

Taking Care

How Dentists Should Prepare for Treating Aging Patients

By Frances Moffett

There will be 74 million older adults — those who are 65 years of age and older — in the United States by 2030, according to Oral Health America's *A State of Decay*, Vol. III report (2016). Fourteen years from now, it is projected that one out of every five Americans will be age 65 or older — that's 19 percent of the U.S. population. In 2010, this number was about 13 percent. This shows a 46 percent increase in 20 years, and, according to *A State of Decay*, this population is expected to continue to grow.

So what does all of this mean? That with larger parts of the U.S. population getting older, dentists will need to consider if they are prepared to properly serve their aging patients.

"It is important for the dental team to understand the 'graying' of America," says Katharine Ciarrocca, DMD, MSED, assistant professor at The Dental College of Georgia at Augusta University. "For the first time in history, people aged 65 and older will soon outnumber children under the age of 5."

With the "graying" of a dentist's patient base come a number of unique challenges an older individual may face — challenges that dental professionals must be ready to address as well. These include increased medical complexities, lack of dental insurance, reduced mobility and cognitive function, and more. Participation from the entire dental team is necessary to ensure that patients are

well-educated and equipped for optimal oral health, even into old age.

The Evolution of Treatment in Older Adults

In the past, Ciarrocca says, geriatric dental care was really geriatric *denture* care. The prevalence of edentulism has declined overall from 18.9 percent in 1957–1958 to 4.9 percent in 2009–2012.¹ Older adults are no longer living with the expectation that they will lose all of their natural teeth and enter old age with dentures.

"It's not unusual for baby boomers today to have grandparents who put their teeth in a cup at night," says Linda C. Niessen, DMD, MPH, MPP, dean



and professor at Nova Southeastern University College of Dental Medicine in Fort Lauderdale, Florida. “Baby boomers, however, are retiring with basically a full complement of teeth, and there are two main reasons for that: better preventive care and workplace dental insurance. It’s much more common nowadays to see a 65-year-old wearing braces instead of dentures.”

Michael Helgeson, DDS, CEO and cofounder of the nonprofit Apple Tree Dental (which provides dental services to those who are low-income, disabled, and residents of nursing homes), says that attitudes about the inevitability of tooth loss have shifted dramatically over the years; more people are asking about and choosing therapies that help sustain their teeth.

“All adults, including seniors, are focusing on not just keeping their teeth, but actually having a brighter, whiter, and more pleasing smile,” he says. “Emphasis on looking good as you age will continue to grow, particularly among older adults who are functioning well and have the financial resources and the interest to do so.”

And, as Ciarrocca explains, with advances in oral health care and medical care, people are living longer and, thus, able to keep their teeth throughout the duration of their lifetime.

“Advances in medicine and biomedical sciences have been major factors in the increase of life expectancy,” she says. “Individuals who would have died 100 years ago due to infections, trauma, major organ diseases, or oncologic conditions, in many cases, now have treatment available that effectively maintain life in most situations.”

Ciarrocca says with changing demographics and improved medical management of the various health conditions older adults face, there are increasing demands on oral health care providers for extensive knowledge of oral manifestations of systemic disease.

“The individual who survives one or more of these conditions often suffers detrimental effects,” she says. “Therefore, patients are more medically complex, so oral health care professionals need to be knowledgeable and comfortable in managing these patients.”

The Unique Challenges of Aging Patients

As the age of the general population increases, so does the likelihood that dentists will be treating older individuals who are dealing with issues such as comorbidity and polypharmacy.

“Older adults may be taking more medications and have an increased number of diseases and medical conditions, such as diabetes, arthritis, or high blood pressure,” says Barbara Smith, Ph.D., RDH, MPH. “They have likely lost multiple teeth or have teeth that have been heavily restored. They might have arthritic changes that affect their ability to take care of their teeth on a daily basis. In the mouth itself, the teeth tend to be more brittle and may have decay around the root surfaces, which could also be caused by the medications they take. These are just a few of the things dentists and the dental team need to consider when determining care.”



According to the World Health Organization, common ailments older adults experience include hearing loss, cataracts and refractive errors, back and neck pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia. In treating these conditions, patients can be taking a number of medications that can affect their oral health. According to the 2015 *Journal of the Canadian Dental Association* study, *Pharmacotherapy for the Elderly Dental Patient*, elderly adults are prescribed the highest number of medications — sometimes taking up to four or five prescription drugs in addition to two or three over-the-counter medicines. It is estimated that by 2040, they will consume 40 percent of all prescriptions used.

There are multiple common oral conditions that dentists should be aware of when treating older adults who are taking numerous medications, such as:

- **Xerostomia (dry mouth).** Dry mouth affects 30 percent of patients who are 65 years old and older, up to 40 percent of those older than age 80, and is considered one of the most common oral health issues in older adults due to medication intake (this condition is more likely to occur in those who take more than four daily prescription drugs). Dry mouth can lead to other ailments such as mucositis, caries, cracked lips, and fissured tongue.²
- **Root caries (or root decay).** About 50 percent of elderly individuals who are older than age 75 have root caries affecting at least one tooth. This population is at a higher risk for root decay because of increased gingival recession that exposes root surfaces, as well as increased use of medications that produce xerostomia.³ Of patients ages 75 to 84, 10 percent are affected by secondary coronal caries, likely because of the prevalence of restorations in these individuals.²
- **Periodontal disease.** According to Niessen, periodontal disease occurs more frequently in older adults, so it's important that dentists do a complete periodontal evaluation and measure probing depths to ensure that patients don't have areas of either general-

ized or localized periodontal disease. The National Institute of Dental and Craniofacial Research reports that 17.2 percent of older adults have this condition. Additionally, African American and Hispanic seniors, as well as those who smoke and have lower incomes and less education, are more likely to have periodontal disease.

Another common infection, particularly when caring for palliative patients, is oral candidiasis. As many as 70–85 percent of these individuals suffer from it.⁴ In addition, Niessen says that dentists should conduct a thorough oral cancer examination with older adults, checking for lesions and other symptoms, because the risk for developing the disease increases with age.

Lack of Dental Insurance

Many of today's older adults have had the opportunity to benefit from health insurance provided through their workplace, which, in comparison to generations past, has led them to enjoy better oral health. Yet what most of them don't realize is that once they retire, they will likely lose their health insurance and have to enroll in Medicare, which doesn't cover routine dental care.

"What a lot of baby boomers don't realize is that when they retire, their workplace health insurance switches to Medicare, and then they've just lost their dental coverage," Niessen says. "Some baby boomers may not know this is coming."

According to *A State of Decay*, 52 percent of people older than 50 — regardless of their income or education level — either did not know or believed that Medicare covered routine dental health care. Yet less than 1 percent of dental services are, in fact, covered. (Medicare will pay for dental services that are medically necessary for another covered procedure; Medicare Advantage plans cover some dental services.) In 2015, the Centers for Medicare & Medicaid Services reported that more than 55 million Americans were covered by Medicare. And with the aging population growing at a faster-than-ever rate, Eligibility.com says that approximately 80 million individuals will be eligible

for Medicare by 2035. (In some states, Medicaid may pay for limited dental services for low-income adults, including older adults.)

Niessen says, "What this means is that the dental team will often become the insurance management/benefits counselors, so to speak, for patients. The office managers should be communicating with patients who are close to retirement age and asking them when they're planning to retire and ensuring that they're aware of how their dental coverage is going to change."

Limited Mobility and Lack of Transportation

As older adults become less independent, daily self-care and access to transportation become more difficult, especially for frail adults who live in facilities such as nursing homes, says Helgeson. According to National Caregivers Library, 8.4 million seniors depend on others for their transportation.

In addition, conditions such as osteoarthritis, which is the most common form of arthritis, or rheumatoid arthritis, the second most common, can affect an older person's ability to maintain optimal oral health, due to the inability to properly hold a toothbrush or floss. Along with frequent cleanings and dental exams, modification of manual toothbrush handles with the addition of Velcro® straps, etc., or use of an electronic toothbrush with a wide handle that's easy to grip, can help with loss of mobility; floss holders or interdental cleaners/brushes can help as well.²

According to Beth Truett, president and CEO of Oral Health America, lack of transportation, inability to pay for care or find a provider who accepts Medicaid, etc., are common challenges for older patients, but dentists should also be aware that they may have language diversity (i.e., the inability to find a dentist who speaks his or her primary language) or they may suffer from fear and embarrassment, which may keep them from visiting the dental office.

There are ways to combat this, though. "Depending on the size of the community, dentists can work with local transportation companies to offer transportation at affordable rates," she says.

“[With regards to Medicare], we need to advocate on a national level for inclusion, and with state legislators to include adult dental coverage in Medicaid and for better reimbursement rates, so that more dentists will be willing to take these patients. [For language barriers], work with local schools who may have English as a Second Language teachers and students who may want to volunteer as translators.”

Considerations for Treatment Planning

Ciarrocca says that when treatment planning for a geriatric patient, it is important to consider how they function in their environment, what type of social support systems they have, what their diverse sociologic variables may be, how oral health care fits into their environment, and if they are able to maintain the care you provide.

“The OSCAR approach is an excellent, systematic approach to evaluate the whole geriatric patient,” she says.

The acronym OSCAR stands for:

- Oral and dental needs
- Systemic factors
- Capability
- Autonomy
- Reality

This approach, according to *Clinical Practice of the Dental Hygienist* (10th edition), outlines the dental, medical/ pharmacologic, functional, ethical, and fiscal factors that dentists should analyze when treatment planning for older individuals or those with disabilities.

Caring for older adults will also likely take more time than caring for younger patients, says Truett, because they move less quickly; they are challenged by the physical environment; they will likely prefer a conversational relationship

before treatment; and they have more complex needs, such as completing a plan without multiple return visits, especially if they have physical limitations. “A revised protocol may be needed, which extends the time the dentist spends with the patient, or planning for other health workers to spend one-to-one time with the older adult to complete their plan with fewer visits,” she says.

Helgeson says that dentists should also bear in mind that older adults tend to transition through three stages as they age: independent, semi-dependent, and fully dependent.

“During those different phases, patients will have different treatment needs,” he says. “Having a dialogue early with older patients about their plans for ‘retiring’ their mouth can help them make appropriate treatment decisions while they’re independent, because as they become semi-dependent, their



What Can You Do to Better Serve Aging Patients?

1. Have a discussion with your patients about future planning, the potential need for a caregiver, and their long-term goals for their teeth. Documenting this information early will show your patients you care and help you avoid conundrums later on.
2. Collect detailed health histories, including a list of all medications, and provide coaching on how to mitigate dry mouth.
3. Evaluate the cognitive function of elderly patients. Always ensure that they understand the information that’s being presented and can provide informed consent.
4. Talk about changes in insurance. Discuss options to make their care affordable and practical over time.
5. Emphasize the importance of preventive care. Prevention works at every age, so don’t give up on saving teeth prematurely.
6. Don’t treat vulnerable adults like children. No matter what people’s age or disability, if they’re an adult, they need to be treated like one.
7. Train staff to be senior-friendly and create a senior-friendly dental office. Consider things such as lighting and space that allows for proper patient safe-handling.
8. Be wary of stereotypes about older patients. Don’t assume that just because someone is older that you know what their needs and preferences are. And don’t limit their options based on their age. Be open to their preferences and honest with them about the benefits, risks, and costs of various treatments.

— Michael Helgeson, DDS, and Barbara Smith, Ph.D., RDH, MPH

cognitive and economic status, as well as their mobility, may change. For independent seniors, though, most of the treatment planning will be similar to how you would plan for any other adult.”

Niessen agrees, saying that generally, there are more similarities than differences when preparing treatment for an elderly patient. “Our procedure for care should be the same for every patient,” she says. “How we do our dental exam, how we document medical history, our diagnostic and treatment planning procedures — we should have

a similar process for each patient. The difference with the older patient is that when you document the medical history, you’re going to have a lot more positive answers. They’re going to say ‘yes’ to having heart disease, ‘yes’ to arthritis. They’re going to say ‘yes’ to taking multiple medications.”

According to Helgeson, when treating fully dependent elders, dentists should be aware that this population typically has cognitive or physical impairments — or, most often, a combination of both — and may be receiving

long-term care in a nursing facility, hospice care at home, etc.

“Many of the seniors who are in that population end up losing their savings because of the high cost of nursing facilities, and they become dependent on Medicaid at a certain point during their stay,” he explains. “For those patients, there’s a combination of having medical, dental, and nursing care needs overlaid with loss of resources to be able to pay for dental coverage.”

Another part of treating semi- and fully dependent older adults is ensuring that they fully understand the information they are being presented with and can give informed consent.

“It’s always a challenge identifying semi-dependent older adults — somebody who has some level of impaired cognitive ability, but it’s not clear how extensive it is,” Helgeson says. “When in doubt, that’s a good time to involve spouses or adult children, with consent from the older adult, of course.”

If this is the case, a dentist should talk to patients and ask for their help identifying a caregiver, letting them know that you want to be able to help in the event that they need assistance in making treatment and/or financial decisions relating to their oral health. “Asking, ‘Is there someone who you would like to have involved in decision-making about your care?’ helps. Setting that up in advance is a little like having a will or establishing their end-of-life priorities.”

Helgeson cautions that if a dentist is working with a vulnerable adult who is losing cognitive function, then the consent received from that person is not valid. He advises that, if available, dentists take advantage of the informed consent training materials and guidance provided by most malpractice insurance carriers, and that they become comfortable with discussing this topic with their older patients. He also says that tools such as the Mini-Cog™, a mental status assessment test, can help dentists quickly evaluate a senior’s cognitive function.

Communicating with Older Patients

What should dentists keep in mind when communicating with elderly adults? Smith says, “One of the challenges in dentistry is that we have, over time, created an environment that interferes

Properly Treating Aging Patients Is a Team Effort

Each member of the dental team must be forward-thinking in their approach to senior patient care. Michael Helgeson, DDS, and Barbara Smith, Ph.D., RDH, MPH, highlight the unique roles each team member plays, in addition to providing optimal care.



Dentist

- Educates patients about the oral-systemic link
- Evaluates cognitive status of a patient
- Develops short- and long-term treatment plans that fit changing needs and financial status
- Leads team in creating a senior-friendly office environment



Dental Hygienist

- Encourages daily self-care and the need for frequent professional visits for cleanings and exams
- Manages preventive care such as fluoride use, etc.
- Establishes daily mouth care routines and caregiver assistance coaching for semi-dependent patients



Dental Assistant

- Ensures patient safety and safe-handling
- Accompanies patients and observes any changes in well-being
- Reinforces post-op patient communications



Office Staff

- Communicates well and understands the scheduling challenges that many seniors face (coordination with caregivers, transportation issues, etc.)
- Detects signs of declining health and cognitive status early
- Acts as ambassador with family members/caregivers

with communication with face masks and goggles, etc., which we use for a perfectly reasonable thing — infection control. This can make communication with patients difficult, but it becomes particularly critical with older adults if their sensory input is not as good as it once was.”

She offers the following tips:

- Always face the patient, make eye contact, and unmask.
- Extinguish external noise sources, such as suction units, handpieces, etc.
- Speak distinctly, not louder, in a lower pitched voice.
- Support verbal messages with written communication that clearly outlines treatment plans, cost of services, etc. Written/typed communication should not be smaller than a 12-point font.
- Use everyday language and avoid jargon and overly technical terms.
- Be mindful of the patient’s pride and dignity. Elderly patients are adults and, as with all patients, should be treated with dignity.

Dentists and their teams should also keep in mind that even though senior patients may need more assistance, independence is still important to them. Truett says, “Kathy Greenlee, assistant secretary for the Administration on Aging at the U.S. Department of Health and Human Services, once said that independence is what older adults value and fear losing the most, so anything the dentist can do to reinforce a sense of self-efficacy will engender a ‘grateful patient.’”

Talking about the Oral-Systemic Link

According to Truett, family caregivers told Oral Health America (in a two-day online focus group survey) that in regards to their older-adult neighbor or loved one, they are concerned for the health of the whole person — especially when it comes to nutrition, falls, chronic diseases, and oral health.

“Taking a whole-person approach could be valuable in compassionately treating the individual and gaining the family’s business,” she says.

A State of Decay reports that older patients who have lower income and are less educated are most likely to misunderstand the connection between oral health and overall health. This popu-

lation is also less likely to understand how medication can affect the health of their mouth.

“The dental team needs to emphasize that mouth health is related to overall health, with particular emphasis on heart health and diabetes,” Helgeson says. “Inflammation and infection in the mouth may aggravate heart conditions and make diabetes harder to control. Also, aspiration pneumonia in nursing facility residents is an issue that isn’t often discussed but can be a cause of hospitalizations and death, due, in part, to poor oral health, leading to increased bacteria in the mouth. Keeping the mouth clean and healthy is simply a good, preventive measure for overall health.”

Niessen adds that since most patients aren’t knowledgeable about how oral health affects systemic health, it’s easy for them to misconstrue certain symptoms or illnesses they might have.

“Sometimes they don’t realize that the pain they are having in their top teeth could really be a sinus infection instead of a toothache,” she explains.

“Patients who have diabetes may not realize that if their diabetes is uncontrolled, they’re much more likely to get periodontal disease. Or, if a patient comes in with fruity-smelling breath, that could be a sign of diabetes. There are patients who have angina or heart disease who present with jaw pain. Many medical conditions can present with symptoms in the mouth.”

Niessen also says that dentists should try to get a full picture of a patient’s health conditions. “If a patient has a history of heart disease, the dentist needs to understand the nature of the heart disease and what type of medicines they’re taking, because if that patient suddenly loses consciousness, the dental team must be prepared to stabilize him or her until the EMTs [emergency medical technicians] arrive. If a patient has a hip joint replacement, the dentist and the orthopedic surgeon should be talking. If the patient has a cardiac condition, the cardiologist and the dentist should be talking to make sure that the treatment is appropriate.”

The Importance of Prevention and Multidisciplinary Collaboration

One of the significant factors that

contribute to the unmet dental needs of older adults, according to *A State of Decay*, is a lack of programs that support oral health prevention and education for this population. Though there have been advances in preventive education over the years, Helgeson and Smith say there is still a need for this consistent messaging among older adults.

“Historically, the use of fluoride treatments for prevention has been focused on children, but it is equally effective in older adults and just as important in preventing cavities,” Helgeson says. “Treatment of root caries is a big issue in older adults. Periodontal and endodontic care are still important as well.”

In addition to the push for prevention in older adults, Niessen encourages dentists to collaborate with their health profession colleagues — physicians, nurses, pharmacists, etc. — in order to educate them about oral health and its relationship to overall health.

“I’ve done a lot of in-services for physicians and nurses in nursing homes or in hospital settings, and I’ve lectured for physicians as well,” she says. “For dentists in private practice, maybe there’s a physician or a medical group in the same building as your practice. Introduce yourself and get to know them. Ask if they’d be interested in learning more about oral health during a lunch meeting, etc. Sometimes, these meetings can happen in serendipitous ways; for instance, while you’re at a social event. We should take every opportunity to educate our health profession colleagues and alert them to the importance of good oral health at any age, particularly at an older age. Oral health doesn’t need to decrease as chronological age increases.” ♦

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To comment on this article, email impact@agd.org.

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