DENTAL CARE

Caring for People with Natural Teeth

In the first of a new series for NHJ about dental issues in aged care, Dr Peter King provides practical advice and solutions to the increasingly frequent challenge of managing people with their own teeth.

Dr. Peter King
Special Needs Dentistry
Hunter and New England Area Health Service

IN the Hunter and New England Area Health Service, I have been conducting the Smiles Alive program since 2004. An oral health educational seminar for people working with frail and functionally dependent adults, it attracts carers, both non-professional and professional. The seminar is conducted over one morning and is highly interactive.
My key question to carers attending the workshop is, "what burning questions do you have that you want me to address?" The overwhelmingly common response to my question is how to provide oral care to residents with natural teeth, when the residents resist care and express challenging behaviours related to their dementia.

WHY DO MANY RESIDENTS RESIST ORAL CARE?

I would like to suggest some quite simple reasons for residents resisting oral care. Firstly, it is possible that residents have oral diseases that are painful when simulated with a toothbrush. Some decayed teeth will respond with pain when brushing and oral ulcerations are very painful if stimulated with a toothbrush. It is also possible that if a carer brushes a resident with a poor technique, the very fragile soft mucosa of the mouth can be damaged and will cause the formation of ulceration.
It surprises me that professional carers are allowed to brush a resident's teeth without training in oral care. When you clean your own teeth, you get feedback from the structures that you are cleaning, warning you to be gentle when you get near the gum and to avoid any sore spots in the mouth. You can easily keep track of where you have cleaned and your tongue tells you what feels clean and what needs more attention.
When a carer brushes a resident's teeth, there is no feedback. Vision into the oral cavity is also difficult and access complex. The carer's safety is also a training issue since an oscillating electric toothbrush taken out of a mouth that may have bleeding gums poses a considerable infection risk to the carer as blood is sprayed off the head of the toothbrush into the air.

FIRST-LINE ADVICE FOR CARERS

There are some very basic activities that all carers should do before they start cleaning a resident's mouth.

Firstly, they should have some practice. They should clean the teeth of a person who can give verbal feedback about whether they are brushing too hard, getting to all the right spots and not causing them to gag or feel uncomfortable. Then the carer should have someone else brush their teeth for them, so that they know what it feels like! The process should be repeated with an electric toothbrush, as many residents will have a history of using electric toothbrushes.

Finally, carers need specific oral health training to ensure they can safely clean the resident's teeth. Unless a carer has completed some simple training in this process, I don't think that they should be allowed to clean a resident's oral cavity. If a resident has ten different carers cleaning their teeth, it only takes one carer to be a little careless and the resident indiscriminately refuses any carer to clean their teeth.

Sadly, this may be the very reason why so many residents with dementia refuse oral care. They have been hurt in the process of tooth brushing and the mouth is the one part of their body where they can exercise control and prevent access.

STRATEGIES FOR DEALING WITH RESISTANCE

If a person with dementia resists oral care, strategies need to be attempted to overcome this obstacle. There is no silver bullet. However, unless a range of strategies are tried, the failure to provide care is blamed on the patient's behaviour. In fact it is an unwillingness on the carer's part to try behaviour-modifying techniques that is the real problem. Ideally, these techniques should be tried under the direction of an independent professional such as an occupational therapist or other health professional with a special interest in behaviour modification.

Some useful behavioural techniques include:
Good cop/ bad cop routine. Oral care can be delivered in a team of two. The first carer attempts to clean the teeth and then, when the resident resists, the second carer steps in and tells the patient that they will take over and care for them, asking the first carer to stand aside. The resident may respond with a feeling of being rescued by the second carer and may submit to their requests.

Distraction belt

.A belt that has activities or objects providing tactile stimulation can be used to focus the attention of the resident away from the mouth during tooth brushing.

Vibrating objects are particularly useful.The patient holds the vibrating object in their hand, which stimulates the patient's limbic system. Stimulation in the mouth will be masked while the limbic system is being stimulated. Create an environment that is pleasing to the patient. For example, play music that appeals to the patient during tooth brushing.

Instigate a formal behaviour modification program if the patient is tactile defensive.Tactile defensive patients resist hair management and other activities that require touching the face and head. Occupational therapists can score patients for this behaviour using calibrated tools. They are also in the best position to design a modification program that slowly introduces stimulation that culminates in introducing the toothbrush into a mouth.

Limit the number of different carers cleaning any one resident to a handful of skilled staff trained in oral care. If that means that the resident is only cleaned once a day instead of twice, this may be a worthy sacrifice if the patient eventually comes to accept oral care. Consider establishing an oral health team in the nursing home that is responsible for cleaning the oral cavities of the residents with natural teeth.

A growing number of residents in nursing homes will have their own natural teeth. Until proper training is provided to carers in oral hygiene practices, many residents will develop defensive behaviour that could have been avoided. My next article will outline other practices, other than tooth brushing, that will impact on the oral health of frail and functionally dependent elderly persons.

MEANING AND FULFILMENT IN CARING

I always begin my seminars by asking each person why he or she works in the carer industry. I am overwhelmed by the carers' commitment to their work and to the residents they serve.
I recall one woman who had worked in a factory for twenty years and always wanted to be engaged in a job with more purpose. In her role as an AIN in a nursing home, she had found the fulfilment that she had been seeking.

At my most recent seminar, ten of the thirty carers had worked as carers for over a decade, each expressing a certainty that they had found their vocation in life.

* Dr Peter Lloyd King is a staff specialist in Special Needs Dentistry in the Hunter and New England Area Health Service, NSW. He was instrumental in establishing the Australian Society of Special Needs Dentistry and is on the editorial board of the International Journal of Disability and Oral Health.Smiles for Life program was established in conjunction with Linda Wallace, a dental hygienist.

More information about the Smiles for Life program can be obtained by contacting
Linda Wallace on 02-4924 6050.

NHJ August 2005V6 11/8/05 5:47 PM Page 66

There are some very basic activities that all carers should do before they start cleaning a resident's mouth. Firstly, they should have some practice. (..) Then the carer should have someone else brush their teeth for them, so that they know what it feels like!

Limit the number of different carers cleaning any one residentto a handful of skilled staff trained in oral care.