Improving Oral Health of People with Disabilities

Paul Glassman DDS, MA, MBA
Professor and Director of Community Oral Health
University of the Pacific School of Dentistry
Improving Oral Health of People with Disabilities

• Care delivery systems

• Caregiver training

• Training oral health professionals
Oral Health in America: A Report of the Surgeon General

Department of Health and Human Services
U.S. PUBLIC HEALTH SERVICE
The Surgeon General’s Report

• “Although there have been gains in oral health status for the population as a whole, they have not been evenly distributed across subpopulations.”

• Profound health disparities exist among populations including:
  – Racial and ethnic minorities
  – Individuals with disabilities
  – Elderly individuals
  – Individuals with complicated medical and social conditions and situations
Consensus Statement

Oral Health for People With Special Needs: Consensus Statement on Implications and Recommendations for the Dental Profession

Paul Glassman, DDS, MA, MBA; Tim Henderson, MSPH; Michael Helgeson, DDS; Linda Niessen, DMD, MPH; Neal Demby, DDS, MPH; Christine Miller, RDH, MHS, MA; Cyril Meyerowitz, DDS; Rick Ingraham, MS; Robert Isman, DDS, MPH; David Noel, DDS, MPH; Rolande Tellier; and Karen Toto, MA

Abstract

In November 2004, the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry co-sponsored a meeting to develop oral health recommendations as a part of the California Commission on Aging’s Strategic Plan for an Aging Population.
Oral Health Care Delivery System

Services delivered in locations where people live, work, play, go to school, receive social services

- Screening, triage, prevention education
- Prevention services - F1 varnish, sealants, medical model treatments, minor dental procedures
- Complex dental procedures

Dental office
Safety net clinic
Hospital
The Virtual Dental Home
The Virtual Dental Home in Action
<table>
<thead>
<tr>
<th>Patient: Bugs, Bunny B</th>
<th>Type</th>
<th>Patient ID</th>
<th>104</th>
</tr>
</thead>
<tbody>
<tr>
<td>(H): 818-555-1212</td>
<td>Age/Sex</td>
<td>59 / M</td>
<td></td>
</tr>
<tr>
<td>(C): 818-555-1214</td>
<td>First Visit</td>
<td>01/10/2005</td>
<td></td>
</tr>
<tr>
<td>(W): 818-555-1213 9393</td>
<td>Last Visit</td>
<td>12/18/2008</td>
<td></td>
</tr>
<tr>
<td>Responsible: Bugs, Bunny B</td>
<td>Balance: 1035.00</td>
<td>Est Ins: 815.15</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Est Pat: 219.85</td>
<td></td>
</tr>
<tr>
<td>Prim. Ins: Blue Cross</td>
<td></td>
<td>Ben Rem: 2000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ded Rem: 0.00</td>
<td></td>
</tr>
</tbody>
</table>

![X-Ray Image]

Select Series: Please Select | Print Series | Delete Series | Move Series
Photographs
Photographs
The Virtual Dental Home in Action
The Virtual Dental Home in Action
Perform Procedures in the Community

• Care management over time
• Preventive education
• Prevention procedures
  – Teeth cleaning
  – Medical treatments
  – Interim Therapeutic Restorations
Radiographs
Radiographs
Radiographs
Photographs
Photographs
Photographs
Sealant
Sealant
Miguel and Nurse Connie

Resident in mobile chair, with oxygen
Interim Therapeutic Restoration
Interim Therapeutic Restoration
Interim Therapeutic Restoration

Before

After
Oral Health Systems for Underserved Populations

Geographically Distributed

Collaborative

Telehealth Enabled

Prevention Focused

Systems of Oral Health Care Without Walls
Caregiver Training Materials
The CD (for use in a computer) contains:

- The Direct Caregiver Workbook
- The Daily Mouth Care planning and tracking form
- The Administrators and Trainers Manual
- Pre and Post-Tests
- A presentation that covers the concepts in the Direct Caregiver Workbook with a presentation script
- The Direct Caregiver Video formatted for playback on a computer
- The MDS Oral Health Assessment Video for nursing staff working in health licensed facilities formatted for playback on a computer

The DVD (for use in a DVD player) contains:

- The Direct Caregiver Video with three choices:
  - Part I - the Direct Caregiver Workbook chapters 1-6
  - Part II - the Direct Caregiver Workbook chapters 7-13
  - The entire Video - Direct Caregiver Workbook chapters 1-13
- The MDS Oral Health Assessment Video for nursing staff
WHAT DOES A HEALTHY MOUTH LOOK LIKE?
With proper cleaning, care, and visits to the dentist, your teeth can last a lifetime. If you follow a daily routine of proper mouth care, you can chew food better, avoid pain, and enjoy a clean feeling in your mouth. When you look in your own mouth or someone else’s, there are signs that indicate a healthy mouth. A healthy mouth should have:

- Pink gums
- Gums that fit tightly around all teeth
- Teeth without any dark or broken areas
- Teeth that are shiny and reflect light easily
- Teeth that all fit firmly in the mouth and don’t wiggle
- Dentures that fit well, don’t cause pain and the person can eat well.

Figure 2-1 – A healthy mouth with teeth and without teeth.

REVIEW QUESTIONS
1. Identify the various components of a healthy mouth.
   a. What are the signs of a healthy mouth?
   b. What are the benefits of a healthy mouth?

2. Discuss the importance of dental hygiene.
   a. Why is dental hygiene important?
   b. What are the consequences of poor dental hygiene?

3. Describe the role of dental professionals.
   a. What do dentists do?
   b. What do hygienists do?

EXERCISES
Class Exercise
1. In class, share your observations with other caregivers about someone who needs assistance with daily mouth care. For each challenge, discuss whether it is an informational, behavioral, or physical obstacle to good oral health.

On-the-Job Exercise
1. Together with other people involved in personal care or at your next staff meeting, discuss the following:
   a. How do you identify the types of challenges that people may face?
   b. How do you overcome these challenges effectively?
OVERCOMING OBSTACLES TO ORAL HEALTH
Daily Mouth Care Plan

Resident Name: ___________________________ Date: ________________
Assessed By (Staff): ________________________ (Dental Professional)

ASSESSMENT

Describe current daily mouth care plan
(Natural Teeth & Dentures) Dentures □ ☐ N
Daily Tooth/Denture brushing □ 1x □ 2x □ 3x
Braces Own Teeth/Dentures □ ☐ N
If yes, for how much time? ________________
Daily flossing □ ☐ N
Daily mouth rinse □ ☐ N
Dentures stored □ Wet □ Dry

Physical challenges to mouth care □ Y □ N
Describe: ________________________________________________________________

Behavioral challenges to mouth care □ Y □ N
Describe: ________________________________________________________________

CREATE - A - PLAN: TOOLS AND PRODUCTS

TOOL

BRUSHES

Electric □ ☐ N
Adapted □ ☐ N
Two-sided □ ☐ N
Standard □ ☐ N
Denture TB □ ☐ N
1x/day □ ☐ N
2x/day □ ☐ N
3x/day □ ☐ N

Products

Xylitol:
Mints □ ☐ N
Rinse* (can use swab) □ ☐ N
Spray □ ☐ N
Gum □ ☐ N
Fluoride Rinse* (can use swab) □ ☐ N
Fluoride Toothpaste
Standard □ ☐ N
Sensitive □ ☐ N
Denture cleaner □ ☐ N

Use

3x/day □ ☐ N
2x/day □ ☐ N
2-3x day □ ☐ N
At least 1x/day □ ☐ N

Medications

Chlorhexidine □ ☐ N
Fluoride varnish □ ☐ N
High Concentration Fluoride Toothpaste □ ☐ N
Mi Paste □ ☐ N

Use

7 days out of each month □ ☐ N
4x/year □ ☐ N
At least 1x/day □ ☐ N

SOMETHING ELSE

Mouth prop □ ☐ N
Peri-aid □ ☐ N
Rubber tip stimulator □ ☐ N
Discoing tablets □ ☐ N
Gel □ ☐ N
Spray □ ☐ N
Rinse* (can use swab) □ ☐ N
Toothpaste □ ☐ N
Baking Soda □ ☐ N

At least 1x/day □ ☐ N

Other □ ☐ N

IN INVOLVING THE DENTAL CARE PLAN

Last dental cleaning appointment: Date: ________________ Next appointment date: ________________

Dental Check-up recommended every: ______ Months Type of dental setting: □ Dental office – no special considerations □ Dental office (check one) – □ No special support, □ oral/conscious/deep sedation □ behavior/physical support □ Hospital or Surgi-center □ Will not tolerate any of the above settings: [ROHAP]

Dental Provider Name: ___________________________ Ph: ___________________________
Address: ___________________________ Email: ___________________________
# TABLE OF CONTENTS

- Introduction ........................................................................ 4
- Incorporating Oral Health into Organizational Mission and Goals ........................................... 6
- Working with Oral Health Professionals ........................................ 8
- Using the Training Materials ...................................................... 10
- Developing an Oral Health Program ........................................... 14
WHY IS ORAL HEALTH ESSENTIAL?
The mouth is one of the most important parts of our body. As Surgeon General C. Everett Koop said “you can’t be healthy without good oral health.” When residents in a residential or long-term care facility have oral health problems, it can lead to significant health problems with widespread consequences.

We know that many general health problems are related to poor oral health. Infections that start with the teeth and gums can spread, complicating:

- Heart problems
- Diabetes
- Stroke
- Pneumonia

In addition, missing teeth, mouth pain and dental infections can cause:

- Weight loss
- Reduced cognitive abilities
- Increased acting out behaviors
- Reduced participation in activities

All these problems can make the job of caregivers much more difficult, produce tragic health outcomes, and waste valuable organizational resources.

HOW CAN IMPROVED ORAL HEALTH BENEFIT EVERYONE?

- Reduced mouth odors, making it more pleasant to be with the person
- Reduced acting out behaviors, making it easier to work with the person
- Residents who are more interactive with others in the facility
- People eating without mouth pain and requiring less care
- Pride among the direct care staff at seeing the residents they care for become healthier with a happier smile
- More efficient use of organizational resources
OVERCOMING OBSTACLES TO ORAL HEALTH

▷ Play Caregiver Video Part 1 (11 minutes)
Play Caregiver Video Part 2 (9 minutes)
Play full Caregiver Video (20 minutes)
Play MDS 3.0 Training Video for Nurses (13 minutes)

© Pacific Center for Special Care
University of the Pacific Arthur A. Dugoni School of Dentistry
2155 Webster Street, San Francisco CA 94115
Overcoming Obstacles Program

• Collaborators
  – Pacific School of Dentistry
  – Apple Tree Dental
  – California Dental Association
  – California Dental Hygiene Association
  – American Dental Association Elder Care Committees
  – California Association of Health Facilities
  – American Health Care Association
"People wanted to get to know me and cared about my success. That environment is really why I came back to teach."

Dr. Nader Naderni, Executive Associate Dean and VISIT PROFILE >>

Search
- Overcoming Obstacles

Quick Links
- Select A Link

Our Vision
- Leading the
Overcoming Obstacles to Oral Health

A TRAINING PROGRAM FOR CAREGIVERS OF PEOPLE WITH DISABILITIES AND FRAIL ELDERS

By Paul Glassman DDS, MA, MBA, et. al.

5th Edition

Order these materials >>

This package of training materials was designed by a national advisory committee to engage two different audiences — 1) direct caregivers and 2) facility administrators and/or trainers in long-term facilities. The direct caregiver training materials are designed to engage direct caregivers in maintaining oral health of people for whom they are caring.

The material for administrators and trainers provides suggestions for facility administrators, directors, supervisors and trainers about how to create and implement an oral health program in an organization.

Most importantly, the training materials can be adapted to a variety of educational settings and structures and may be used in a pyramid training program where oral health professionals train facility managers, supervisors, directors, or training staff and they in turn train direct care staff.
On-Line Training for Oral Health Professionals
On-Line Training for Oral Health Professionals

UNIVERSITY OF THE PACIFIC


| BL/OL Teaching Seminar | Oral Health for People with Special Needs. DH - 2011 | Edit |

Hello, Paul! | (Logout)

My Workspace | My Sites

Oral Health for People with Special Needs- DH - 2011

Lessons

- Introduction
  - Suggestions for Using the Modules
  - Module One
  - Overview of Dental Treatment for People with Special Needs
- Module Two
  - The Social Context for Oral Health Care for People with Special Needs
- Module Three
  - Community-based Systems to Improve Oral Health for People with Special Needs
On-Line Training for Oral Health Professionals

- **Introduction**
  - Suggestions for Using the Modules

- **Module One**
  - Overview of Dental Treatment for People with Special Needs

- **Module Two**
  - The Social Context for Oral Health Care for People with Special Needs

- **Module Three**
  - Community-based Systems to Improve Oral Health for People with Special Needs

- **Module Four**
  - Oral Health Implications of Intellectual Disabilities

- **Module Five**
  - Oral Health Implications of Cerebral Palsy

- **Module Six**
  - Oral Health Implications of Seizure Disorders
On-Line Training for Oral Health Professionals

- **Module Seven**
  - Module Seven- Autism

- **Module Eight**
  - Dental Treatment Planning Considerations for People with Special Needs

- **Module Nine**
  - Informed Consent for Adults with Cognitive Impairments

- **Module Ten**
  - Overcoming Behavioral Obstacles to Dental Health

- **Module Eleven**
  - Accessibility and Wheel Chair Transfer for Dental Office Treatment of Special Patients

- **Module Twelve**
  - Special Equipment, Tips and Tricks for Dental Office Treatment of Special Patients

- **Module Thirteen**
  - Preventing Dental Diseases in People with Special Needs
On-Line Training for Oral Health Professionals

Module Six
Oral Health Implications of Seizure Disorders

Instructor(s): Paul Glassman, DDS, MA, MBA

Learning Objectives:

- For seizures that start within the first years of life and for those seizures that start after the age of 30, know their likely etiologies.
- Know which types of seizures occur during childhood and which type continues into adulthood.
- Know what "epileptogenic focus" means.
- Know where focal seizures occur in the brain.
- Know how many cycles per second of an EEG pattern is important for people with seizure disorder and how this relates to strobe lights.
- List seven precipitating factors to seizure disorders and which ones are of greatest concern to dental professionals.
- Name the four types of seizures and be able to describe their clinical manifestations (what they look like).
- Be able to name the four parts (periods) of a seizure and what each period represents.
- Be able to list the age of onset, clinical manifestations, duration, and frequency of the following seizures: Grand mal, petit mal, focal cerebral, psychomotor, and minor motor.
- Name two ways of managing a grand mal seizure in the dental office.
- Know which seizure medication can cause gingival hyperplasia.
- Know what does and does not cause medication-induced gingival hyperplasia.
- Be able to list three treatment options for gingival hyperplasia.

Presentation: Developmental Disabilities - Seizure Disorders
Click the link below to view the presentation.

Click here to begin the presentation

Self Assessment Quiz - Glassman - Seizure Disorders
Click the link below to take this on-line Quiz. Remember, you can take it as many times as you want to but each students needs to have a score of 100%. Also remember - if you take the quiz again, all scores are reset so you will need to answer all the questions again.

Click here to take the quiz
Hello, I'm Paul Glassman. I'm a Professor in the Department of the Dental Practice and Director of Community Oral Health and the Director of the Pacific Center for Special Care at the University of the Pacific School of Dentistry. There are several aspects of seizure disorders that are of interest to dental professionals. It is important to understand enough about seizure disorders to minimize the chance of someone having a seizure during dental treatment. It is also important to understand what to do if someone does.
Causes of Seizures Related to Age of Onset

- Perinatal injury
- Metabolic defect
- Congenital malformation
- Infection
- Genetic epilepsy
- Postnatal trauma
- Brain tumor
- Vascular disease

Different types of seizures typically start at different ages. For instance, seizures that start in the first few years of life are typically the result of some problem that takes place in the developing fetus or young child, such as a perinatal injury or a metabolic defect. On the other hand, seizures that start in the third to sixth decade of life are likely to be the result of a cardiovascular accident (stroke) or a brain tumor. If someone has their first seizure at the age of 60 years old without a known precipitating cause, a brain tumor would be suggested until...
Causes of Seizures Related to Age of Onset

- Perinatal injury
- Metabolic defect
- Congenital malformation
- Infection
- Genetic epilepsy
- Postnatal trauma
- Brain tumor
- Vascular disease

Age in years:

- Birth
- 2
- 3
- 5
- 7
- 10
- 20
- 30
- 50
- 70
Causes of Seizures Related to Age of Onset

- Perinatal injury
- Metabolic defect
- Congenital malformation
- Infection
- Genetic epilepsy
- Postnatal trauma
- Brain tumor
- Vascular disease

Age in years

birth

2

3

5

7

10

20

30

50

70
On-Line Training for Oral Health Professionals

Part 1 of 1 -

Question 1 of 12
For seizures that occur for the first time after age 60, a cardiovascular accident is usually suspected.
- A. True
- B. False

Reset Selection

Question 2 of 12
Which of the following seizure types, as defined by age of onset, are likely to disappear during childhood? 1) Akinetic minor motor, 2) Petit mal, 3) Grand mal
- A. 1 and 2 only
- B. 1 and 3 only
- C. 2 and 3 only
- D. None of the above
- E. All of the above

Reset Selection

Question 3 of 12
Which of the following types of seizures is a result of localized abnormal firing of brain cells?
- A. Grand mal
- B. Petit mal
- C. Akinetic minor motor
- D. Focal seizures
- E. Myoclonic seizures

Reset Selection
Improving Oral Health of People with Disabilities

- Delivery Systems
- Training of Oral Health Professionals
- Training of Caregivers