

# Dental Care for Geriatric and Special Needs Populations



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## KEYWORDS

• Aging • Special needs • Dentistry • Oral health • Chronic disease • CAMBRA

## KEY POINTS

- There are diverse health needs among older adults and adults with developmental disabilities.
- Complex health needs require an interprofessional effort.
- Oral health care can and should be provided for people with varying functional abilities and across the life span.
- Because many systemic diseases have significant direct and indirect impacts on oral health, oral health care must be an integral component of chronic disease management.

## INTRODUCTION

Changing demographics, advances in medicine, and increased longevity have brought new opportunities and challenges in oral health care. Adults are retaining more of their teeth as they age, yet their oral health may be at risk or compromised due to the sequelae of acute and chronic diseases and sometimes the aging process itself.<sup>1</sup> The problems are compounded for populations lacking resources for oral health care. Ironically, as subsequent generations have benefited from improved oral health care and public measures to improve oral health, many are left without resources to maintain their oral health after retirement.<sup>2</sup> An estimated 19% of adults older than 65 have untreated dental caries, with much higher rates in Asian, Hispanic, and Black seniors ranging from 27% to 41%, respectively (2011–2012).<sup>3</sup> Further, if their functional status is altered by diseases, conditions, or events, they can become

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Disclosures: The authors have nothing to disclose.

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Dent Clin N Am 62 (2018) 245–267

<https://doi.org/10.1016/j.cden.2017.11.005>

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more vulnerable to oral diseases. Certain populations have chronically had limited resources for dental care or limited understanding of its importance.<sup>1</sup> Aging adults with special needs have often lived their lifetime with disparities in, and risks to, their oral health.<sup>4</sup> Although these issues are complex, we review approaches to oral health care that consider the health and functional status of each individual and carefully assess risk so that providers feel confident to plan and provide appropriate, safe care to diverse populations at any stage of life.<sup>5</sup>

## APPROPRIATE TREATMENT PLANNING

There are 2 treatment-planning schemas that are especially useful for older adults. One is OSCAR: “The Five-Point Geriatric Dental Assessment.”<sup>6</sup> The acronym guides the practitioner to consider 5 key areas in the oral health plan and management: Oral, Systemic, Capability, Autonomy, Reality. Although every patient requires a thorough assessment of the oral cavity (oral) and health history (systemic) to provide safe and appropriate treatment, for adults with complex needs, considering the patient’s ability for self-care (capability) and to consent to care (autonomy) are crucial to planning appropriate treatment. Although most patients must consider their finances, these patients may have additional considerations, such as life expectancy and palliative or end-of-life care (reality).<sup>6</sup> In addition, patient and surrogate decision makers’ perceptions around their need for dental care can play a role in the acceptance or refusal of dental treatment. Many view oral health care as optional or believe that oral health is bound to decline with aging,<sup>7</sup> so practitioners must carefully discuss with their patients the causes of oral diseases and reinforce that tooth loss is not an inevitable nor a part of normal aging.<sup>8</sup>

The Seattle Care Pathway (SCP) also helps practitioners evaluate their patients’ functional status and then consider the resultant risks to their oral health.<sup>5</sup> Based on functional status designation (none, pre, low, medium, or high dependency) SCP offers recommendations for the type of prevention and treatment that is appropriate at each stage. Additionally, it guides practitioners to engage with other health care providers to gather and give information that will improve outcomes as dependency increases. An overview is provided in [Table 1](#). Importantly, SCP allows practitioners to consider that well elders, those who are not dependent and with few oral health risks as a result of systemic disease, can benefit from and tolerate routine oral health care regardless of their age.<sup>5</sup>

## CARIES MANAGEMENT BY RISK ASSESSMENT AND MINIMALLY INVASIVE DENTISTRY

Dental caries is a complex, multifactorial disease that is usually chronic and progressive in nature. The expression of the disease on the teeth (caries lesions) is determined by balance or imbalance between protective biological factors (such as salivary flow, buffering capacity, healthy biofilm, fluoride, genetics, and host immunity) and pathogenic factors that put teeth at increased risk (such as frequent exposure to dietary carbohydrates, poor oral hygiene, cariogenic biofilm, and salivary dysfunction resulting in a low salivary pH and/or buffering capacity).<sup>9,10</sup> Caries management by risk assessment (CAMBRA) is an evidence-based philosophy that uses the patient’s unique caries risk profile to prevent, reverse, and, when necessary, repair damage to teeth using tooth preserving, minimally invasive methodologies.<sup>11</sup> There is consensus internationally that the evidence clearly supports less invasive carious lesion management compared with traditional methods of placing restorations only.<sup>12</sup> This may include delaying surgical restoration and using more conservative caries removal techniques.<sup>12</sup> Partial caries removal<sup>13</sup> in a selective manner is

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