THE OLDER ADULT ORAL HEALTH CARE CRISIS

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Learning Objectives:

● Discuss the upcoming "silver tsunami" and its impact upon the oral health of the older adult population.
● Describe the obstacles that contribute to the oral health care crisis of older adults.
● Review solutions to improve overall health in the older adult population.

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Employment: Owner, Mobile Dentistry of Arizona
The older adult population in the United States is growing exponentially in comparison to other age groups. These adults not only require good medical care, but also dental care, to help support their dentitions and remain healthy through their lifetime. Meeting these oral health care needs poses many challenges. Health care providers must collaborate, “think out of the box”, and prepare to meet the needs of this upcoming “silver tsunami”.

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1. Discuss the upcoming “silver tsunami” and it’s impact upon the oral health of the older adult population.
2. Describe the obstacles that contribute to the oral health care crisis of older adults.
3. Review solutions to improve overall oral health in the older adult population.
Objective #1: The "Silver Tsunami"

- About 10,000 Americans retire every day.
- People that live to age 65 can expect to live another 19 years.
- 1 in 8 or about 41 million people in the US are over the age of 65.
- It is projected that by 2030 that number is expected to rise to 72 million which will raise the elderly population from 13% to 20%.

The Older Adult Oral Health Care Crisis

Objective #1: The “Silver Tsunami”

- An additional 31 million seniors will no doubt strain the US health care system like never before.
- At least 80% of the elderly have at least one chronic illness.
- Roughly 69% have 2 or more

Conditions such as:
- High blood pressure
- Heart disease
- Cancer
- Lung disease
- Diabetes
- Alzheimer’s Disease

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Objective #2: Obstacles that contribute to the oral health care crisis of older adults.

1. Limited Access for Care
   A. Physical Constraints
   B. Cognitive Constraints
2. Poor Oral Health
   A. Tooth Decay
   B. Periodontal Disease
   C. Abscesses and Emergency Room Visits
3. Weak Value System/Commitment to Oral Care and Maintenance
4. Lack of Education – Assisting Patients and Caregivers
5. Lack of Oral Health Coverage
6. Living Longer - Additional Health Concerns of the Elderly
   A. Oral Cancer
   B. Osteonecrosis of the Jaw

The Older Adult Oral Health Care Crisis
1. Limited Access for Care - Physical Constraints

- Only about 50% of the US population goes to the Dentist.
- About 23% of the older adults have not been seen by a dental professional in 5 plus years.

1. Limited Access for Care - Cognitive Constraints

- Alzheimer’s Disease is the 5th leading killer of older Americans and touches more than 5 million every year.
- As our boomer population ages it is projected that the incidence of Alzheimer’s disease is expected to almost triple to a projected 13.8 million by 2050.

1. Limited Access for Care - Cognitive Constraints

Personal Dental Hygiene Program (PDHP)

- A personal dental hygiene program provides regular, preventative care to our patients’ homes.
- It was designed to keep our patients healthier and reduce the number of abscesses and extractions.
2. Poor Oral Health

- We must ask ourselves how many of these conditions or medical costs might be related to poor oral health and the diseases that are rampant in the older population?
- Heart disease remains the leading cause of death, then cancer, chronic lower respiratory disease, stroke, diabetes, and Alzheimer’s disease.

2. Poor Oral Health

- We are now experiencing a “silent epidemic of oral diseases”.
- One third of our elders suffer from dental disease, tooth decay, abscesses, and periodontal disease.

2. Poor Oral Health – Tooth Decay

- Tooth decay in our older adult population is considered rampant. It is considered the #2 disease in this country.
1. Poor Oral Health – Periodontal Disease

- 23% of people aged 65 to 74 years have several areas of periodontal disease in their mouths.
- About 30% of the people 65 and over have lost all of their teeth, many to periodontal disease.

2. Poor Oral Health – Abscesses and Emergency Room Visits

- Abscesses are common place for elders and are discovered regularly.
- Emergency rooms are now being used more heavily by the older adults for dental infection and dental emergencies.

3. Weak Value System/Commitment to Oral Care and Maintenance

- Poor oral health and chronic diseases are not necessarily an inevitable part of aging.
- Proper dental care and maintenance should be a lifelong commitment.
4. Lack of Education – Assisting Patients and Caregivers

- Good oral hygiene is a struggle with the older adult population especially when dementia is on the rise as well as Alzheimer’s Disease.

- Caregivers lack time in their busy schedule, as well as dental training to properly care for their older adult residents.

5. Lack of Oral Health Coverage

- It is estimated that only 9.8% of the older adults retire with dental insurance benefits.

- Additionally, Medicare and Medicaid, the two major public health insurance programs, have very little dental coverage.

6. Living Longer - Additional Health Concerns of the Elderly

   Oral Cancer

- Oral cancer among the elderly is on the rise and are among the highest of all age groups in the United States.

- High alcohol and tobacco use can also be an indicator for oral cancer.
6. Living Longer - Additional Health Concerns of the Elderly

Osteonecrosis of the Jaw

- Dental professionals are starting to identify and treat oral manifestations from bone replacement therapies called biophosphate induced osteonecrosis of the jaw. (BIOI)

- Dental professionals tend to see more cases from these types of drugs when given by IV, over injection or oral regimens over time.

Xerostomia

Many elders take several medications every day. Many of these medications cause dry mouth, or xerostomia, which is the change in consistency and quality of the salivary flow. Without adequate saliva, the acids that are produced by the bacteria in our mouths will continue to destroy the enamel and dentin of a tooth. Dry mouth seriously promotes tooth decay and can be devastating to the oral cavity in a very short period of time.

Objective #3: Solutions to improve overall oral health in the older adult population:

- Limited access for care is the one of the greatest barriers for our older population.

- Transporting persons with dementia and Alzheimer’s Disease can be challenging for the community, family, and resident.
Objective #3: Solutions to improve overall oral health in the older adult population:

- Dental professionals need to continue to treat and monitor oral disease and manifestations as early as possible.

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Objective #3: Solutions to improve overall oral health in the older adult population:

**Poor Oral Health**

- Americans must develop and create more of a focus on preventive care and maintenance and remain proactive treating dental infection.
- Dental professionals need to do more *saliva testing*.
- **Fluoride** varnishes, prescription toothpastes, and *xylitol* products, should be used more.
- **Bacteriocidal rinses** can be used on a daily basis to fight periodontal disease and tooth loss.

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Objective #3: Solutions to improve overall oral health in the older adult population:

**Weak Value System/Commitment to Oral Care and Maintenance**

- More preventive programs and screenings.
- Communities and dental associations need to have resources available for free or reduced dental care for our elders.
- Dental professionals need to continue to provide oral hygiene instruction to our patients and educate caregivers.

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Objective #3: Solutions to improve overall oral health in the older adult population:

Lack of Education – Assisting Patients and Caregivers

To participate in Medicare and Medicaid, nursing homes must comply with the federal requirements for long-term care facilities. Under federal nursing home regulations, nursing homes must:

- Conduct an initial comprehensive and accurate assessment of each resident’s functional capacity. (42 CFR §483.20)
- Develop a comprehensive care plan for each resident. (42 CFR §483.10)
- Prevent the deterioration of a resident’s ability to bathe, dress, groom, transfer and ambulate, toilet, eat, and to communicate. (42 CFR §483.25)
- Provide, if a resident is unable to carry out activities of daily living, the necessary services to maintain good nutrition, grooming, and personal oral hygiene. (42 CFR §483.25)
- Maintain acceptable parameters of nutritional status. (42 CFR §483.15)

- 411 §483.55(a) – Provision of Dental Services: SNFs
- 412 §483.55(b) – Provision of Dental Services: NFs

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Objective #3: Solutions to improve overall oral health in the older adult population:

Lack of Oral Health Coverage

- Lack of coverage for dental care in the United States is a massive problem. Dental care in this country is still considered a "luxury". Twenty one states provide no dental benefits or emergency benefits. Dental benefits through Medicaid and Medicare are very limited. Less than 1% of dental services are covered by Medicare and does not include routine care.

- It is possible for adults to obtain private dental insurance or supplemental polices for Medicare.

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Objective #3: Solutions to improve overall oral health in the older adult population:

Living Longer - Additional Health Concerns of the Elderly

- As the older adult community ages and lives longer they must also contend with increasing costs of dental care, inevitable restorative dentistry needs, and increasing the frequency of preventive dental visits. Regular in-home preventive and emergency care will be a necessity also.

- Dental professionals will need to stay aware of all dental concerns for our geriatric patients. They will need to continue to be pro-active by identifying oral manifestations and pathology so that it may be treated in a timely manner for the health of the patient.

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Conclusion:
The dental profession needs to continue to prepare for this upcoming “silver tsunami”. As primary health care providers we must “think out of the box”, increase our work force, and bring dentistry to our patient’s homes for convenience.

Dental professionals must focus more on prevention and continue to educate all caregivers and all health care professionals about oral care for our seniors. Disease, suffering, tooth loss, and dentures, do not have to be an inevitable part of growing older. Please help our older adult population age gracefully and enjoy those additional retirement years in good health.

Sources:
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