

# 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



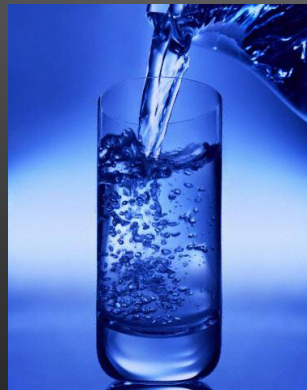
# Prosthesis Fit

- Supported by soft tissue
- Ill fitting dentures can cause:
  - Food Retention
  - Bacteria Growth
  - Fungus Growth
  - Tissue Ulceration/ Irritation



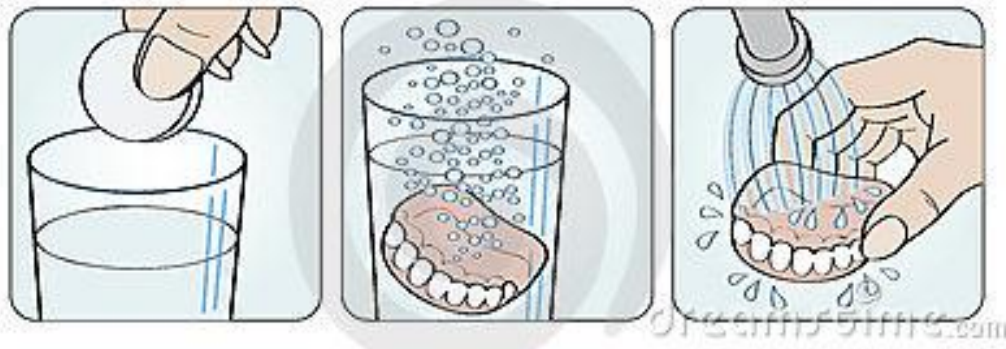
# Prosthesis Fit

- 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 effected 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

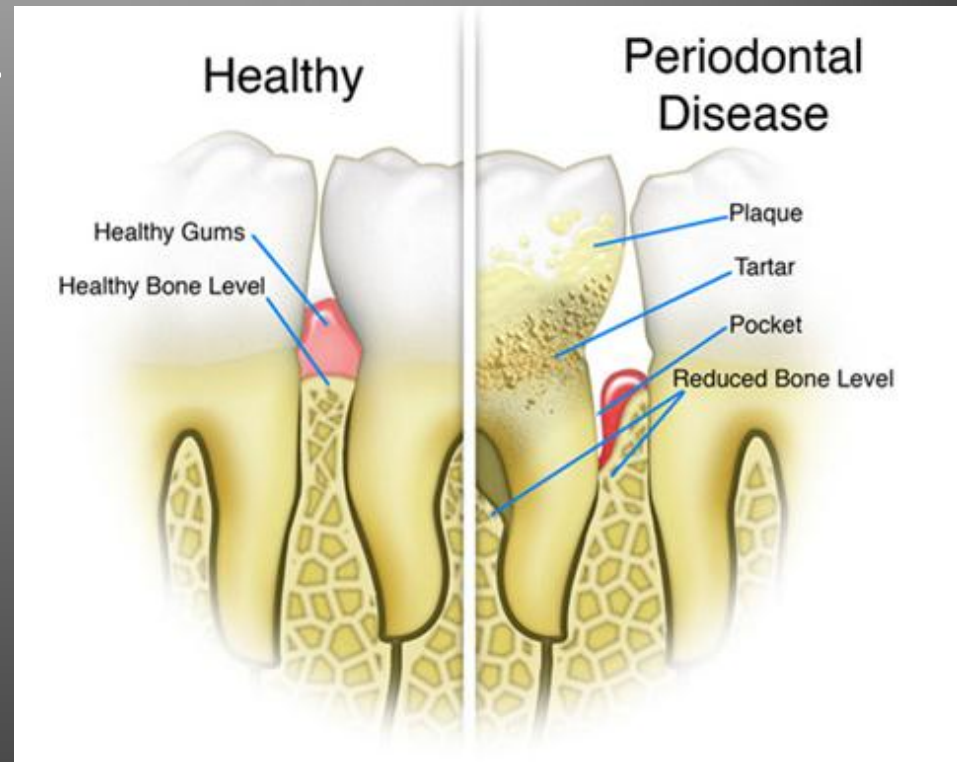
## Treatment

- 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

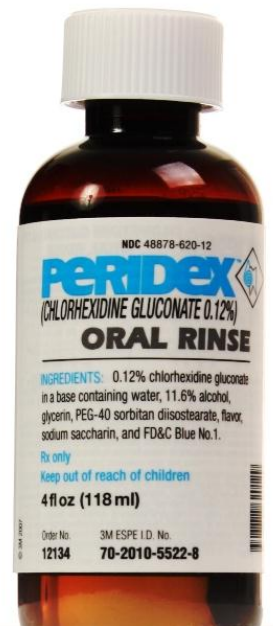
- Gingival Erythema (Red-Swollen)
- Gingival Recession
- Plaque (above/below gingiva)
- Radiographic Bone Loss



# Periodontal Disease

## Treatment

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

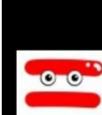
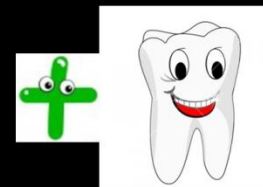
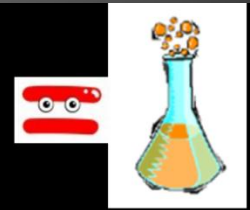




# Prevention

## 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



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QUESTIONS???????

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