

### Overview

- What is 'Senior Smiles'
  - **OUR** responsibilities
  - **YOUR** responsibilities
- How oral health impacts on general health
- Identifying oral health conditions



### Senior Smiles Model of Care

- Preventive oral health model of care
- Designed specifically for RACF
- Has been researched and developed by The University of Newcastle
- Onsite oral health practitioner
- Duty of care to residents
- Oral health support and education
- Multi-disciplinary approach to person centred care



*For Senior Smiles to work effectively to improve our residents care - **WE MUST WORK TOGETHER!***

### Senior Smiles OHP Role and Responsibility

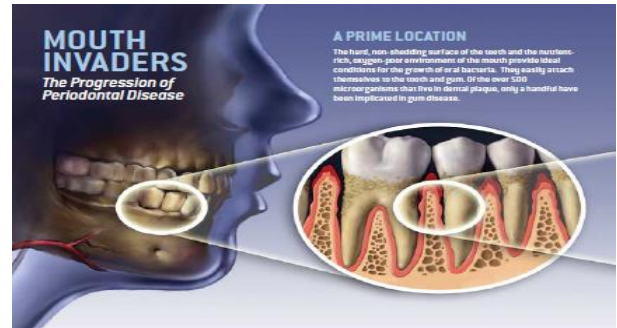
1. Be guided by nursing and care staff regarding residents that need urgent oral health care
2. Conduct oral health *Risk Assessments*
3. Use the findings to develop oral health *Care Plans* – to implement into daily cares
4. Advocate and refer residents for dental treatment where necessary
5. Conduct Education for: Staff, Residents, Carers
6. Assist to develop policies and procedures to address oral health management within your facility

### Nursing, Care staff and Management role and responsibilities

1. Be aware of what is considered to be "Good oral health"
2. Be able to identify possible oral health issues to the Senior Smiles
3. Work with the Senior Smiles OHP to implement oral health care plans into daily personal care
4. Be accountable for your residents mouth care
5. Notice and report changes
6. Participate in oral health education

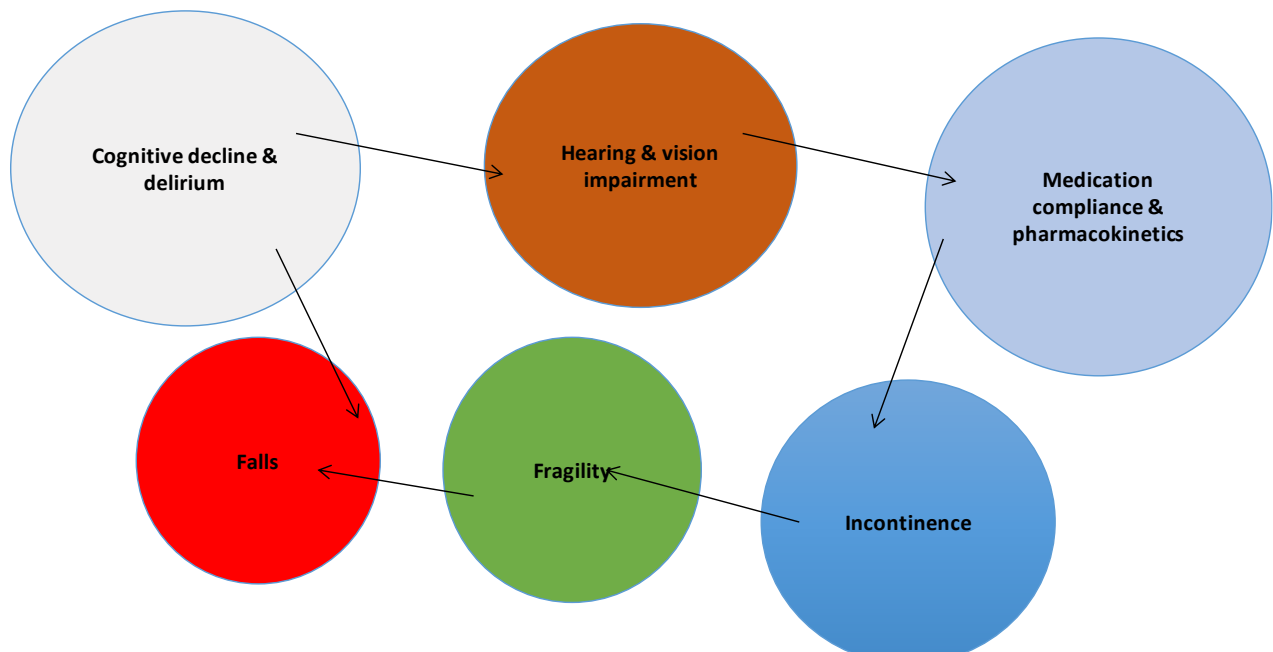
### Understanding the impact of poor oral health on general health

- Pain and infection
- Poor Quality of life
- Negative self-image and negative impacts on psycho-social wellbeing
- Inability to eat and enjoy food
- Poor nutrition
- Weight-loss
- Increased risk of pressure injuries and detrimental effects on skin integrity
- Risk of systemic infection
- Risk of aspiration pneumonia
- Diabetes
- Heart disease



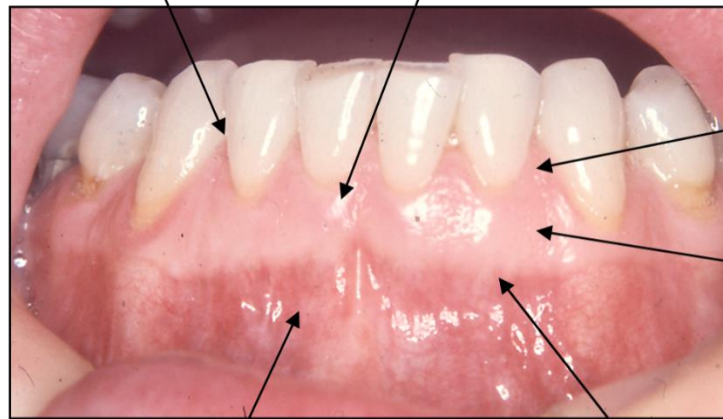
**There are more bugs in your mouth than the total human population on the planet”** Promo for SBS Program “Secrets of the Human Body” for SBS Program “Secrets of the Human Body” March 2014

## Geriatric Giants



Tip of interdental papilla-  
part of free gingiva

Scalloped free gingival margin



Interdental  
papilla

Attached  
gingiva

Alveolar mucosa

Muco-gingival junction

Characteristic	Healthy	Diseased
Colour	Pink (Only in Caucasians)	Red, bluish-red, purple
Texture	Firm	Soft, 'spongy' or very firm; fibrotic
Contour	Scalloped	Loss of outline
Margin	Knife-edged	Rolled or blunt
Surface	Keratinised, stippled (40%)	Homogenous and smooth

Interdental papillae. Triangular.

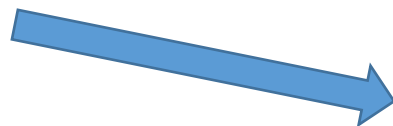
Apex is part of the free gingiva, base is composed of attached gingiva



Severe chronic gingivitis



Healthy gingiva



### Gingivitis – Signs and symptoms

7. **Change in colour :** Gingiva becomes more red (erythematous), and may later become more purple (cyanotic) in chronic disease
8. **Change in contour:** Gingiva becomes enlarged (hyperplastic), margins become more rolled, papillae may become blunted, Normal scalloping no longer evident. Recession occurs if attachment is lost
9. **Change in consistency:** Gingiva becomes softer, fluid filled (oedematous) or in chronic cases becomes thickened (fibrotic)
10. **Change in texture:** Surface becomes more homogenous, smooth and shiny, surface detail such as stippling is lost

Diabetes associated gingivitis



### Bleeding: when eating or brushing

11. **Bad breath:** Halitosis. Delicate subject. Patient concern about it as a possibility may be a good motivational tool





**Calculus**



**Generalised recession**

### Characteristics of Periodontitis

- **Change in colour :** Gingiva becomes bright red (erythematous), purplish (cyanotic) in chronic disease
- **Change in contour:** Gingiva recedes from teeth, making them look longer
- **Change in consistency:** Spaces develop between teeth, mobility occurs. Pus between teeth and gingiva. Bad breath, bad taste in the mouth

**Thrush (candidiasis)**



### THRUSH

#### Causes:

Uncontrolled diabetes  
HIV infection  
Cancer  
Xerostomia  
Hormonal changes

#### Treatment

Antifungal medications

**Medications that upset the microorganisms in the mouth include:**

*Corticosteroids*

*Antibiotics*

*Birth control pill*

---

### DENTURE STOMATITIS

#### Causes:

Long term denture wearing  
Ill-fitting dentures that retain food particles  
Old dentures with damaged acrylic  
Diabetics

#### Treatment

Keep dentures clean  
Remove at night  
Quit smoking  
Chlorhexidine  
Anti-fungal drugs/lozengers



---

### ANGULAR CHEILITIS

#### Causes:

Weakened immune system  
Bacteria/fungal

#### Symptoms:

Drooling  
Deep creases  
Touching  
Frequently moving

#### Treatment:

Anti-fungal medication  
Clotrimazole



### XEROSTOMIA

#### Causes:

Medications  
Salivary gland dysfunction  
Diabetes  
SLE  
Rheumatoid arthritis  
Scleroderma  
Sjogrens syndrome  
Hypothyroidism  
Sarcoidosis

#### Symptoms:

Fissured tongue  
Angular Cheilitis  
Cracked lips  
Taste disorders  
Thrush  
Painful tongue  
Tongue ulcers  
Gum disease  
Tooth decay  
Sore throat  
Problems wearing dentures  
Problems speaking

#### Treatment

Increase water intake  
Moisturise lips  
Biotene saliva products  
Sugarless chewing gum



#### Some medications that effect saliva flow:

- Antiarrhythmics
- Anticholinergics
- Antiparkinsonians
- Adrenergic
- Anticonvulsants
- Antidepressants
- Antipsychotics
- Antihistamines
- Caffeine
- Antihypertensives
- Benzodiazepines
- Antiemetics
- Muscle relaxants
- Opioids
- Cardiac glycosides
- Diuretics
- Narcotics
- Statins

#### Complications of xerostomia:

- Hoarseness and speech difficulties may lead to increased use of acidic sweets, peppermints, cough lozenges or fruit juices between meals and at night
- Difficulty with swallowing leads to the choice of a softer, more easily swallowed diet. These low fibre diets provide less salivary stimulation, and as they are easily digested lead to increased snacking
- If low fibre results in constipation, use of laxatives can contribute to dehydration, which may lead to excessive thirst, electrolyte imbalance and reduced salivary secretion



## ANUG

### Causes:

- Excessive bacteria in the mouth
- Lack of oral hygiene
- Poor diet
- Vitamin deficient
- Infections in teeth, mouth, throat
- Weakened immune system
- Stress
- Smoking, drug, alcohol use in excess

### Symptoms:

- Sever pain in the gums
- Bleeding gingiva
- Bad taste
- Bad breath
- Grey residue on the gums
- Large ulcers
- Loss of interdental papilla
- Fever
- Discomfort
- Swollen lymph nodes

### Treatment

- Antibiotics to treat infection
- Antibacterial mouthwash
- Pain control
- Dental cleaning



## ORAL CANCER

**If in doubt  
Refer to the  
dentist!!**

