Therapeutic Considerations for Treating Geriatric Patient

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Two Types of Geriatric Patients

- Edentulous
- Partial Dentate
Edentulous Patient

• “Normal” Consideration
  – Dental Caries? X
  – Periodontal Disease? X
  – Dry Mouth?
  – Prosthesis Fit?
  – Prosthesis Hygiene?
  – Oral Hygiene?
Dry Mouth (Xerostomia)

• Xerostomia- a dryness of the mouth, having a varied etiology, resulting from diminished or arrested salivary secretion

• Most cases are multi-factorial, related to drug use, or other systemic conditions

• *It is not due to the normal aging process.*
Dry Mouth (Xerostomia)

• As many as 33% of adult Americans have signs of salivary gland hypo-function

• composition of saliva may also be altered- viscosity, enzymes, buffers, ion content, immunoglobulins and antimicrobial defense mechanisms
Dry Mouth (Xerostomia)

- Predominant etiology is drug therapy
  - more than 400 different medications
  - anti-depressants, sedatives, beta-blockers, HBP medication, antihistamines, and cold/flu medications.
  - often drug use correlates with aging
  - caffeine, alcohol, nicotine
Dry Mouth (Xerostomia)

**Objective Appearance**
- Dry, pale or red and atrophic tissue
- may be shiny and/or ulcerated
- loss of papillae on tongue, fissures present
- “cobblestone” appearance
- Fungal infections are common
- Dysphagia
Dry Mouth (Xerostomia)

Subjective Reporting

- Feels dry, granular
- Difficulty chewing, speaking, tasting and swallowing
- Excessive thirst
- Painful ulcers, fissures
- Dentures are uncomfortable
Dry Mouth (Xerostomia)

**Treatment (Dry Mouth)**

- Sialogogue or secretory stimulant
  - pilocarpine
  - cevimeline
- Sugarless Candy
- Salivary Substitutes
  - Biotene
Dry Mouth (Xerostomia)

**Treatment (Fungal Infect.)**

- Topical must be used for at least 2 days after elimination of signs/symptoms
  - rinses
  - lozenges, troches, pastilles
  - cream, ointment, powder
- Systemic medications have better compliance but more side effects
Prosthesis Fit

• Supported by soft tissue
• Ill fitting dentures can cause:
  – Food Retention
  – Bacteria Growth
  – Fungus Growth
  – Tissue Ulceration/ Irritation
Prosthesis Fit

- Improve Fit with:
  - Ideal Salivary Flow
  - Mechanical Stimulation
  - Salivary Substitutes
  - Denture Adhesives
  - Drinking Water
  - Humidify Environment
Prosthesis Hygiene

• Remove Adhesives Daily
• Remove Prostheses Overnight
• Clean with Brush
• Clean with Oxidating Agents
• Clean with Ultrasonic Machine
• Clean with UV Machine
• DO NOT STORE IN LIQUID
Overall Oral Health

- Improve Edentulous Oral Health:
  - Ideal Salivary Flow
    - Mechanical Stimulation
    - Salivary Substitutes
    - Drinking Water
    - Humidify Environment
  - Proper Prostheses Fit
  - Proper Prostheses Hygiene
  - Regular Oral Soft Tissue Exams
Partial Dentate Patient

• “Normal” Consideration
  – Dental Caries?
  – Periodontal Disease?
  – Dry Mouth?
  – Prosthesis Fit?
  – Prosthesis Hygiene?
  – Oral Hygiene?
Dental Caries

• The most prevalent preventable infectious disease in the United States.

• Geriatric patients are most affected on exposed root surfaces and areas of limited cleansibility.
Dental Caries

• Most common etiologies:
  – Reduced salivary flow
  – Compromised Hygiene
  – Limited Mobility
  – Limited Fluoride Exposure
  – High Cariogenic Diet
  – Shift in Oral Flora
Dental Caries

**Objective Appearance**

- **Glossy White**
  - Non-active/ Non-cavitated cavity

- **Chalky White**
  - Active/ Non-cavitated cavity

- **Light Brown**
  - Active/ Cavitated cavity (early)

- **Dark Brown**
  - Active/ Cavitated cavity (moderate)

- **Black**
  - Active/ Cavitated cavity (advanced)
Dental Caries

**Treatment**

- **Active Cavitated Caries**
  - Remove and Restore
  - Fluoride Restorative Material
- **Active Non-Cavitated Caries**
  - Prescribe Prevident 5000+
    - 2.2% Sodium Fluoride
  - Place Fluoride Varnish
    - 5% Sodium Fluoride
Dental Caries

Treatment

• Active Cavitated Caries
  – Remove and Restore
  – Fluoride Restorative Material

• Active Non-Cavitated Caries
  – Prescribe Prevident 5000+
    • 2.2% Sodium Fluoride
  – Place Fluoride Varnish
    • 5% Sodium Fluoride
Periodontal Disease

- Inflammation and destruction to the supporting structure of the dentition

- Geriatric patients are most effected due to limited mobility, xerostomia and shift in oral flora
Periodontal Disease

• Most common etiologies:
  – Reduced salivary flow
  – Compromised Hygiene
  – Limited Mobility
  – Subgingival Plaque
  – Shift in Oral Flora
Periodontal Disease

**Objective Appearance**
- Gingival Erythema (Red-Swollen)
- Gingival Recession
- Plaque (above/below gingiva)
- Radiographic Bone Loss
Periodontal Disease

Treatment

• Scale to remove deposits
• Root Plan to smooth root
• Pocket Irrigation
• Pocket Antibiotics
• Antimicrobial Rinses
Prevention

Dental Caries/Periodontal Disease

- Adequate Salivary Flow
- Mechanical Removal Plaque
- Low Cariogenic Diet
- Adequate Oral Hygiene
- Low Cariogenic Bacteria
  - Xylitol Gum
- Low Periodontal Pathogens
- Fluoride
Overall Oral Health

- Improve Partial Dentate Oral Health:
  - Ideal Salivary Flow
    - Mechanical Stimulation
    - Salivary Substitutes
    - Drinking Water
    - Humidify Environment
  - Proper Prostheses Fit
  - Proper Prostheses Hygiene
  - Proper Oral Hygiene/ Preventive Care
  - Regular Oral Soft Tissue Exams
References


QUESTIONS????????

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