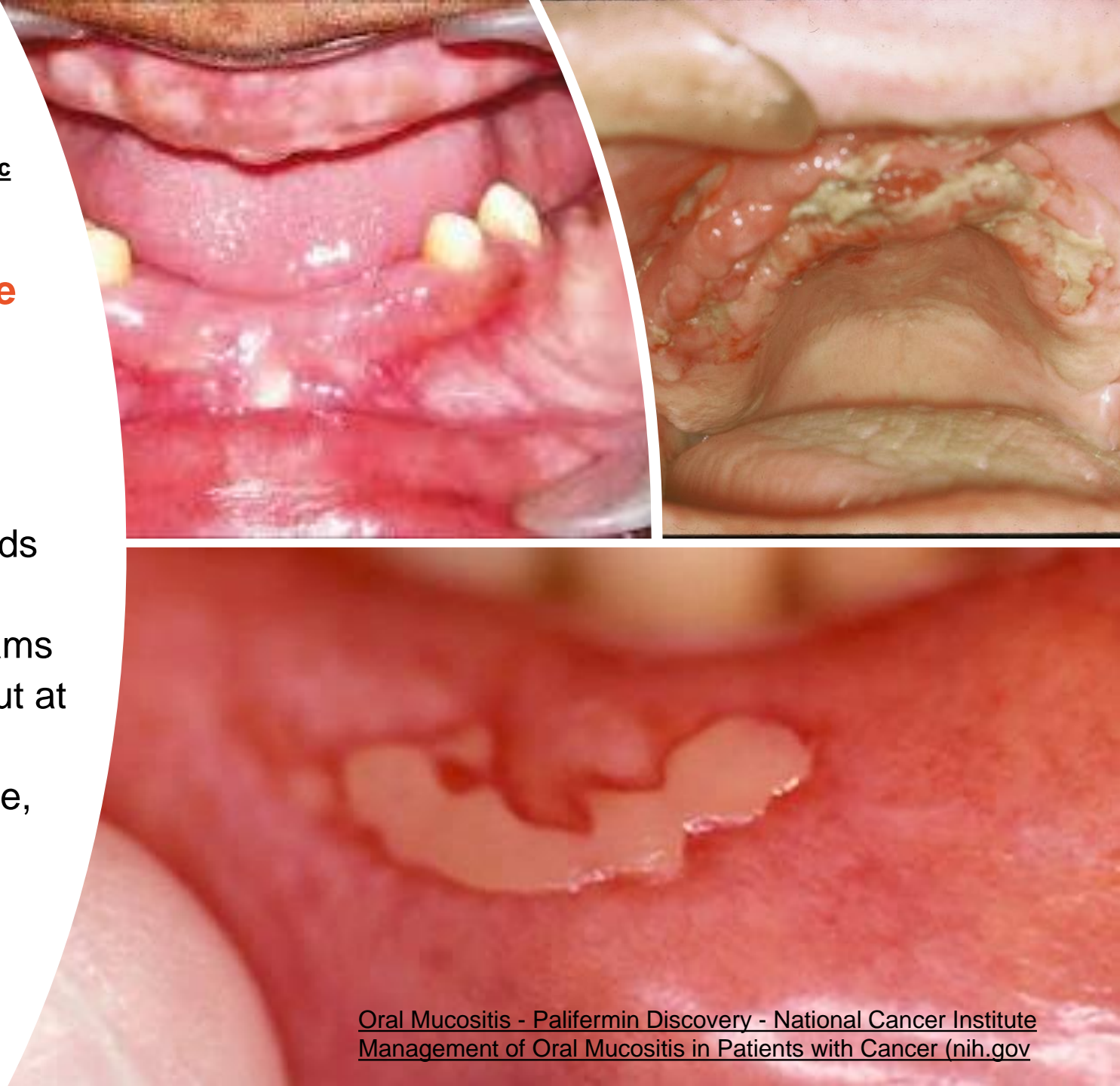


# Managing Oral Mucositis

Mouth sores caused by cancer treatment: How to cope - Mayo Clinic

## Management Techniques, Plan for Care

- Serve warm and not hot foods
- Local irritation
- Avoid alcohol and tobacco
- Moisten foods, use sauces to wet dry foods or avoid dry foods
- Serve chilled foods like yogurt or ice creams
- Remove and clean dentures and leave out at night, same with partial dentures
- Cryotherapy: ice chips, ice pops, water ice, or ice chips
- Analgesics and rinses



# Vomiting and Nausea

## Vomiting and Nausea



## Management of patients receiving chemotherapy and radiation therapy

- Plan for care, strategize
- Good oral hygiene
- Diet (soda, candy, lozenges)
- Caries control

# Sodium Diamine Fluoride

## Reasons to add SDF to your daily routine

- Lethal to bacteria responsible for the progression of caries.
- SDF can be used to successfully arrest a carious lesion; it is not a final restoration.
- No significant benefit is found with excavation of caries before placement.
- SDF prevents more root caries in older adults than fluoride varnish or chlorhexidine varnish applied four times per year.
  - ~90% arrest with 2/year application
  - ~ 80% arrest with 1/year application

## Patient pluses

- No drills
- Reduces patients' fear
- Effective triage lesions
- Cost very inexpensive
- High caries rate
- Radiated patients
- Overdentures
- Use around large filling and crowns



# Preparing for Oral Palliative and End-of-Life Oral Care Dental Tool Kit

- Toothbrush, floss, toothpaste, gloves, and glasses
- Cup, mouth props, gauze, light
- Disposable swabs and lip balm



# Preparing for Oral Palliative and End-of-Life Oral Care Dental Tool Kit

- Sodium diamine fluoride and other fluoride Products
- Soft tissue reline materials and ultrasonic cleaners and denture cleaners



# *“Putting it all together”*

## ***FIRST ACTION PLAN:***

Oral health literacy promotes treatment and limits patient referral

## ***SECOND ACTION PLAN:***

- Develop patient rapport and trust, inform to perform, consent
- Develop written communication and evaluation tools

## **THIRD ACTION PLAN:**

- Early assessment and Rationale Treatment Planning by stage of dementia.
- Patient involvement in care
- Plan for care



# Motivate at Home Website and in Long Term Care

Maine's Oral Team Based Initiative:  
Vital Access to Education



## Welcome to Motivate at Home

MOTIVATE at Home is a free oral health education program. It is ideal for care partners of older adults who reside in their homes. By participating in the program, we hope you will learn:

1. The connection between oral health and overall health.
2. Why older adults are at greater risk of oral health problems?
3. The steps for adequate at home oral health care.
4. How to speak to your health care provider about oral health.

  
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# MOTIVATE

Maine's Oral Team-Based Initiative:  
Vital Access of Education

*Oral Health Leads to Total Health*

## MOTIVATE in Long Term Care





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# Question and Answer



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# Webinar Evaluation

Complete the evaluation by **Friday, November 8** to receive CE credit. You will receive a link to the survey within 24 hours.

## *Next Webinar:*

Elevating the Voices of Indigenous Peoples in Dentistry: Ongoing Challenges and Promising Solutions on **November 21 at 8 p.m. ET**

And we invite you to take a minute to sign up for our newsletter to get more information on future webinars!

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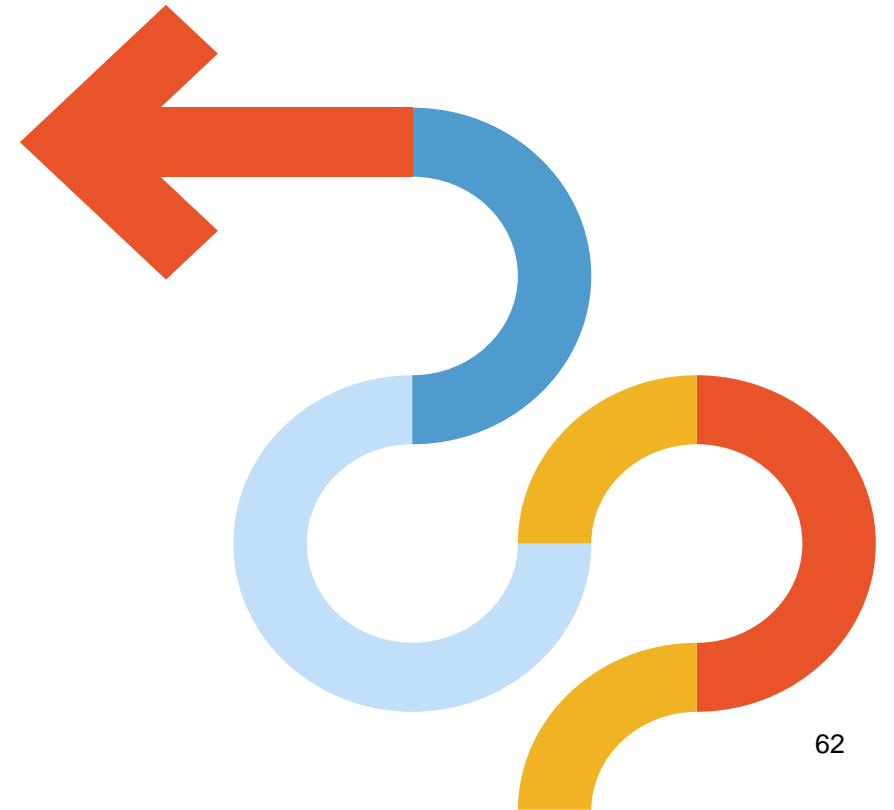
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