

## **RISK MANAGEMENT ARTICLE**

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### **Keeping Older Patients Smiling**

If you're seeing more gray hairs on your patients, you're not alone. The older population (people age 65 or older) is rising, which is likely translating into an increasing proportion of older patients in your practice.

Older patients need special attention because they are at risk for oral health problems. Failure to care properly for an older patient can result in a lawsuit as quickly as failure to care for a younger patient. Here's more about the aging population, dental considerations, and how you can reduce the risk of litigation.

#### **A growing population segment**

The number of people age 65 or older in 2011 (the latest year for available data) was 41.4 million, representing about one in every eight people in the United States. The U.S. Administration on Aging estimates that number will skyrocket to 72.1 million by 2030. The older population is also getting even older. Between 1980 and 2010, the centenarian population increased by 66 percent. Unfortunately, many of these patients suffer from disabilities that make daily oral care difficult and restrict access to care.

#### **Effects of age**

The physiological changes that come with age take a toll on oral health. For example, older adults have more caries than children under age 14 who don't have access to fluorinated water. The problem is compounded by the fact that seniors are less sensitive to pain, so caries and other problems can go undetected longer than in younger adults and lead to tooth loss. Of course, the good news for less nerve sensitivity is that patients may find procedures less painful.

Older adults are also at higher risk for periodontal disease and for oral and oropharyngeal cancer. Smoking and alcohol push that risk higher.

The elderly can suffer from oral mucosal conditions and oral infectious diseases. The most common infections come from the herpes simplex virus and varicella zoster virus.

If older adults decline to have lost teeth replaced, they may develop malocclusion and joint problems, such as clicking or popping. Appetite often decreases as age increases because of loss of taste, so older adults may not consume sufficient nutrients. But not all problems are physiologically based; adults with poor oral health report avoiding certain foods, suffering from embarrassment and finding life less satisfying.

#### **Comorbidities and oral health**

Many chronic diseases, such as arthritis, diabetes, and chronic obstructive pulmonary disease affect oral health. Obtain a thorough history and document the results in the patient's health record to ensure you can address any problems that might arise. Consider having patients complete a checklist of diseases so you can readily identify problem areas. Keeping the completed checklist in the health record also provides evidence that you obtained the history.

Refer to national guidelines when treating patients with chronic diseases. For example, if you are performing a procedure on a patient with a cardiac condition, refer to the guideline on preventing infective endocarditis (IE) from the American Heart Association. The guideline states prophylaxis is "reasonable" for patients with the

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## **RISK MANAGEMENT ARTICLE**

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highest risk of adverse outcomes from IE such as those with prosthetic heart valves and those who previously had IE. Document your rationale for using prophylactic antibiotics.

Consider the effect of comorbidities on an older adult's ability to care for his or her teeth. For instance, older adults with severe arthritis might need a special toothbrush that they can hold more easily and use toothpaste in a pump instead of a tube.

Adults with arthritis or other musculoskeletal problems may have difficulty being comfortable in the chair during long procedures. Make adjustments as needed. Such adjustments will also help avoid injury to the skin and joints that may harm the patient and result in a lawsuit.

### **Medications**

A thorough medication history is essential in the older patient, who is likely taking multiple drugs. Keep a complete list of the patient's medications, including over-the-counter medications and herbs, in the health record. This can help you pinpoint the cause of problems such as gingival overgrowth, which can be caused by medications in several categories, including anti-seizure medications, immunosuppressants, and calcium-channel blockers. Use caution when treating patients on anticoagulants, consulting with the prescribing healthcare provider as indicated.

Your own medication choices are important, too. For instance, avoid corticosteroids in patients with diabetes because they can have a negative effect on glucose management. For patients with heart disease, keep in mind that using nonsteroidal anti-inflammatory drugs (NSAIDs) for more than 3 weeks may lessen the effects of beta-blockers and angiotensin-converting enzyme inhibitors.

A common problem in older patients who take medications is a dry mouth. Suggestions for relief include sugarless candies or gum and sipping water throughout the day. If these strategies don't work and the medication can't be decreased, artificial saliva might be an option.

### **Timely, detailed assessment**

Older patients should receive an examination at least annually, but preferably twice a year. Check for signs of oral mucosal diseases and lesions. For example, about 35 percent of patients with lichen planus are over age 50. Check denture fit because ill-fitting dentures can cause denture stomatitis and malnutrition. Document your findings.

Pay special attention to common sites of cancer in older adults, including the tongue, lips, buccal mucosa, floor of the mouth, and posterior oropharynx. Refer patients with oral lesions to a physician. Document your referral in the patient's health record. Finally, check for the basics, such as the ability to speak clearly, chew, and swallow.

### **Teaching patients**

Many older adults assume that they will lose their teeth or that they are "too old" to have their teeth fixed. You'll need to remind them that with proper care, teeth can last a lifetime and that they deserve good dental care at any age.

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Ensuring that patients understand instructions is important in all age groups, but perhaps more so in older adults, who may suffer from an impaired memory and poor vision that hinders their ability to read and retain information. To address these problems, provide handouts in a large font so patients can easily read them. One resource is the OralLongevity questions-and-answers handout, which is available online at [www.ada.org/sections/publicResources/pdfs/faq.pdf](http://www.ada.org/sections/publicResources/pdfs/faq.pdf).

You may want to order an educational DVD (available in English or Spanish) that you can play for patients in your office. The DVD includes topics such as how to maintain good oral health and how to help a family member or friend with mouth care. You can also access the video online at <http://www.ada.org/2882.aspx>. A brochure (in English or Spanish) is also available. Be sure to follow permission requirements before using these resources. Document education in the patient's health record, including comprehension of the material and whether a surrogate was taught.

### **The problem of dementia**

Patients with cognitive impairment beyond minor memory deficits, such as those with dementia, present significant challenges. One of those challenges is informed consent. Depending on the level of mental decline, you will need to obtain consent from the patient's significant other or from his or her legal guardian. You may want to ask for documentation if there is any question as to whether someone is a legal guardian. Detailed documentation of informed consent is particularly important in these situations.

Another problem is the patient who is no longer able to perform oral care. If possible, talk to the patient's caregiver to explain what needs to be done and to answer questions.

### **Keeping the older mouth healthy**

Regular exams help you identify problems early and take appropriate action. Be sure to document what the results of your examination, along with treatments, in the patient's health record. These steps help ensure you deliver optimal care and mitigate the likelihood you will be sued.

### **Oral health tips for older patients**

#### **Here are some key points to make when teaching older patients about oral health:**

- Brush twice a day with a fluoride toothpaste using a toothbrush with soft bristles. Replace your toothbrush when the bristles fan out.
- Floss daily.
- Clean dentures daily and remove them for at least 4 hours a day. It's easiest to do this at night.
- Quit smoking.
- Drink tap water. Most tap water contains fluoride to help prevent tooth decay.
- Decrease your risk of oral cancer by stopping tobacco use, reducing heavy alcohol intake, and wearing sunscreen.
- Visit a dentist regularly.

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Sources: Aging and dental health <http://www.mouthhealthy.org/en/az-topics/a/aging-and-dental-health>;  
OralLongevity™ Outline for Dentists Presentation to Dentists  
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### **RESOURCES**

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