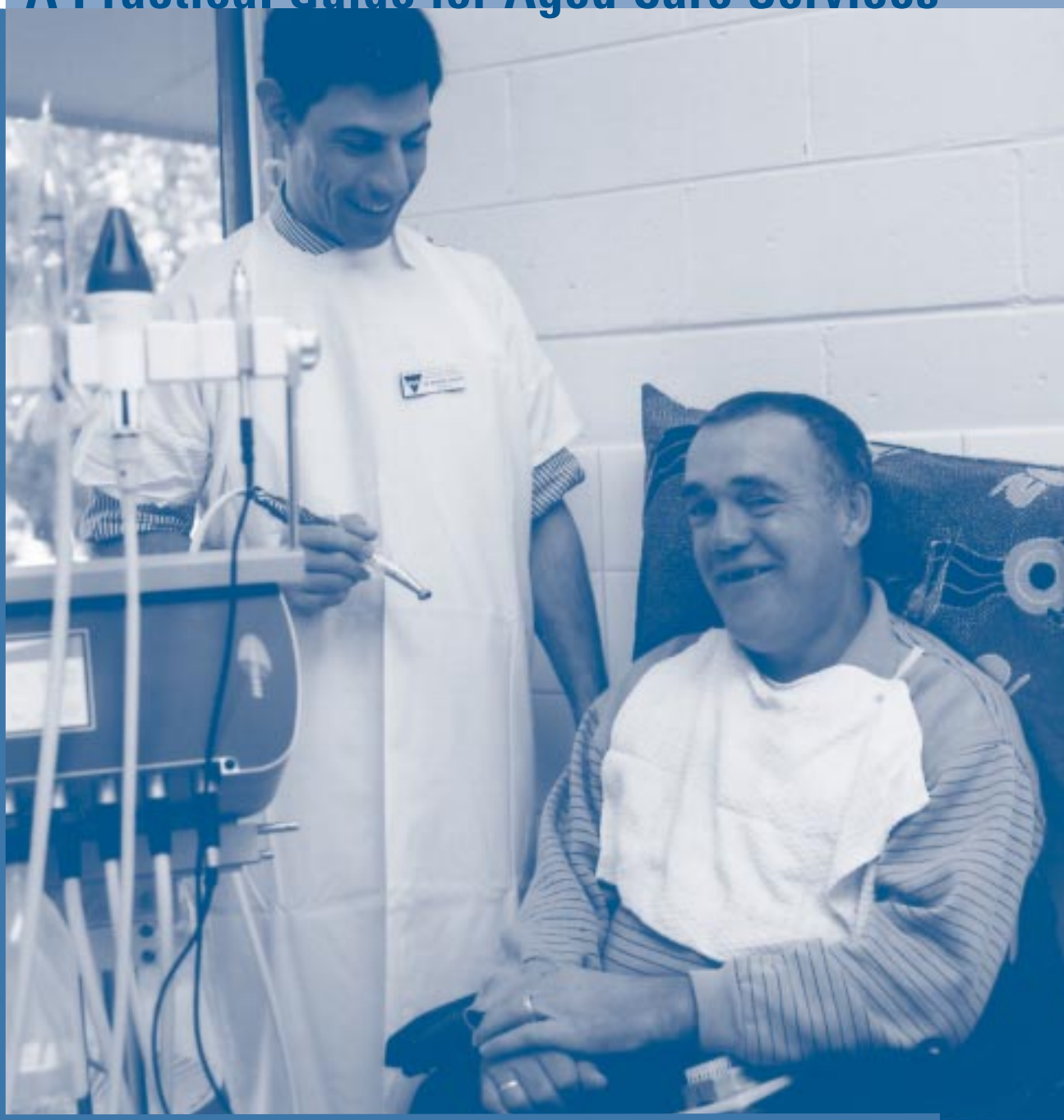
Oral Health for Older People

A Practical Guide for Aged Care Services



Victoria
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Oral Health for Older People

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Contents

Introduction

Good oral health is important for the general health and wellbeing of older people. This publication is an important step in promoting the oral health of older Victorians, particularly those who are homebound or are being cared for in residential facilities. It contains information to assist carers and service providers to improve the oral health of older people in their care.

Oral health promotion has been identified as a priority for the Victorian Department of Human Services. The Department's publication Promoting Oral Health 2000–2004: Strategic Directions and Framework for Action informs oral health activity across Victoria over this period. The strategy supports targeting of oral health education and information to special needs populations including the aged, the homebound and those in residential or supported care.

This publication was developed as part of the Victorian Oral Health Promotion Strategy Grants Program. A grant was given to Dental Health Services Victoria (DHSV) to develop this guide in collaboration with carers and staff of residential facilities.

The oral health of the Victorian community has improved over the last 20 years due to factors such as water fluoridation, fluoride toothpaste, better education and more regular dental visits. However, there are still dental problems, especially among vulnerable and disadvantaged groups. Inequalities in oral health between low-income groups and other Victorians particularly affect older people.

As people get older, the need for dental care increases. Older people are keeping their teeth longer and this trend will continue. Therefore, more complex fillings and repair of teeth will be required in the future. The prevalence and severity of gum (periodontal) disease also increases with age.

This publication also provides practical suggestions to managers and staff of aged residential facilities seeking guidance on implementing the Commonwealth Residential Care Standards, particularly Standard 2.15, which deals with oral and dental care.

Further information on developments regarding the oral health of older people can be obtained by contacting the Health Promotion and Research Division at Dental Health Services Victoria (DHSV) on (03) 9341 0380 or by email on health.promotion@dhsv.org.au. Further information is available from the web sites listed on 23.

1. The Importance of Oral Health for Older People

Good oral health is important for the health and wellbeing of older people, particularly those with chronic and complex health conditions. As people get older, the need for dental care increases.

The major issues affecting the oral health of older people are:

- The adverse impact poor oral health can have on general health.
- The projected increase in treatment of tooth and gum diseases.
- The adverse impact of chronic health conditions and medications on oral health.
- The inequity of access to dental care arising from socio-economic and service distribution factors.
- The low community and professional perceptions of the importance of oral health and care needs.
- The increased ageing across the community, projected to peak in 2020.

1.1 Good Oral Health Is Important for Older People

The link between general health and oral health is important. Problems with teeth, gums and dentures can significantly affect the overall wellbeing of an older person and their ability to age positively. For example:

- Pain and difficulty with eating can lead to poor levels of nutrition.
- A dry mouth can be caused by medications taken by older people and can affect appearance and lead to difficulty in speaking and eating.
- Poor appearance and dental incapacity can lead to low self-esteem and social isolation.
- Poor oral health can compromise other health conditions, such as diabetes, aspiration pneumonia and cardiovascular disease.

It is important for older people to maintain good oral hygiene. For those wearing dentures (false teeth), it is also important to maintain a healthy mouth and ensure that dentures fit well and are kept in good repair.

1.2 Some Common Myths about the Oral Health of Older People

Fluoride is of no value for older people.

Fluoride continues to be effective in preventing dental decay and assisting in the repair of dental decay at any age. Drinking fluoridated water and using fluoridated toothpaste or fluoride gels is recommended for older people.

Tooth loss is an inevitable part of the normal ageing process.

Tooth loss is not inevitable. Good oral hygiene, prevention and early treatment assists in keeping natural teeth.

Teeth, either natural or artificial, are essential for good nutrition.

It is possible to maintain nutrition without teeth but it is significantly more difficult with no teeth. Having teeth also makes eating easier and more enjoyable.

Denture wearers do not need routine oral health examinations by a dentist.

As the mouth may slowly alter shape and dentures wear, dentures need to be adjusted and corrected. Dentures may require replacement after two to five years depending on the individual's mouth.

All adults are susceptible to severe periodontal (gum) disease.

While the risks may increase with age, good oral hygiene and early treatment can assist in preventing periodontal disease.

Dental decay is a disease of the young; periodontal disease is a disease of the old.

Tooth decay and gum disease may occur at any age, especially when oral hygiene is poor.

Some Facts about the Oral Health of Older People

- In the 1970s, more than 80% of all persons aged 65 and over had no natural teeth. By the late 1990s, this had reduced to about 34%.
- In the 1970s and 1980s, 80–90% of persons in residential facilities had no natural teeth. This has since reduced to a level of about 66%. Now people in residential settings generally have more decayed teeth and fewer filled teeth.
- Pensioners and Health Benefit card holders have a higher rate of tooth loss than non-card holders.
- Older people in rural areas have significantly more missing and decayed teeth than older city dwellers.[1]

Dry mouth is always age-related.

Dry mouth may occur at any age, especially in response to some long term use of medications.

You should only see a dentist when in pain.

Some oral health conditions may not be painful or may only become painful after an extended period. Regular dental examinations are important to assist in early detection of dental problems.

Not everyone who smokes gets oral cancer — so why stop?[2]

Although not all smokers will develop oral cancer, it is a major risk factor. More than 80 per cent of these cancers occur in people who smoke cigarettes, cigars or pipes. Heavy drinkers are also at increased risk. People who drink heavily and smoke are at greater risk again.

The effects of smoking to the mouth also include:

- Yellowing teeth and tooth decay.
- Lip cancer.
- Leukoplakia, a lesion in the mouth which can develop into cancer.
- Smoker's palate.
- Smoker's melanosis.
- Halitosis (bad breath).
- An increased vulnerability to oral infection.
- A reduced capacity of the mouth to heal.

For more information on giving up smoking, contact the ***QUIT line***, telephone: 131 848, or on the Internet at http://www.quit.org.au.

If it doesn't hurt, it's not cancer[3]

Not all cancers are necessarily painful, especially in the early stages.

If any of the symptoms listed below last for more than two weeks, it is important to seek medical or dental advice:

- A sore in the mouth that does not heal.
- Any swelling, lump or thickening in the mouth or neck.
- A persistent blocked nose.
- A persistent ear ache.
- A white or red patch on the gum, tongue or lining of the mouth.
- A cough, sore throat or a feeling that something is caught in the throat.
- Changes in the voice, such as hoarseness.
- Pain in the mouth and throat area.
- Difficulty moving the jaw or tongue or chewing or swallowing.
- Numbness in the mouth.
- Swollen lymph glands in the neck (although this is most likely to be caused by a harmless infection).

Cancers of the nasal areas may cause a range of other symptoms including hearing difficulty, headache, pain in the face or upper jaw, bleeding through the nose, and blocked sinuses.

1 Various National and SA Studies and Reports undertaken by the AIHW 1996–2001.

2 Anti-Cancer Council of Victoria: http://www.accv.org.au/

3 Anti-Cancer Council of Victoria: http://www.accv.org.au/

1.3 Oral Health Problems That Older People Experience

As people get older, the need for dental care increases. This is associated with the breakdown of existing fillings and dental decay of exposed root surfaces of teeth. The prevalence and severity of periodontal (gum) disease also increases with age. Other common dental problems experienced by older people include a dry mouth and loss of teeth.

Dental Disease

Two major dental diseases are:

- Dental caries (dental decay)
- Periodontal (gum) disease.

Dental Decay

Dental decay is a diet-related infectious disease and is the most common disease affecting teeth. Although it is widespread in Australia, it is avoidable by adopting simple preventive procedures.

Dental decay is caused by the interaction of sugar and plaque to produce acids. Acids dissolve the enamel (outer) layer of the tooth. These acids are produced by bacteria in plaque after ingesting sugars commonly found in our diet.

Plaque is a sticky film containing a large variety of bacteria together with food by-products and saliva. It is found adhered to the teeth when oral hygiene is neglected. Plaque cannot be removed by rinsing or chewing on fibrous foods such as apples, carrots or celery.

Only correct toothbrushing and flossing or cleaning by a dental professional can remove plaque.

Sugars differ in their ability to cause dental decay. Sugars that are relatively safe for teeth are those found in unflavoured milk and milk products and whole fruit and vegetables.

Sugars that are harmful to teeth include sucrose (ordinary sugar) added to manufactured foods, fruit juice and honey.

Dental decay is influenced by how often sugar is consumed rather than the total amount of sugar eaten. It is best to limit sugar intake to meal times as the salivary flow is higher at these times. Saliva assists in clearing sugars from the mouth so there is less time for acid production.

Periodontal Disease

Periodontal (gum) disease is a condition that is more common and severe in adults. Its prevalence and severity increases with age.

It is caused by certain bacteria in plaque that accumulate on the gum line of teeth. These bacteria produce toxins that seep down between the gum and the tooth, irritating the gum tissues and causing them to become reddened, inflamed and bleed. If the plaque is not cleaned away the toxins may gradually destroy the fibres and the bone that hold teeth in place. This eventually leads to the loosening of teeth.

1.4 Preventing Dental Disease

Oral disease is largely preventable. Practical suggestions to support people maintain their oral health are outlined below.

Oral Hygiene

Research shows that:

- Control of plaque formation is important in preventing dental decay and periodontal disease.
- Toothbrushing and other mechanical procedures are the most reliable means of controlling plaque.
- A normal soft toothbrush is recommended, although some special shaped brushes may also be effective.
- No particular technique of toothbrushing is recommended but brush strokes should be repeated sufficiently to remove plaque. (Excessive horizontal brushing can damage the tooth margin near the gums and promote calculus and decay).

Toothbrushing alone cannot clean between the teeth. Use of dental floss or tape is an effective means of cleaning between the teeth.

- Cleaning by a dental professional can assist in preventing dental disease.
- Chemical control of plaque by using mouth rinses (especially chlorhexidine) is safe and effective. It can be used in the short term where mechanical tooth cleaning is not possible or is difficult or inadequate.
- Instructing and motivating a person in oral hygiene, together with regular visits to a dental practice with professional feedback and reinforcement seems to be most successful approach to preventing relapse and disease progression.[4]

4 Based on Loe, H. Oral Hygiene in the prevention of caries and periodontal disease. *International Dental Journal* (2000) 50, 129–139.

Fluoride and Dental Caries

Fluoride protects teeth from dental decay. It works directly on the surface of the teeth. The beneficial effects of fluoride on teeth continue throughout life.

Low levels of fluoride in the mouth inhibits softening of the teeth and assists hardening of the tooth enamel that helps prevent the tooth decay process.

Using toothpaste that contains fluoride is effective in reducing tooth decay for people of all ages. Fluoride toothpaste should be used twice per day with a minimum amount of water used to rinse the mouth after brushing. This is especially important in areas that do not have fluoridated water supplies.

Fluoride gels are useful for individuals at-risk of tooth decay.[5]

Saliva and Dental Disease

Saliva is another great protector of teeth and the oral structure. Saliva helps to protect oral tissues against disease. Older people can experience problems in maintaining good levels of saliva.

Persistent dry mouth is a very common symptom and is generally caused by systemic medical or pharmaceutical drug use (i.e. xerostomia).

Increased awareness concerning diagnosis and problems of dry mouth and the role of saliva in maintaining health should be encouraged.

5 Based on Clarkson, JJ and McLoughlin, J, Role of fluoride in oral health promotion, *International Dental Journal* (2000) 50, 119–128.

2. Implementing the Commonwealth Residential Care Standards — Understanding the Requirements of the Standard for Oral and Dental Care

The Commonwealth Residential Care Standards set out the current accreditation requirements for residential care providers. Standard 2.15 addresses oral and dental care.

Commonwealth Residential Care Standard 2.15, Oral and Dental Care

The following information explains the Standard applicable to oral health requirements. It also provides advice that will assist in implementing the Standard.

Expected Outcome of Standard 2.15

Residents' oral and dental health is maintained.

This means that:

- Oral health has a major impact on residents' quality of life. Staff should assist residents, as far as possible, to eat and talk comfortably, feel happy about their appearance and to stay free of dental pain.
- Maintenance of residents' oral and dental health and access to professional services is required to achieve optimum oral and dental care.
- Management of oral conditions and dental diseases is essential to minimise oral sources of pathogens and to alleviate oral side effects of medications, such as dry mouth syndrome.
- A dental problem may be the cause of distress or challenging behaviour, especially in residents unable to articulate their symptoms.

In order to meet the Standard on oral and dental health, the following practices should be considered:

- Implement procedures for assessing, documenting, treating and regularly reviewing each resident's oral and dental health needs.
- Consult with each resident or his or her representative in relation to his or her oral and dental care.
- Ensure that the resident care plan identifies dental treatment and oral hygiene needs of residents, including any necessary assistance.
- Develop an understanding of the dental services available to residents.
- Provide information to residents on the services available and associated costs.
- Document referrals to oral and dental services.
- Develop procedures to encourage and assist residents to maintain their oral and dental health.
- Assist residents in the care and storage of their dentures.
- Ensure that residents' dentures are discreetly marked.
- Implement a system to ensure prompt repair or replacement of dentures.
- Ensure that staff education addresses oral and dental care, including strategies for residents with dementia and challenging behaviours.[6]

Criteria for ensuring that the requirement of the Standard on oral and dental health has been met:

- Residents' oral hygiene is assessed, documented, regularly reviewed and acted upon.
- Residents have timely access to treatment for oral and dental conditions.
- Appropriate procedures for oral and dental care, in accordance with a resident's needs and preferences, have been established.

The following section provides practical advice and suggestions to assist managers and staff of residential facilities in implementing the practices identified above.

6 Source: http://www.health.gov.au/acc/manuals/sgr/contents/gdlstd2c.htm
Source: http://www.health.gov.au/acc/manuals/sgr/contents/std-2.htm#2.15

3. Implementing the Commonwealth Standards — Practices for Service Providers

3.1 Pre-Admission Oral Health Assessment

It is important that a person's dental and oral health needs are considered prior to entry to a residential facility. Staff of residential facilities are encouraged to work with the family, relatives, carers and health professionals of new residents to adopt the following strategies:

- Encourage Aged Care Assessment Services (ACAS) to include oral health in their assessment.
- Suggest that potential new residents arrange a visit to their dentist for assessment and treatment before admission.
- Request that a potential resident's dental practitioner or doctor (GP) provides advice on any special oral care needs.
- Ensure that staff are aware of the potential adverse effect on oral health of physical and mental deterioration of new residents.
- Ensure the documentation of oral health assessment and care in the Personal Care Plans (PCPs) of new residents (see page 10).

3.2 Assessing the Oral Health Status of an Older Person

In some cases, it may not be feasible to access a dental professional to undertake a comprehensive dental assessment of an older person. An aged care worker who is treating or caring for an older person, visiting an older person or assessing an older person for potential referral to a service or agency, may undertake a general assessment of oral health.

The following activities will assist in completing a general assessment of oral health considering these factors:

- Ask the older person about their oral health. Older people may under-state their oral health problems having become acclimatised to the difficulty. In some instances, the older person may not wish to undertake some treatment and their wishes should be respected.
- Look in the person's mouth while cleaning and assisting with oral care.
- Distinguish between denture wearers (including both partial dentures and full dentures), non-denture wearers and persons with some natural teeth.
- Liaise with visiting general medical, dental professionals, other health professionals or other carers who are familiar with the person's health status.

The oral health assessment form on page 24 has been developed for health workers. Similar assessment forms are being developed in Victoria and advice on those tools is available by contacting the Health Promotion and Research Division at DHSV on (03) 9341 0380 or by email at health.promotion@dhsv.org.au

If you have any doubts, you should refer the person to a dental professional. Indicators of a need for referral to a dental professional include:

- Localised or general pain in the mouth.
- Inflamed gums, oral abscesses, swollen or bleeding gums, ulcers or rashes.[7]
- Difficulty eating.
- Noticeable red or white spots in the mouth.[7]
- Dry mouth.[7]
- Bad breath.
- Self-consciousness about appearance.
- Loose or ill-fitting dentures.
- Broken, loose or decayed natural teeth.[7]
- Broken dentures.
- Lost dentures.
- Dentures not being used.
- Presence of mouth 'debris'.[7]
- Less than daily cleaning of teeth/dentures.

It may not be necessary to refer the person to a dentist in all cases. For example, basic repairs and adjustments of dentures can be carried out by dental prosthetists in their laboratories. Some prosthetists will visit older people in residential care settings. Further information on prosthetist services is on page 19.

7 Illustrations of many of these conditions can be found on pages 25–27.

3.3 Maintaining Oral Health in Residential Settings

In managing oral health for older people in residential settings, it is important to ensure that the organisational systems and procedures support the delivery of basic oral health care. The following activities are suggested as desirable actions to set the scene for direct care.

Denture Identification Marking

Ensure all removable dentures are visibly marked with a resident's identification at the time of admission and that any new dentures are subsequently marked.

- Marking options could include:
  - Marking kits using an abrasive, indelible pencil and clear varnish.[8]
  - Local dentist or prosthetist embedding an engraved metal or printed paper name-tag discreetly into the plastic denture base.
  - Making arrangements for a dental technician to mark a batch of dentures on site at one time.
  - Making arrangements with the Senior Technical Officer at The Melbourne University School of Dental Sciences.[9]

Be mindful of the resident's wishes and concerns about their dentures when requesting consent to have them marked.

Recording Oral Health in Personal Care Plans (PCPs)

Ensure that each person's PCP includes reference to:

- Dental status (own teeth, partial/full upper/lower dentures).
- Medical, psycho-social and pharmacological conditions impacting on oral health.
- Capacity of resident to undertake:
  - Personal self-care
  - Supervised self-care
  - Assisted or partial self-care
  - Fully dependent on carer for personal care.
- Scheduled dental visits (internal or external).

When managing the dental care of a resident, management and staff of residential facilities should:

- Document details of dental care provided to residents. For example, daily assistance with cleaning of dentures, assisted toothbrushing, dental examination provided by dentist.
- Ensure availability of dental treatment by a dental professional, including emergency care, as required.
- Seek advice regarding specific oral health concerns including long term drug therapy induced dry mouth (xerostomia). For other indicators of the need of professional advice, see page 9.

It is important that decisions regarding dental treatment are appropriate for the resident and their situation. For example, having full dentures made for a person who has not previously used dentures at the palliative stage of care may be inappropriate.

3.4 Food and Nutrition

Clinical Indicators of Poor Nutrition

Good nutrition is important for older people and maintaining oral health can support good nutrition. The Commonwealth Standards (Standard 2.10) require that residents receive adequate nourishment and hydration. A number of very useful criteria about this standard are identified in the Commonwealth Standards and Guidelines document.

The following conditions can be indicators of poor nutrition:

Dehydration

This is the single biggest cause of confusion in older people. Inadequate fluid intake can also lead to high blood pressure and constipation. Older people are more at risk of dehydration because the thirst sensation decreases with age. This means many older people may be quite dehydrated before they feel thirsty. Cognitive impairment and mobility also impact on a person's ability to obtain an adequate intake of fluid. Residents with urinary incontinence may restrict fluid intentionally and this should be discouraged.

Physical impairments

These can affect a person's ability to hold or use cutlery and handle other objects such as cups. People who require assistance with eating are at high risk of poor nutrition.

8 The 3M market a kit number 1990 Identure Denture Marking System Kit is available from the following dental suppliers: Dentavision, Faulding Dental, Gunz Dental, Halas Dental and Henry Schien Regional Dental.

9 The Royal Dental Hospital of Melbourne, Telephone: 03 9341 0228. The denture marking services is provided at cost (preferably multiple units in a batch) or they can advise on a locally applicable method.

Poor dentition

This may cause a resident to take long periods to eat a meal due to sore gums or teeth. Others may not manage the texture of meals due to limited dentition. People who have experienced a significant weight loss could find that dentures may become loose and therefore impact on their ability to eat.

Swallowing problems

People who experience regular bouts of pneumonia, frequent coughing or a gurgly voice after eating or drinking fluids are at a very high risk of dysphagia and poor nutrition. For those with identified swallowing problems, modified texture foodstuffs, such as puree diets or thickened fluids, can be very unappealing and unappetising. Consequently, intake of food and fluids can be very poor. A speech pathologist can help with any swallowing problems.

Using multiple medications

This can interact with nutrients. Some medications may affect a person's appetite due to side effects. Any person taking more than five medications per day is at risk of poor nutrition.

Practical Solutions

The following suggestions for promoting good oral health complement the criteria detailed in Commonwealth Standard 2.10 on nutrition and hydration.

Caregivers can foster sound food habits that also support oral health. The following behaviours support good oral health[10]:

- Avoid continuous or regular exposure to sticky sweet foods, confectionary and sweetened soft drinks as they can result in rapid tooth decay.
- Discourage continuous 'grazing' with desserts, biscuits and confectionery throughout the day as this encourages acid production by bacteria in the plaque, which causes dental decay.
- Ensure that desserts or sweets are eaten with meals when saliva flow helps reduce acid build-up after eating sugars.
- Clean teeth or dentures after consuming sticky sweet foodstuffs, or at least twice daily, wherever possible.
- Encourage use of sugar-free sweets as an alternative to sugary lollies.
- Discourage the use of glycerine and lemon swabs.
- Vary the texture of the diet to assist residents to obtain adequate nutrition.
- Consider offering nutritional supplements to those with a small appetite. Consult a dietician for a menu assessment, recipe suggestions or recommendations about commercially available nutrition supplements.
- Limit the use of, or find alternatives to, sugar-based medications when appropriate. Discuss this with the resident's GP, pharmacist or dentist. If such medication is used, encourage rinsing out the mouth with water immediately after taking the medication.
- Encourage residents to drink tap water (especially if it is fluoridated) as an alternative to sweetened drinks and fruit juice.
- Offer fluids regularly (for example, at medication rounds, at all meals and snack-times). Remind residents to drink regularly, not just when they feel thirsty. Ensure your facility offers a variety of fluids, not just tea and coffee.
- Avoid restricting fluids for those with urinary incontinence. This can make the problem worse. Seek advice from an incontinence nurse for strategies on how to redistribute fluid intake[11].
- Offer modified cutlery, plates and cups to those residents with physical impairments. This encourages their independence at meal times. An occupational therapist can advise on appropriate equipment.
- Refer residents with suspected swallowing problems to a speech pathologist immediately. Those with identified dysphagia should be regularly reviewed.

3.5 Oral Health Issues for People with Dementia

People with dementia are particularly susceptible to dental problems for a number of reasons[12], including:

- Some medications that reduce the production of saliva by the salivary glands. Saliva is essential to maintain a healthy mouth and to prevent the onset of decay and other oral lesions.
- A reduced flow of saliva, even when not taking medications.
- Long term sugar-based medications that can lead to tooth decay, dry mouth and difficulties using dentures.
- Changed eating habits, such as replacingment of main meals with small snacks, or sucking boiled lollies or drinking sugared tea.

10 Based on an article by the Dietitians Association of Australia NSW Gerontology Interest Group — *'Insite: Australia's independent aged care industry newspaper'*, Oct/Nov 2001.

11 Victorian Continence Resource Centre Ph: (03) 9388 8022 or Fax: (03) 9388 8044.

12 Based on Alzheimer's Association Fact Sheet, *Dental care — caring for someone with dementia* 2000.

Preventive practices that will support the oral health of people with dementia include:

- Regular use of fluorides on natural teeth. This includes fluoridated tap water, toothpastes, mouth rinses and gels.
- Providing regular reminders to residents and assisting with preventive oral hygiene care, including the use of props, special shaped brushes and electric toothbrushes, where appropriate.
- Monitoring and reducing sugar intake where needed for people with natural teeth, including identification and use of sugar-free alternatives in food, drink and medications.
- Regular dental examinations with dental professionals who understand and are experienced in caring for people with dementia.

Many people with dementia are unable to express discomfort or pain verbally. They rely on family and carers to understand any changes that may indicate dental problems, such as not eating or constant pulling at the face or other behavioural problems.

As dementia progresses, people exhibit neurological reflexes or involuntary motor responses that can cause a problems for carers and dental professionals when they interfere with eating, swallowing, oral hygiene and dental treatment. When attempts are made to access the mouth, touch the teeth or dentures, or introduce food or liquid, the person may respond by grinding, chewing, sucking, pouting or biting. Home-based carers need to be conscious of the gradual changes in the capacity of the person with dementia and the need to watch for subtle changes of behaviour, which may impact on their oral health. Providing reminders and reinforcement as well as daily oral care may become essential to maintaining their oral health.

Strategies for Residents with Dementia and Challenging Behaviours[13]

Dental professionals' skills and strategies in behaviour management and communication often determine the course of clinical dental treatment and preventive oral hygiene care for people with dementia.

Newer concepts in dementia care can assist dental professionals as well as nursing and general care staff to update their skills and use a more individualised approach to the management of residents. It should be recognised that interventions may not be successful for all people with dementia. The effectiveness of these strategies may vary over time.

The application of some newer communication techniques for people with dementia in provision of dental care are summarised below:

Technique	Dental Situation	Suggested Approach
Rescuing	The dentist is unable to remove the resident's dentures, so a carer enters, takes over and removes the dentures.	A second carer enters a situation and tells the first carer to leave so the second carer can 'help' his or her friend, the resident.
Distracting	A rummage box or busy apron/cushion/board (with a familiar theme) is used to occupy the active hands of a resident during the examination. **	The use of singing, music, holding items, gentle touch and talking to distract the resident from a distressing situation.
Bridging	The resident holds a toothbrush while the dentist uses a backward-bent toothbrush to assist in breaking peri-oral muscle spasms to gain access to the mouth.	To improve sensory connection and task focus by having the resident hold the same object as the carer while the carer carries out an activity.
Hand-over-hand	The dentist places the lower denture in the resident's hands then places his/her hand over the resident's to guide the lower denture back into the mouth.	The carer's hand is placed over the resident's hand to guide the resident.
Chaining	A hygienist or carer places the toothpaste on the toothbrush and places it in the resident's hands, and then the resident brushes his/her teeth.	The person/carer starts the activity, and the resident completes it.

** See Activity Board on next page for an example of distraction equipment

13 Chalmers, J M. SCD Behaviour management and communication strategies for dental professional when caring for patients with dementia. *Special Care in Dentistry*, Vol 20 No 4 2000.

Activity Board

Activity boards may provide a temporary distraction activity while undertaking oral hygiene with an older person with dementia or behavioural problems which make accessing the mouth difficult.

Similar ideas can be developed with items such as zips, buttons, bows and fabric textures which residents are familiar and comfortable with.

3.6 Helpful Oral Care Tips for Older People

The information in this section includes practical oral care advice. It includes tips on cleaning teeth and dentures, together with advice about aids to undertake these tasks.

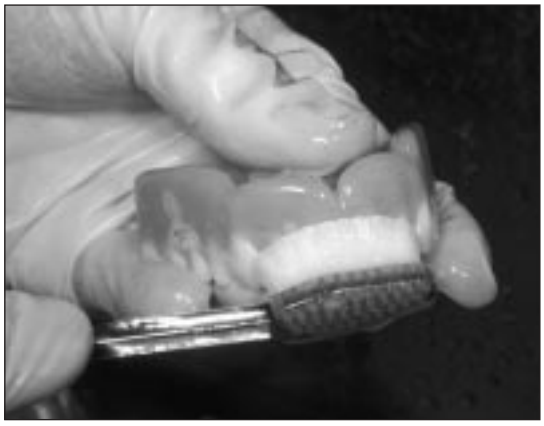
Cleaning Dentures

Points to remember before you start:

- Dentures should be clearly labelled with the owner's name.
- Ideally, dentures should be removed at night and cleaned. Removal of the dentures allows the mouth to rest and prevents fungal infection (such as thrush).
- Dentures should be stored in a container of cold water in a safe but accessible place.
- If the person is used to wearing dentures at night, don't insist they change this practice.
- Check the person's mouth for ulceration, ill-fitting dentures or food debris.
- Seek advice from dental professionals about how to remove individual patient's partial metal dentures.

To clean the dentures:

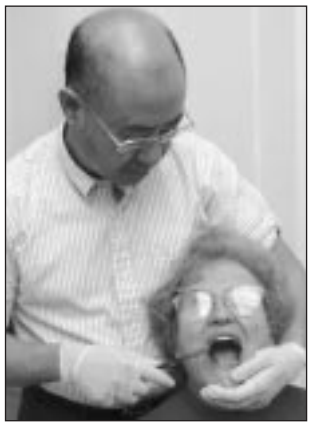
- Clean over a hand basin half filled with water, or a soft towel.
- Carefully clean dentures with a denture brush and denture toothpaste or mild soap.
- Clean all surfaces of the denture removing all plaque and food debris.
- Whenever possible, store dentures in a container of water overnight.
- To remove calculus, soak plastic dentures overnight in one part white vinegar and two parts water.
- Note metal dentures should not be soaked in vinegar as they will corrode.



Cleaning Someone Else's Teeth

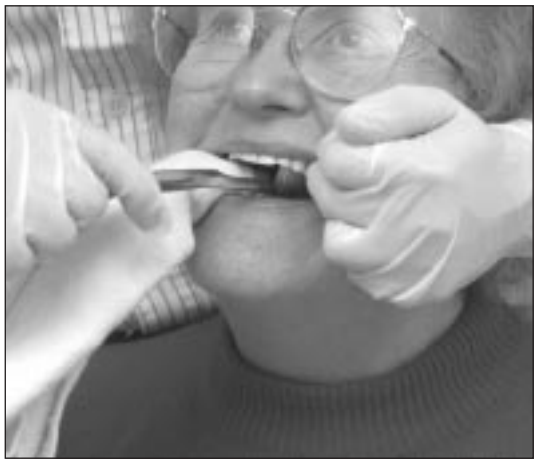
Assisting older clients with special needs:

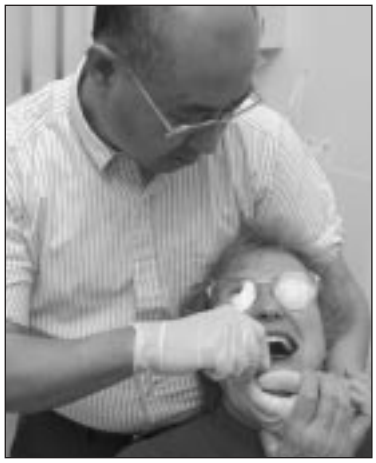
- It can be difficult to assist older people with their oral hygiene.
- Force must not be used on any client who does not wish to have their teeth cleaned.
- Assistance is sometimes necessary to keep the head in a comfortable position as shown.
- Never place your fingers between the teeth of an older person.
- Wrap a flannel/hand towel around the handle of the toothbrush.
- Use a flannel as a bite block or mouth prop.
- Electric toothbrushes are useful for older people if they are available, but remember to be gentle on the gums.



Getting started—what equipment do you need?

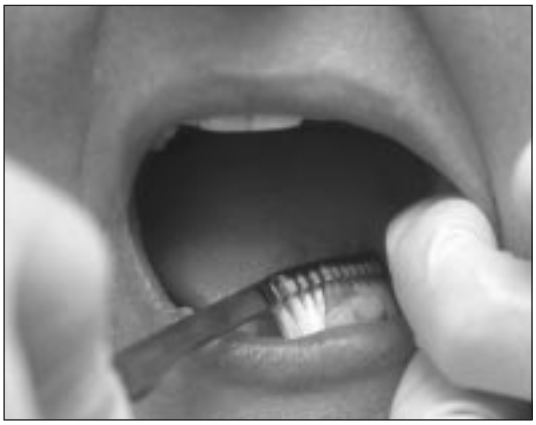
- Disposable gloves should be worn at all times.
- Small headed toothbrush with soft bristles.
- A small (pea size) amount of toothpaste.
- A bent toothbrush to assist with releasing any 'mouth spasm'[14].
- Mouth prop (for person who cannot hold mouth open).
- Cup of fresh water (and straw if necessary).
- Towel.
- Bowl or hand basin.
- Hand towel to be placed across client's chest to protect clothing.

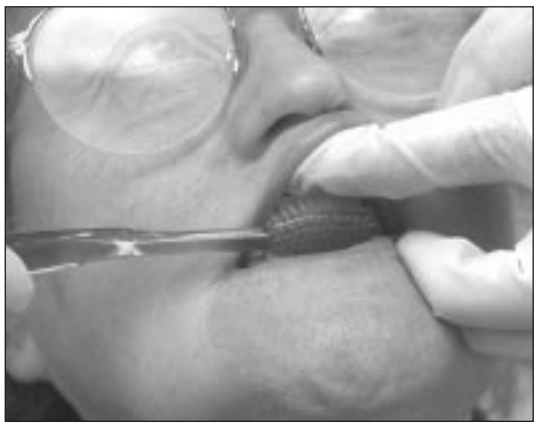




Procedure for cleaning teeth:

- Brush all surfaces of the teeth and supporting soft tissues using a methodical sequence.
- Work on two teeth at a time.
- Be aware of any loose teeth and brush with care.
- Finally, replace any partial dentures and dry the lips and chin.





14 See Special Aids for oral hygiene on page 17.

Flossing

Flossing someone else's teeth is easier using a flossing handle.

Flossing handles are available from most pharmacies and selected supermarkets.

Using an Electric Toothbrush

Read the instruction leaflet included in your (power assisted) electric toothbrush packaging before use.

Electric toothbrushes are useful for older people if they are available, but remember to be gentle on the gums.

Generally:

- Place a pea-sized amount of toothpaste on the brush head.
- Guide the brush head to your teeth before switching it on.
- Turn brush on.
- Gently guide the brush head slowly from tooth to tooth, following the curve of the gum and the shape of each tooth, as shown, before proceeding to next tooth.
- Guide the brush head over your gums but do not press too hard or scrub them.
- Let the brush do the work.

Refer to the leaflet within the toothbrush packaging for specific cleaning directions.

In Summary:

To support residents with their oral hygiene:

- Approach a resident in a caring and courteous manner with no obvious rush.
- Be methodical, gentle and thorough.
- Clean teeth twice daily with a fluoridated toothpaste (a thorough cleaning less frequently is preferable to a poor clean more often).
- Remove and clean dentures at night.
- Wear gloves.
- Never place your hands between the teeth inside a person's mouth.
- A modified method of cleaning teeth is acceptable if it removes plaque and does not damage teeth or gums.

3.7 Special Aids for Oral Hygiene

Dental Brushes

The photographs below illustrate how a standard toothbrush can be adapted to meet individual needs.

Bent toothbrush for release of mouth spasm

Toothbrush wrapped in flannel to assist grip for older persons

Toothbrush with bicycle handgrip to assist older persons

Disposable oral swab

Plain straight toothbrushes (soft)

Denture brush

3.8 Summary of Issues to Consider when Implementing the Commonwealth Standard

This section summarises the key procedures and activities that should be introduced to ensure that the oral health needs of residents are met and that compliance with the Commonwealth Residential Care Guidelines is met.

1. Standards

Familiarise yourself with the Commonwealth Residential Care Standards, particularly Standard 2.15 relating to oral and dental care.

2. Assessment Protocols

Develop or acquire a commercially available oral health assessment protocol appropriate to your client group. You may base your forms on the sample enclosed (page 24). Other oral health assessment instruments are being developed as part of the Department of Human Services Oral Health Promotion Grants Program[15].

3. Service Availability

Familiarise yourself with the dental service system (see section 4). The system includes local private and public dentists and prosthetists, the Royal Dental Hospital of Melbourne (RDHM) and the mobile Domiciliary Dental Service provided by DHSV. Establish a working relationship with these providers, including an understanding of their fees and charges.

4. Resident Assessment

Current Residents (see section 3.2)

Ensure you have undertaken an oral health assessment of each resident in accordance with your obligations under the Standards. Identify any residents requiring urgent dental treatment and care and follow-up by making appointments and developing their PCPs.

As required on an individual resident basis, arrange for a dentist to visit your centre or for the resident to be transported to an appropriate dental surgery.

Arrange for a prosthetist to visit any residents requiring adjustment or repairs to their dentures, or arrange for their dentures to be delivered to the prosthetist.

Prospective and New Residents (see section 3.1)

Advise prospective residents and their families of the importance of having a dental examination and any treatment completed prior to entering the residence.

Encourage ACAS staff and other health professionals to undertake an oral health assessment of prospective residents.

5. Development of Personal Care Plans

Ensure that oral health requirements are recorded in the PCPs (see page 10). The PCPs should be used to ensure that appropriate treatment and care are identified and delivered on a routine basis. Ongoing oral hygiene should be recorded and provided for residents with their own teeth as well as those with dentures.

Management and staff should ensure that urgent dental problems are attended to promptly.

6. Facilities and Equipment

Ensure basic facilities (space, power, light, chair and staff support) are available for dentists and prosthetists who are willing to provide care and treatment on-site.

Ensure personal equipment is available for each resident, such as toothbrushes, toothpaste and denture cleaning aids.

7. Marking of Dentures

Ensure dentures are clearly marked with the resident's identification (see page 10).

8. Monitoring, Review and Evaluation

Ensure the resident's record includes an assessment and current PCP for oral health. The record should be reviewed and updated on a regular basis.

Undertake regular audits and review (suggest at a minimum of three-monthly) of PCPs to ensure oral health treatment and care is being delivered as planned.

9. Staff Training and Development (Commonwealth Standard 2.3)

Arrange regular basic training sessions for direct care staff regarding the assessment and provision of basic oral health care to your residents. Make available self-education and reinforcement materials for use by staff. Ensure staff practise basic skills, such as toothbrushing.

15 Information on the availability of oral health assessment forms can be obtained by contacting the Health Promotion and Research Division at DHSV on (03) 9341 0380 or by email at health.promotion@dhsv.org.au

4. Additional Information and Resources for Implementing the Standards

4.1 Oral Health Professionals

Providers of dental care services in Victoria consist of dentists, dental specialists, dental auxiliaries (dental hygienists and dental therapists), dental prosthetists (advanced dental technicians) and dental technicians. About 85% of practising dentists work in private practice. Advanced dental technicians, dental technicians and dental assistants also operate largely within the private sector. Dental hygienists are mainly employed in private practices. Dental therapists are largely employed within the public sector to help deliver school dental services.

Professional treatment and care may be obtained from a variety of trained dental professions, including:

General and Specialist Dentistry

General dental practitioners undertake a five-year Bachelor of Dental Science and are registered with the Dental Practice Board of Victoria (DPBV). They may provide a full range of oral care. Many work in private practice. Some general dental practitioners work in the public system, providing dental services to all age groups.

After completion of the dental degree, graduates may undertake further study and specialise in endodontics[16], oral/maxillofacial surgery[17], orthodontics[18], periodontics[19], prosthodontics[20] and pediatric dentistry[21].

Dental specialists are also registered with the DPBV.

Dental Hygienists

Dental hygienists undertake a two-year Diploma in Oral Health Therapy and are registered with the DPBV. Dental hygienists provide preventive care such as cleaning and scaling under instructions from a dentist. Most work in private practice and are able to work with people of all ages.

Dental Prosthetists (Advanced Dental Technicians)

Dental prosthetists are dental technicians with an advanced diploma and must be registered with the DPBV. They may undertake the duties of a technician as well as prepare full dentures, mouth guards and partial dentures direct to the public.

Dental Technicians

Dental technicians undertake a four-year apprenticeship and may make or repair dentures, crowns or bridges and other oral appliances on prescription or under supervision of a dentist. They must be registered with the DPBV.

Dental Therapists

Dental therapists undertake a two-year Diploma in Oral Therapy and are registered with the DPBV. They are mainly employed by the School Dental Service where they undertake duties such as diagnosis, treatment planning, restorations, extractions of deciduous teeth and fissure sealants.

Dental therapists may provide care, for which they have been trained, to persons up to and including 18 years of age and, on prescription of a practising dentist, to persons aged between 19 and 25 years of age.

Dental Assistants (Dental Nurses)

Dental assistants provide chair-side assistance, handle materials and equipment and practise administration. They are not registered. Many dental nurses undertake a certificate course at RMIT and may be members of their association.

16 Endodontists diagnose, treat and help to prevent diseases of the root canal and its surrounding tissues.

17 Oral/maxillofacial surgeons surgically treat injuries, abnormalities, and diseases of the tissues of the oral cavity and its adjacent parts.

18 Orthodontists rearrange the natural teeth for functional and cosmetic reasons.

19 Periodontists treat gum diseases.

20 Prosthodontists undertake the advanced restorative treatment of teeth and surrounding tissues by artificial means such as crowns, bridges and dentures.

21 Paediatric dentists provide special dental care to children.

4.2 Public Dental Services

Public Dental Programs

Public dental services for eligible adults are provided from the RDHM and 60 community dental clinics throughout Victoria. The services provided to older eligible Victorians are:

- Community Dental Program
- Specialist Dental Care
- Victorian Denture Scheme
- Gerodontic Services
- Domiciliary Services.

Community Dental Program

The Community Dental Program provides emergency, general and denture services to concession card holders. Care is provided at community dental clinics and the RDHM. There are approximately 60 community dental clinics in metropolitan Melbourne and rural Victoria, located in community health centres or rural hospitals.

Location of the nearest clinic can be obtained by ringing 1800 360 054 (free-call number).

Specialist Dental Care

A range of specialist dental care is provided at the RDHM.

For more information call (03) 9341 1417.

Victorian Denture Scheme (VDS)

Under this scheme, eligible people can get denture services from a private dentist or advanced dental technician of their choice.

The dentist or dental technician must be participating in the VDS. There is a waiting list for treatment under the scheme.

For more information phone (03) 9341 0360.

Gerodontic Services

Gerodontic services are a new initiative of the Victorian Government targeted at predominantly older Victorians with a general disability or other chronic and complex health conditions.

Gerodontic services are currently available from Frankston Community Health Centre (Part of Frankston Integrated Care Centre), The Kingston Centre, Melbourne Extended Care and Rehabilitation Centre and Maryborough Hospital (Bendigo Health Care).

Domiciliary Services

This mobile service provides general dental care and a denture service in residential care settings or private homes.

Who can use the service?

The service is available to anyone who is totally housebound because of a physical or mental condition. (A Health Care or Pension Card is not needed.)

What does it cost?

For more information, please call 9341 0417.

Can treatment be claimed on private health funds?

Most private health funds do not cover treatment at the RDHM and other public dental clinics. Please check with the client's health fund.

Mobile Dental Care Service

Victorian Aboriginal Dental Health Services

Dental services are available for Koori people and their partners and dependents. General dental care is free. Specialist services, like dentures, are referred to external agencies including RDHM. Fees for specialist services depend on the services provided. If clients are unable to pay, alternative arrangements can be made.

For information and appointments contact:

- **Victorian Aboriginal Health Services Co-op Ltd**, Fitzroy. Ph: (03) 9419 3000
- **Bairnsdale Aboriginal Co-op Ltd, Bairnsdale.** Ph: (03) 5152 1922

Other Government Assistance Programs

Veterans Affairs—Dental Care

Who can use the service?

Gold Card holders are eligible for free service under this scheme. The Department of Veterans' Affairs (DVA) will pay for most dental services that are necessary to meet a clinical need. Some dental conditions may be subject to restrictions, an annual monetary fee or time limit (for example, one fluoride treatment every six months) or require prior treatment approval.

White Card holders are eligible when the dental services are necessary to meet a clinical need that is associated with an accepted disability, malignant cancer, pulmonary tuberculosis or post traumatic stress disorder (PTSD) if DVA has accepted responsibility for treatment of these conditions.[22]

4.3 Working with Private Dental Practitioners

The Australian Dental Association (Victorian Branch) Web site provides an excellent summary of services available and a search capacity to locate local practitioners. Visit the site at:

http://www.adavb.com.au/DIR145/adamain.nsf

Establishing a Relationship

- Invite local practitioners (dentists and prosthetists) to visit your centre.
- Visit the practitioner's surgery and meet the staff.
- Where possible, establish a relationship with several practitioners to ensure your residents have some options and may make choices.
- Involve a relative or carer in the relationship of the resident with the dental provider.
- Provide local practitioners with a copy of this guide.
- Discuss your typical resident profile and the potential extent of need for access to private practice dental care.
- Discuss, in advance, the basis for a schedule of fees, including a travel component. The DVA fee schedule is suggested as an appropriate starting point, including the provision for costs for home visits.
- Note the contractual arrangement will be between your residents and the dentist or prosthetist; you are merely facilitating the contact.
- Be conscious of the prerogative of individual residents to access private dental care, including their dental insurance status.
- Be aware of individual resident's eligibility for public dental care, including access to the visiting mobile dental van operated by the DHSV Domiciliary Care Unit.

Fees

The Australian Dental Association (Victorian Branch) Web site provides useful information about the range of fees being charged by dentists for check-ups, cleaning, fillings, extractions and for making dentures (full upper and lower and partial dentures).

Private dental prosthetists should be consulted about their fees for providing dentures.

Residential Care Facilities or Home Visits

Fees charged could be adjusted, subject to the urgency of the call, distance from the practice and the facilities required to provide the treatment.

For More Information

To access your local private practitioner, look under 'Dental' or 'Dentists' in the Yellow Pages or see the Australian Dental Association — Victorian Branch Web site (http://www.abavb.com.au).

Assessment and Treatment

The dentist or prosthetist may need to make an assessment visit and then return for a treatment visit, depending on the resident's needs.

Where possible, the dental professional may prefer that the resident be transported to the dental surgery for treatment.

22 Source: www.dva.gov.au/factsheets/default.htm

Treatment Arrangements in the Residence

In order to facilitate the provision of dental care in a residence by a dentist or prosthesist, the following arrangements need to be considered:

- Access to a procedure room with an appropriate adjustable chair.
- Power and lighting.
- Sinks and waste disposal.
- Bed circulation space if resident is bed-fast.
- Availability of support staff, especially for residents with behavioural problems.
- Access to medical history and records.
- Car parking and ease of access for any mobile equipment.

4.4 Treatment Arrangements in the Dental Surgery (Public and Private)

When it is preferable for the resident to be transported to the dental clinic or surgery, staff or carer of a resident should ensure that:

- Physical access to the surgery, including car parking and wheelchair access, is available.
- Interpreters are provided for residents of culturally and linguistically diverse backgrounds.
- Dental surgery nursing staff or residential care staff is available to assist the dentist.

4.5 Links and Advice

The following Internet sites may assist you with more detailed advice:

AIHW Dental Statistics and Research Unit	www.adelaide.edu.au/socprev-dent/dsru/
American Dental Association	www.ada.org/sites/orgus.html
An American general oral health information site with information available in various languages.	www.dentalresourcenet.ca
Anti Cancer Council of Victoria	www.accv.org.au
Australian Aged Care Standards and Accreditation Agency website	www.accreditation.aust.com/
Australian Dairy Corporation Nutrition information	www.dairycorp.com.au/nutrition
Australian Dental Association	www.ada.org.au
Australian Dental Association— Victorian Branch. See 'Find a dentist' section	www.adavb.com.au
Better Health Channel	www.betterhealth.vic.gov.au
British Dental Health Foundation	www.dentalhealth.org.uk
Centre for Disease Control USA	www.cdc.gov/
Centre for Evidence-Based Dentistry	www.his.ox.ac.uil/cebd/
Cochrane Centre-Evidence Based Dentistry	www.cochrane-oral.man.ac.uk/abstracts.htm
Commonwealth Department of Health and Aged Care (Office for Older Australians)	www.health.gov.au/acc/ofoa/index.htm
Commonwealth Department of Veterans Affairs	www.dva.gov.au/health/mainhe.htm
Commonwealth Government website for Rural Health	www.ruralhealth.gov.au/index.htm
Confident Care (Australian company) products relating to older people at home or in a residential facility	www.confidentcare.com.au
Council on the Ageing (Victoria) Inc	www.cotavic.org.au/
Dental Health Services Victoria	www.dhsv.org.au
Department of Human Services (Victoria)	www.dhs.vic.gov.au
Department of Human Services— Rural and Regional Health Aged Care Services	www.dhs.vic.gov.au
Dietary Guidelines for Older Australians	www.dhs.vic.gov.au/rrhacs/primaryhealth/dentalhealth.htm
Dieticians Association of Australia See 'Find a dietician' section	www.health.gov.au/nhmrc/publications/synopses/n23syn.htm
Finding good medical care for older Americans	www.daa.asn.au
International Association for Disability and Oral Health European Special Needs Dental Association	www.healthanswers.com/Sources/OAR/content/healthy/age_pages/nia/ap09.htm
The Joanna Briggs Institute, La Trobe University	www.joannabriggs.edu.au/acebrac.html
Linlithgow Centre for the older person in Ivanhoe	www.vicnet.net.au/~linlithg/
National Oral Health Clearing House	www.nohic.nidcr.nih.gov
Nova Scotia Dental Association	www.healthyteeth.org
Smile-on	www.smile-on.com
The Australian Nutrition Foundation	www.NutitionAustralia.org
Victorian College of Pharmacy (Monash) oral health for older persons education	www.pharmace.vic.edu.au
Victorian Government Better Health Channel. See Services Directory link for dental services	www.betterhealth.vic.gov.au
Victorian Health Foundation	www.vichealth.vic.gov.au

4.6 Oral Health Assessment Worksheet

The Oral Health Assessment Worksheet over the page is based on the *Kaiser-Jones Brief Oral Health Status Examination (1995)*. Variations of this and other assessment tools are being trailed in Victoria. Information and advice on oral health assessment tools is available by contacting the Health Promotion and Research Division at DHSV on (03) 9341 0380 or by email on health.promotion@dhsv.org.au. funded project will be disseminated in the near future.

Category	Measurement	No problem	Mild problem	Moderate/severe
Lymph nodes	Observe and feel nodes	No enlargement	Enlarged, not tender	Enlarged and tender
Lips	Observe, feel tissue, and ask resident, family or staff (eg primary care giver)	Normal roughness, pink and moist.	Dry, shiny, rough, red or swollen.	Red, smooth, white or red patch, ulcer for more than 2 weeks.
Tongue	Observe, feel tissue and ask resident, family or staff (eg primary care giver)	Pink and moist.	Coated, smooth, patchy, severely fissured or some redness.	Red, smooth, white or red patch; ulcer for two weeks.
Tissue inside cheek, floor and roof of mouth	Observe, feel tissue and ask resident, family or staff (eg primary care giver)	Pink and moist.	Dry, shiny, rough, red or swollen.	White or red patch, bleeding, hardness; ulcer for two weeks.
Gums between teeth and /or under artificial teeth	Gently press gums with tip of tongue blade.	Pink, small indentations, firm, smooth and pink under artificial teeth	Redness at border around 1–6 teeth; one red area or sore spot under artificial teeth.	Swollen or bleeding gums, redness at border around 7 or more teeth, loose teeth; generalised redness or sores under artificial teeth.
Saliva (effects on tissue)	Touch tongue blade to centre of tongue and floor of mouth.	Tissue moist, saliva free flowing and watery.	Tissue dry and sticky.	Tissue patched and no saliva.
Condition of natural teeth	Observe and count number of decayed or broken teeth.	No decayed or broken teeth/roots.	1–3 decayed or broken teeth/roots.	4 or more decayed or broken teeth/roots; fewer than 4 teeth in either jaw.
Condition of artificial teeth	Observe and ask resident, family or staff (eg primary care giver).	Unbroken teeth, worn most of the time.	1 broken /missing tooth, or teeth worn for eating or cosmetics purposes only.	More than 1 broken or missing teeth, or either denture missing or never worn.
Pairs of teeth in chewing position (natural or artificial)	Observe and count pairs of teeth in chewing position.	12 or more pairs of teeth in chewing positions.	8–11 pairs of teeth in chewing position.	0–7 pairs of teeth in chewing positions.
Oral Cleanliness	Observe condition of teeth and dentures.	Clean, no food particles/tartar in the mouth or on artificial teeth.	Food particles/tartar in one or two places in the mouth or on artificial teeth.	Food particles/tartar in most places in the mouth or on artificial teeth.
Pain, discomfort and impact on eating.	Observe, ask resident, family or staff (eg primary care giver)	No apparent pain or discomfort with no difficulty eating.	Some level of discomfort. Analgesics required occasionally.	Analgesics required several times a day over several days. Difficulty eating. Resident unsettled and distracted (may be masked pain).
Physical capacity of individual to maintain own oral hygiene	Observe, and ask resident, family or staff (eg primary care giver)	Able to maintain own oral hygiene without assistance.	Requires encouragement and some assistance to complete oral hygiene.	Totally dependent on carer for maintenance of oral hygiene.
Motivation and behaviour limiting capacity to assist in own oral hygiene	Observe, and ask resident, family or staff (eg primary care giver)	Well motivated and aware of need to undertake personal oral hygiene.	Occasionally forgetful about need for oral hygiene, requiring carer scheduled reminders and assistance.	Unaware of surroundings and requiring carer scheduling of oral hygiene.

ANY response with shaded background—refer to a DENTIST immediately.

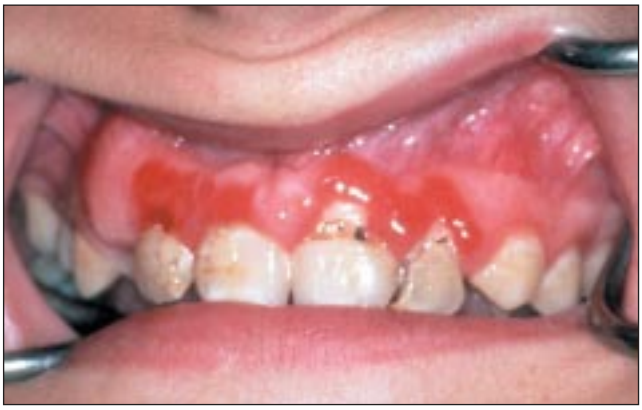
Responses with black background—immediate carer attention required.

Responses with white background—general monitoring and routine care. (Based on Kaiser-Jones Brief Oral Health Status Examination 1995) DHSV 2001 V 2.1

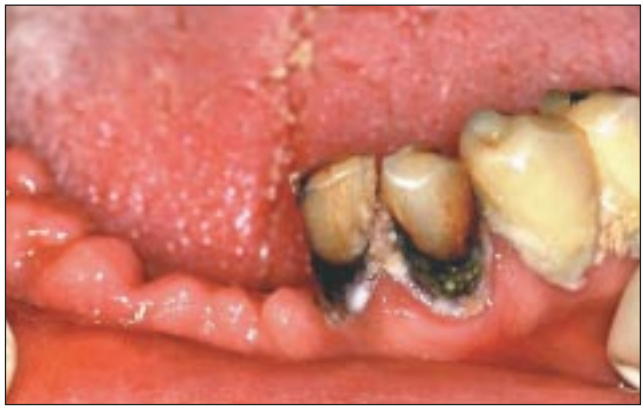
4.7 Oral Health Illustrations for Reference

The following photographs illustrate some common oral health conditions come across by those caring for older people. The illustrations are not for diagnostic purposes. If you have concerns about the oral health of an older person, seek further advice from a dental professional.

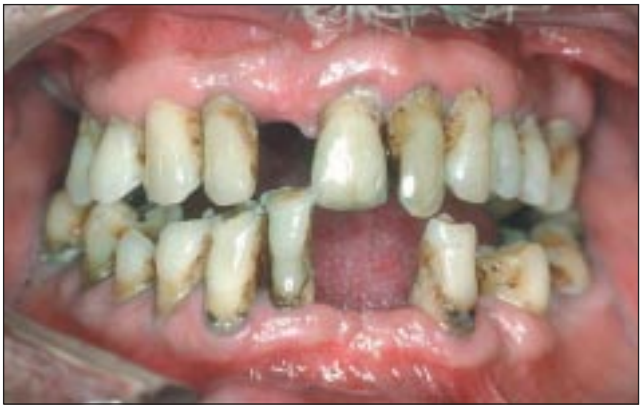
1. Gingivitis



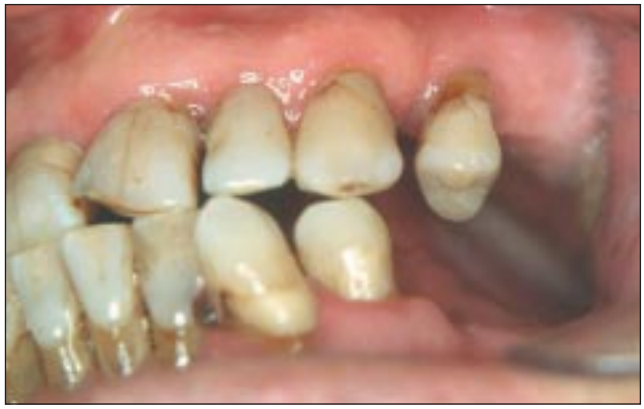
2. Plaque and root caries



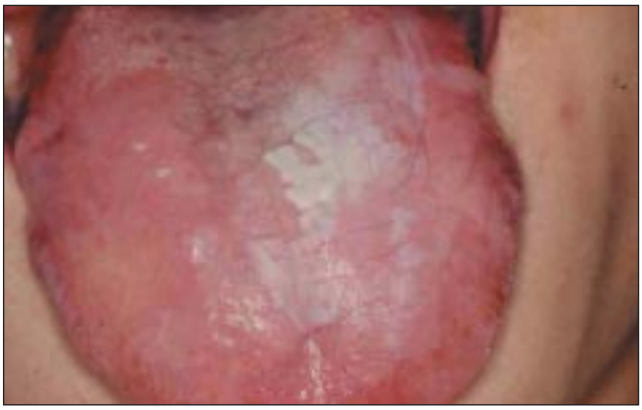
3. Severe periodontal (gum) disease



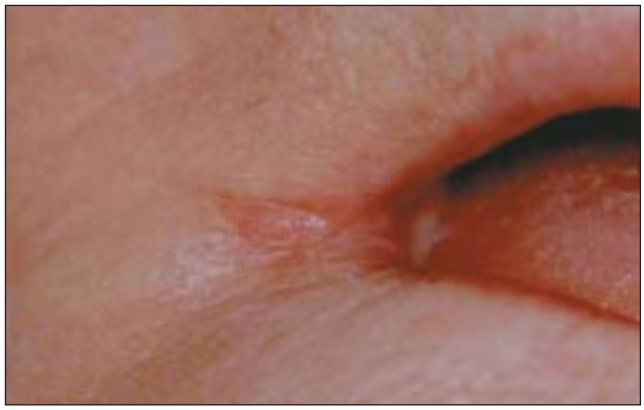
4. Gum recession and exposed dentine



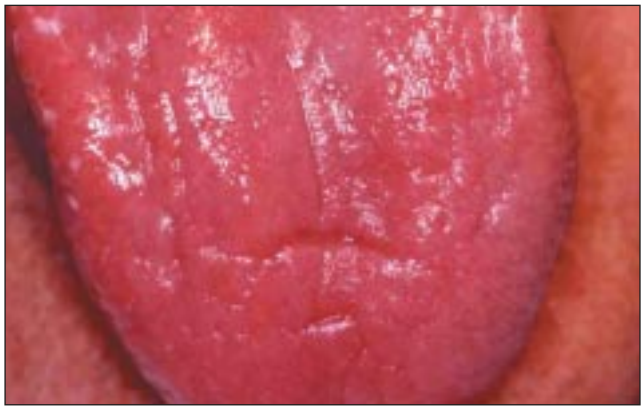
5. White patches — candida



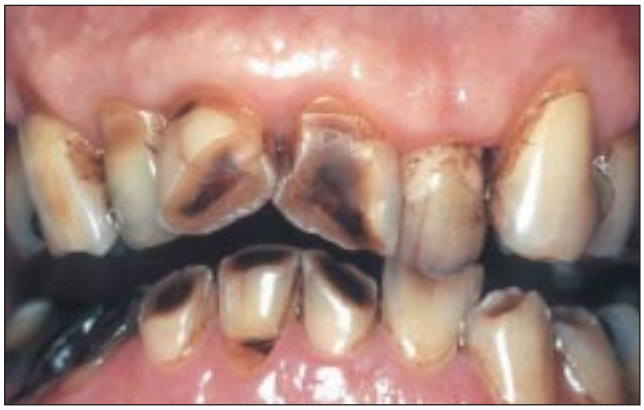
6. Angular chilitis



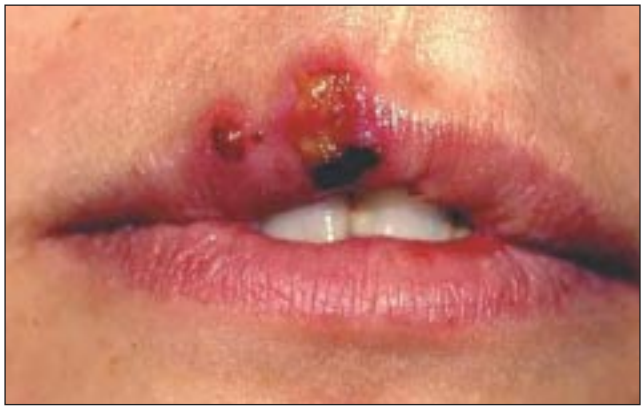
7. Dry shiny tongue



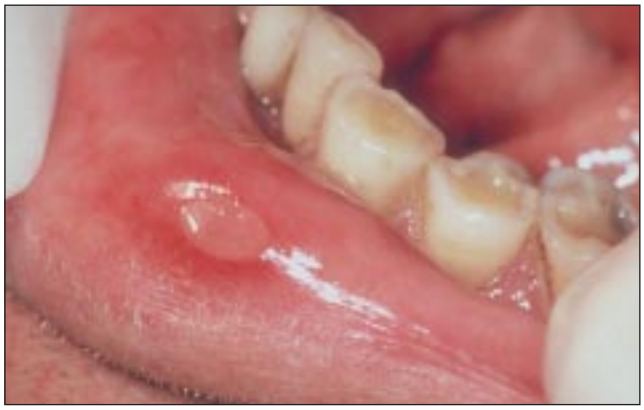
8. Severe bruxism — grinding teeth



9. Cold sores — herpes

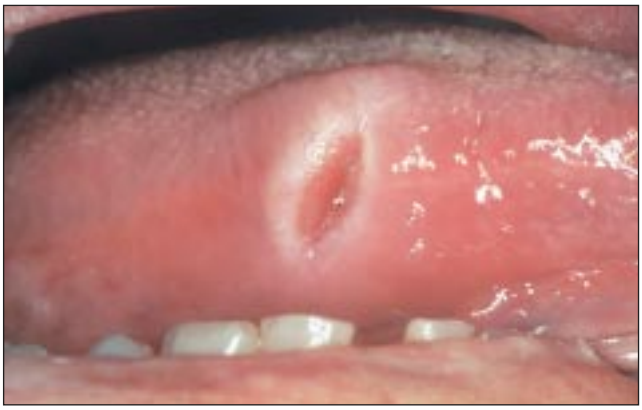


10. Lip ulcer

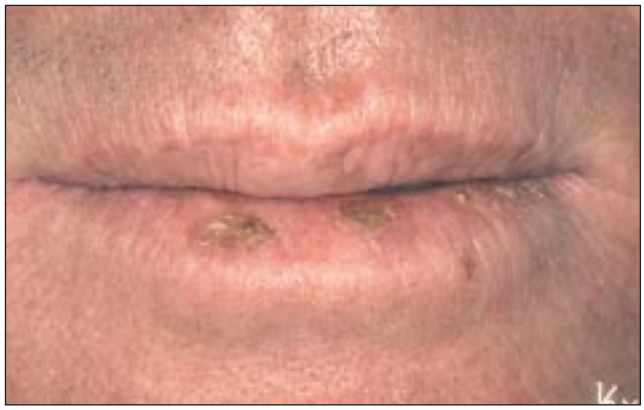


The following oral conditions require prompt assessment by a dentist or general practitioner.

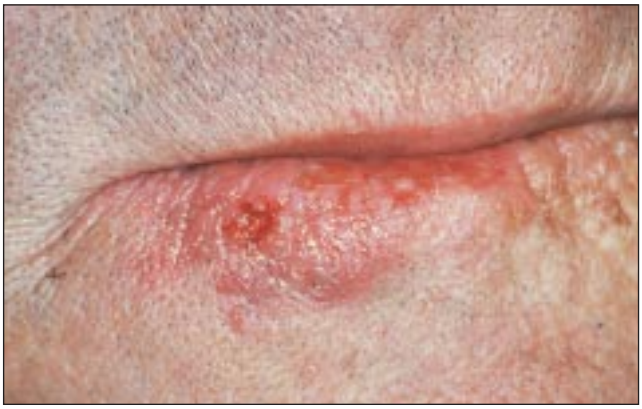
1. Traumatic ulcer on tongue



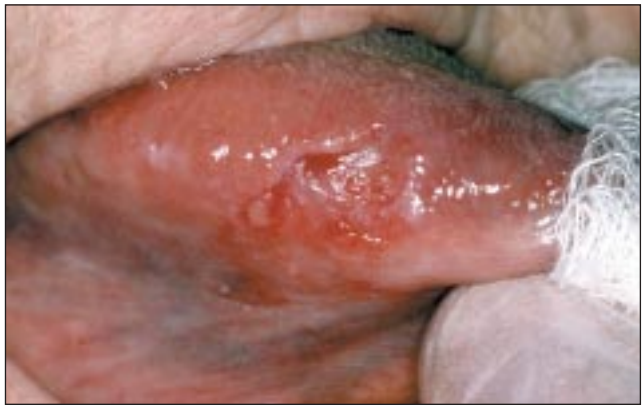
2. Squamous cell carcinoma on lip



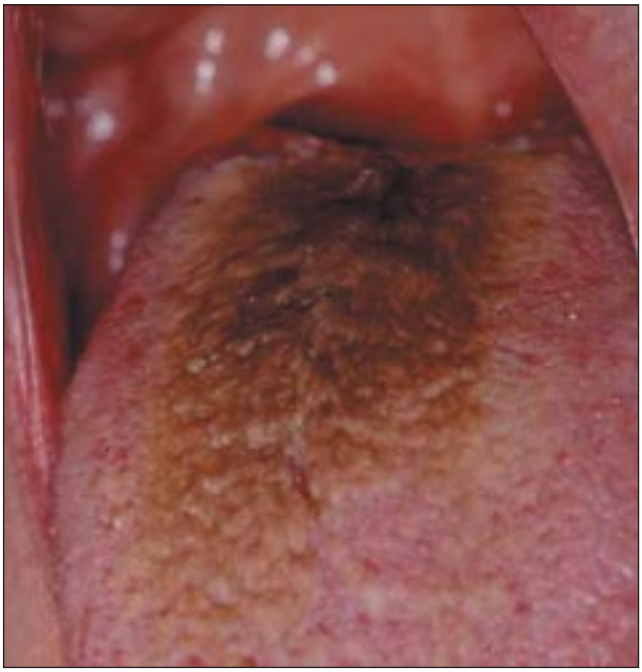
3. Squamous cell carcinoma on lip



4. Squamous cell carcinoma on tongue



5. 'Hairy' tongue



Abbreviations

ACAS	Aged Care Assessment Service
ADA	Australian Dental Association
ADAVB	Australian Dental Association Victorian Branch
ACSA	Aged and Community Services Australia
ADC	Australian Dental Council
ANHECA	Australian National Health and Extended Care Association
BATS	Better Access to Services
CACP	Community Aged Care Package
CALD	Culturally and linguistically diverse
CCT	Coordinated Care Trial
COTA	Council on the Ageing
DH&AC	Department of Health and Aged Care (Commonwealth)
DHSV	Dental Health Services Victoria
DPBV	Dental Practice Board of Victoria
DVA	Department of Veterans Affairs
HACC	Home and Community Care
INI	Initial Needs Identification
NACOH	National Advisory Committee on Oral Health
NARI	National Ageing Research Institute
NGO	Non-government organisation
NHMRC	National Health and Medical Research Council
OHP	Oral Health Promotion
PHAA	Public Health Association Australia
PCP	Primary Care Partnership
PHAA	Public Health Association of Australia Inc
RACDS	Royal Australian College of Dental Surgeons
RDNS	Royal District Nursing Service
VAHEC	Victorian Association of Health

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