

THE DENTAL ADVISOR

Improving Patient Care Through Research & Education

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Geriatrics: Managing oral health in older adults

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RATINGS :

Excellent + + + + +

Very Good + + + +

Good + + +

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With the continued graying of the population globally, there is an upsurge in the need for oral care and treatment among older adults. People are living longer, with more of a focus on esthetics and function, and keeping more of their teeth than ever before. These facts have considerably increased the need for products, techniques, and dental materials that cater specifically to an aging patient. In this issue we will discuss some common oral diseases/conditions faced by older adults, and recommend products to treat and prevent discomfort.

— Fiona M. Collins, B.D.S., M.B.A., M.A.

Oral health in older adults

Older adults face oral health challenges, with many contributing factors that lead to an increased experience of oral disease and conditions.

Among older adults, challenges may be present due to physical and mental decline, making compliance with oral care and preventive care more difficult. Periodontal disease, root caries and a weakened dentition are faced by many older adults.

Rampant coronal caries, root caries and recurrent caries are increasingly observed, as well as a greater level of dental erosion, abrasion and attrition. These are often associated with dry mouth. Patients also experience oral discomfort and a poor quality of life as a result of dry mouth, diseases and conditions, missing teeth and ill-fitting dentures. Nutrition may be compromised due to a poor diet and difficulty eating, exacerbating problems. This article discusses options that can help older adults with oral hygiene, oral discomfort and preventive care.

Geriatric oral health challenges



• Poor quality of life
• Oral discomfort • Debilitation

Periodontal disease, root caries and a weakened dentition are faced by many older adults.

Managing Oral Health in Older Adults

Dry mouth

Dry mouth is a common complaint among older patients. The discomfort associated with oral dryness is often reported by patients to be the worst aspect of dry mouth. Dry mouth has many causes, from a wide array of medications and medical conditions to salivary gland dysfunction. Dry mouth increases risk for dental caries, erosion, abrasion, oral infections and oral irritations. Therefore, additional preventive care and treatment are needed for these patients.

Products for dry mouth:

Considerations for product recommendations include the severity of dry mouth, ease of use, effectiveness and suitability for a given patient, availability and patient preferences.

Saliva Substitutes

- + Improve oral comfort
- + Moisturize
- + May also stimulate saliva (product specific)

MOISTURIZING GELS

- **GC Dry Mouth Gel**, GC America
- **Biotène® Oral Balance Moisturizing Gel**, GSK

SPRAYS

- **Allday Dry Mouth Spray**, Elevate Oral Care
- **Entertainer's Secret®**, KLI Corp.
- **MouthKote®**, Parnell Pharmaceuticals, Inc.
- **Salivart®**, Gebauer Company
- **Biotène® Moisturizing Spray**, GSK
- **Oasis®**, Oasis Consumer Healthcare
- **Moi-Stir®**, Kingswood Laboratories, Inc.

RINSES

- **ACT® Dry Mouth Mouthwash**, Chattem Inc.
- **Biotène® Moisturizing Oral Rinse**, GSK
- **Biotène® Dry Mouth Oral Rinse**, GSK
- **Oasis® Moisturizing Mouthwash**, Oasis Consumer Healthcare

Lozenges

- + May stimulate saliva (product specific)
- + Moisturize oral mucosa
- + May help buffer the intraoral pH (product specific)

- **ACT® Dry Mouth lozenges**, Chattem Inc.
- **Salese™ lozenges**, Nuvora Inc.
- **TheraBreath® Dry Mouth lozenges**, TheraBreath
- **SalivaSure™ lozenges**, Scandinavian Formulas
- **BasicBites® chewable lozenges**, Ortek Therapeutics Inc.

Disks and patches

- + Adhere to oral mucosa
- + Stimulate saliva

- **OraMoist® patches**, DenTek
- **Xylimelt®, OraHealth Corporation**

Dry mouth toothpastes

- + Contain fluoride
- + Moisturize
- + Do not contain SLS (sodium lauryl sulfate)

- **ACT® Dry Mouth AntiCavity Toothpaste**, Chattem Inc.
- **Biotène® fluoride toothpaste**, GSK

Prescription rinses

Supersaturated calcium phosphate rinses for patients with severe dry mouth are also available, indicated for head and neck radiation patients and patients with Sjögren's syndrome.

- **Caphosol®**, EUSAPharma
- **NeutraSal®**, Orapharma
- **SalivaMAX™**, Forward Science

XyliMelts®
OraHealth Corporation
www.oracoat.com

Description:
OraCoat XyliMelts® for dry mouth is an all-natural, great tasting, oral adhering disc that slowly releases 550 mg of xylitol and oral lubricant to temporarily relieve dry mouth day and night even while sleeping. XyliMelts used while sleeping, when saliva is lowest, provide the most effective per gram delivery of xylitol. XyliMelts increase saliva, freshen breath, and may reduce the risk of tooth decay. According to an independent comparison study, XyliMelts were rated most effective by dentists. For the full study, visit: <http://www.oracoat.com/pages/oracoat-xylimelts-rated-most-effective-by-dentists>. For more information on XyliMelts call 877-672-6541 or visit www.oracoat.com.



Managing Oral Health in Older Adults

IN OFFICE: Preventive care

Preventive care is required to combat an increased risk of dental caries. Older patients at risk for dental caries should receive an in-office 5% sodium fluoride varnish application two to four times per year depending on the level of risk. This is a part of the ADA recommendations in-office topical fluorides. It is also an off-label use. In extreme cases, more frequent applications are possible.

What we hear:

1.23% APF gel was applied with a swab in-office to avoid having the patient wear trays.



What we advise: 5% sodium fluoride varnish is recommended if topical application is desired without the use of trays. Its use is advised instead of 1.23% APF due to the prolonged contact time the fluoride varnish provides. 1.23% APF can be used if patient can tolerate wearing trays for up to four minutes.

Q. Why is the use of glass ionomer restoratives advantageous for older adults?

A. Glass ionomer materials address challenges when providing older adults with restorative care. Rampant caries and deep cervical caries below the gingival margin can be clinically challenging (as seen in photo at right). Glass ionomers are particularly useful when it is difficult to achieve adequate isolation or the caries lesion is subgingival. With root caries, there is often not much tooth structure to work with, and for large coronal restorations using a bulk-fill glass ionomer restorative for a sandwich restoration is quick and helps protect tooth structure. Glass ionomers will self-adhere and harden rapidly, release fluoride, protect the pulp and no liner/base is necessary.



EQUIA® Forte
GC America, Inc.
www.gcamerica.com

Description:

EQUIA® Forte is an innovative bulk-fill, Fluoride-releasing restorative system that combines **EQUIA® Forte Fil**, a high strength glass hybrid restorative and **EQUIA® Forte Coat**, a wear resistant, self-adhesive, light cured resin coating. **EQUIA® Forte** builds on the remarkable clinical performance of original **EQUIA®** and presents an effective alternative to amalgam, composites and compomers. With its new glass hybrid technology, improved flexural strength, acid and wear resistance, **EQUIA® Forte** extends the recommended indications to include stress bearing Class II restorations. **EQUIA® Forte** is ideal for Class I, Class II and Class V restorations.



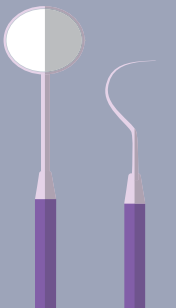
101: Glass ionomer-based restorative materials

Glass ionomers and resin-modified glass ionomers offer tooth-colored restorations that are quicker and easier to place than composites, less technique sensitive, moisture tolerant and help protect tooth structure. Glass ionomers bond chemically to tooth structure, minimal preparation is needed, and they release fluoride which helps protect against recurrent caries at the margins as well as help to remineralize affected dentin. The fluoride is replenished by exposure to fluoride (e.g., from fluoride toothpaste). Resin-modified and proprietary formulation glass ionomers now offer significantly improved strength, wear resistance, and esthetics than early glass ionomers. They are contraindicated in stress-bearing areas if used as a final restoration alone. Other uses for glass ionomers include as luting agents. In stress-bearing areas, a composite restoration, or a sandwich restoration with composite as the outer layer, provides the required strength.

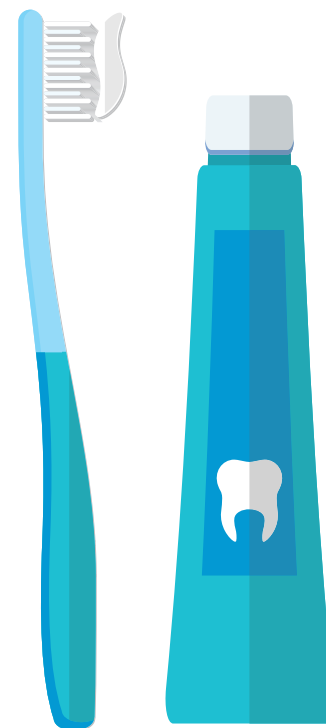
Managing Oral Health in Older Adults

HOME CARE: Improving oral hygiene and plaque levels

Older adults often have challenges with oral hygiene due to reduced manual dexterity and physical/cognitive disabilities. The goal for these patients is to recommend products/aids that reduce plaque levels and help to improve oral hygiene effectiveness.

PROBLEM	SOLUTIONS & OPTIONS (CHEMOTHERAPEUTICS)
	ANTIBACTERIAL TOOTHPASTE
	Colgate® Total® (Colgate-Palmolive) - contains 0.23% triclosan/2% copolymer
	Crest® Pro-Health (Procter and Gamble) - contains 0.4% stabilized stannous fluoride
	ALCOHOL-FREE ANTIBACTERIAL RINSES
	ACT® Advanced Care™ mouth rinse – contains 0.07% CPC*
	Colgate Total® Advanced Pro-Shield™ mouth rinse – contains 0.075% CPC
	Crest® Pro-Health™ mouth rinse – contains 0.07% CPC
	Listerine Zero® (Johnson and Johnson) – contains essential oils

* CPC is Cetylpyridium Chloride, an antiseptic that has been shown to help to reduce plaque and gingivitis.



WHAT'S NEW IN-OFFICE: Silver Diamine Fluoride

Silver diamine fluoride (SDF) is now FDA-cleared for dentinal hypersensitivity. Using SDF for caries management is off-label. SDF may be a good option in situations where restorative care is difficult, or the patient cannot tolerate treatment. It is effective in arresting coronal and root caries when applied to demineralized areas, and the affected area hardens. Application will result in dark staining where caries is present, so the site needs to be considered. Silver diamine fluoride is easy to apply with a microbrush or other applicator. SDF is effective in arresting dentinal caries.



Useful brushing and flossing aids

With manual dexterity issues, a power brush has a thicker diameter handle than a manual brush, and may be easier for the patient to grip and use. Alternatively, a manual brush with a larger handle or grip is an option. Interdental brushes and other products may be easier to use than floss, and larger interdental brushes will better reach wide embrasures. Brushes with brush heads designed for peri-implant areas, including power brushes, make it easier for patients to effectively reach and clean these areas.



GOOD TO KNOW:

At-risk patients can also benefit from using a prescription level 5,000 ppm fluoride paste (**Colgate® Prevident® 5000 Plus**, Colgate-Palmolive; **Clinpro™ 5000**, 3M; **Phillips Sonicare Fluoridex**, Phillips) at home once or twice daily instead of regular fluoride toothpaste. Other options include the use of pastes/gels containing fluoride, calcium and phosphate such as **MI Paste Plus**, GC America; **Remin Pro**, VOCO; **Enamelon Preventive Treatment Gel**, Premier Dental.

Use of Xylitol

Xylitol gums and lozenges stimulate saliva and the xylitol may help to reduce plaque bacteria as part of a program for caries prevention. Xylitol used at least three to four times daily at the recommended total dose. Ongoing use of xylitol was found in one study to help reduce root caries. Xylitol spray is quick and easy to apply and may be an option for caregivers of patients with physical and cognitive challenges.