

SENIOR ORAL HEALTH

Oral Health Care Concerns Preventive Guidelines & Techniques for Seniors and Caregivers



**United Way of Tucson
and Southern Arizona**

Funded by:

**United Way of Tucson and Southern Arizona
and the Alliance of the American Dental Association**

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Table of Contents

Senior Oral Health Issues	5
Dry Mouth	7
Oral Cancer	10
Diabetes Dental Tips	13
Essential Oral Health	14
Oral Hygiene Care and Products	15
Dentures and Partial	21
Snack Smart for Healthy Teeth	24
Challenges in Providing Care	27
Community Services Dental List	29
Additional Sources of Information	30
References	31
Glossary of Dental Terms	32
Know When You Need Medical/Dental Help	35

INTRODUCTION

Oral health is important to overall health and general well being; you cannot be healthy without oral health.

People are living longer and are more likely to keep their teeth for a lifetime. Oral concerns and diseases are increasing in the senior population. Although these diseases are not often life threatening, they severely impact an individual's quality of life. Many of these oral conditions are treatable if caught in the early stages. Recognizing and preventing oral concerns are the most effective ways for maintaining and/or improving oral health. It is important for the care provider and care recipient to have a basic understanding of the mouth, oral diseases and preventive care.

The two most common chronic dental diseases, decay (cavities) and periodontal disease (infection of gum and bone), can often be prevented. An understanding as to how different diseases, conditions or medications can affect oral health and what to do about it can help prevent problems.

Regular preventive care - an oral exam and dental hygiene care - is recommended for everyone. Individuals with other health concerns may need more care on a daily basis at home and/or more frequent visits to the dental office.

This oral health care manual has been prepared with the intention of providing seniors and caregivers with oral health information and simple care techniques to maintain and/or improve our seniors' oral health.

SENIOR ORAL HEALTH ISSUES

Older patients are at greater risk for oral and general health problems because of declining physical and/or mental status, medications and not understanding the importance or not being able to afford routine dental care.

Common teeth, mouth and other health related problems that may affect oral health:

- **Dry mouth** is caused by a reduced saliva flow, which can be caused by cancer treatments that use radiation to the head and neck area, as well as certain diseases, such as Sjogren's Syndrome, and certain medications. The lack of saliva can cause uncontrolled bacterial growth that leads to tooth and root decay (cavities) and certain gum infections. Denture wearers may have more problems with the fit of their denture or with sores in their mouths when they have dry mouth. (See DRY MOUTH on page 7)
- **Root decay** is a cavity caused by acids from bacteria (plaque) left at the gumline. The root surface is more likely to decay as the gum tissue recedes from the tooth. These cavities can often be prevented and are usually worse in people with dry mouth.
- **Malnutrition** (poor nutrition) can be caused by not being able to eat healthy and crunchy fresh foods. Some of the causes may be dry mouth, broken, decayed teeth and painful gums caused by periodontal (gum) disease and poor-fitting dentures.
- **Diminished sense of taste** is caused by a natural age-related decrease in the sense of taste and smell. Dry mouth, diseases, medications and dentures can contribute.
- **Oral cancer** is most commonly found on or under the tongue and sometimes includes the surrounding jawbones and glands of the head and neck. Prevention and early detection are very important! A yearly oral exam by a medical or dental professional is recommended. (See ORAL CANCER on page 10)
- **Oral mucositis** is a common side effect of cancer treatment that causes inflammation and sores inside of the mouth. A dental exam is necessary before starting cancer therapy to lessen the oral problems that may develop.

- **Diabetes** is a very common disease. Many people with diabetes do not even know they have the disease. There are many ways to help to control diabetes and to lessen the damage it causes to different parts of the body (i.e. eyes, heart, feet and mouth). Gum infections have been called the sixth complication of diabetes, because people with diabetes are more likely to have periodontal (gum and bone) disease. People with diabetes and periodontal disease also have a more difficult time controlling their blood sugar. (See Diabetes Dental Tips on page 13)
- **Periodontal (gum and bone) disease** is an infection of the gum and/or bone that hold the teeth in place. The disease is caused by a buildup of plaque (invisible, soft and sticky bacteria) and can be made worse by food left in teeth, use of tobacco products, poor-fitting bridges and dentures, poor diets and certain diseases, such as anemia, cancer and diabetes. (See Oral Health Fact Sheet, Periodontal Disease)
- **Gingivitis** is a type of gum infection with red and bleeding gums. At early stages the infection can be reversed with proper treatment and daily oral hygiene care.
- **Periodontitis** is an infection in the mouth that causes bone to break down (lose bone) around the teeth. A dental exam will show how much damage (bone loss) has been done. Osteoporosis may make the bone in the jaw more likely to be destroyed by periodontal disease.
- **Thrush** is an overgrowth of a fungus in the mouth. It appears as a white area or patch in the mouth or sores at the corners of the mouth. Diseases or medications that affect the immune system can trigger the overgrowth of fungus. An oral exam and treatment is necessary to try to control the fungus.
- **Denture-induced stomatitis** is an inflammation of the gums and/or roof of the mouth under a denture where the tissue looks very red. Poor fitting dentures, poor dental hygiene, a buildup of bacteria or an oral fungus can cause the condition. An oral exam and treatment may correct the problem.
- **Acid reflux** is the production of excessive stomach acid that flows up into the esophagus and can come up into the mouth and eat away at the teeth and irritate the gums, throat and mouth. Rinsing the mouth after acid reflux is one way to help lessen the damage of the acid on the teeth and the rest of the mouth.

- **Respiratory infections (pneumonia)** have been associated with breathing in bacteria (germs) from unhealthy mouths. This connection between the bacteria in the mouth and in the lungs has been seen in nursing home patients who may not be as healthy overall.
- **Menopausal or post-menopausal** women may notice changes in their mouths. Dry mouth, bleeding gums, burning feeling in the gums and altered taste are oral changes that might occur with hormone changes. Recent studies found women with low estrogen levels are more likely to have periodontal disease (gum and bone infection) and tooth loss.
- **Increased risk of heart disease and stroke** in people with gum infections has been found in recent studies. However, there is not yet enough evidence to say for sure that oral infections are a cause of heart disease or stroke.

DRY MOUTH

What is dry mouth?

Dry mouth is the condition of not having enough saliva, or spit, to keep your mouth wet.

What do I need to know about dry mouth?

Everyone has a dry mouth once in a while — if they are nervous, upset or under stress. But, if you have a dry mouth all or most of the time, it can be uncomfortable and can lead to serious health problems.

Dry mouth is not a normal part of aging. So if you think you have dry mouth, see your dentist or physician — there are things you can do to get relief.

Dry mouth...

- Can cause difficulties in tasting, chewing, swallowing and speaking.
- Can increase your chance of developing dental decay and other infections in the mouth.
- Can be a sign of certain diseases and conditions.
- Can be caused by certain medications or medical treatments.

Symptoms include:

- A sticky, dry feeling in the mouth
- Trouble chewing, swallowing, tasting or speaking
- A burning feeling in the mouth
- A dry feeling in the throat
- Cracked lips
- A dry, tough tongue
- Mouth sores
- An infection in the mouth

Why is saliva so important?

Saliva does more than keep the mouth wet:

- It helps digest food.
- It protects teeth from decay.
- It prevents infection by controlling bacteria and fungi in the mouth.
- It makes it possible for you to chew and swallow.

Without enough saliva you can develop tooth decay or other infections in the mouth. You also might not get the nutrients you need if you cannot chew and swallow certain foods.

What causes dry mouth?

People get dry mouth when the glands in the mouth that make saliva are not working properly. Because of this, there might not be enough saliva to keep your mouth wet. There are several reasons why these glands (called salivary glands) might not work right.

- **Side effects of some medications** - More than 400 medications can cause the salivary glands to make less saliva. Medications for high blood pressure, heart disease, diabetes, allergies, incontinence, pain and depression often cause dry mouth.
- **Diseases** - Some diseases affect the salivary glands. Sjögren's Syndrome, HIV/AIDS, diabetes and Parkinson's disease can all cause dry mouth.

Some people feel they have a dry mouth even if their salivary glands are working correctly. People with certain disorders, like Alzheimer's disease or those who have suffered a stroke, may not be able to feel wetness in their mouth and may think their mouth is dry even though it is not.

- **Radiation therapy** - The salivary glands can be damaged if they are exposed to radiation during cancer treatment.
- **Chemotherapy** - Drugs used to treat cancer can make saliva thicker, causing the mouth to feel dry.
- **Nerve damage** - Injury to the head or neck can damage the nerves that tell salivary glands to make saliva.

What can be done about dry mouth?

Dry mouth treatment will depend on what is causing the problem. If you think you have dry mouth, see your dentist or physician. He or she can try to determine what is causing your dry mouth.

- If your dry mouth is caused by medicine, your physician might change your medicine or adjust the dosage.
- If your salivary glands are not working right but can still produce some saliva, your physician or dentist might give you a medicine that helps the glands work better.
- Your physician or dentist might suggest that you use artificial saliva to keep your mouth moist.

What can I do?

- Sip water or sugarless drinks often.
- Avoid drinks with caffeine, such as coffee, tea and some sodas. Caffeine can dry out the mouth.
- Sip water or a sugarless drink during meals. This will make chewing and swallowing easier. It may also improve the taste of food.
- Chew sugarless gum or suck on sugarless hard candy to stimulate saliva flow; citrus, cinnamon or mint-flavored candies are good choices.
- Don't use tobacco or alcohol. They dry out the mouth.
- Be aware that spicy or salty foods may cause pain in a dry mouth.
- Use a humidifier at night.

Tips for keeping your teeth healthy

Remember that if you have dry mouth, you need to be extra careful to keep your teeth healthy. Make sure you:

- Gently brush your teeth at least twice a day. Floss your teeth every day.

- If you want to use a mouth rinse, choose one without alcohol. There are now mouth rinses available for dry mouth. Using a mouth rinse with fluoride would be a good choice too.
- Use toothpaste with fluoride in it. Most toothpastes sold at grocery and drug stores have fluoride in them.
- Avoid sticky, sugary foods. If you do eat them, brush immediately afterwards.
- Visit your dentist for a check-up at least twice a year. Your dentist or dental hygienist might suggest a special fluoride rinse or paste to help keep your teeth healthy.

For more information on Sjögren's Syndrome:

Sjögren's Syndrome is a major cause of dry mouth. You can get information about dry mouth related to Sjögren's Syndrome from:

Sjögren's Syndrome Clinic
National Institute of Dental
and Craniofacial Research
Bldg. 10, Rm. 1N113
10 Center Dr. MSC 1190
Bethesda, MD 20892-1190
Tel: (301) 435-8528
<http://www.nidcr.nih.gov/OralHealth/>

Sjögren's Syndrome Foundation, Inc.
8120 Woodmont Ave., Suite 530
Bethesda, MD 20814
Tel: (301) 530-4420/ (800) 475-6473
<http://www.sjogrens.org>

This information was adapted from the National Institutes of Health, Publication No. 02-3174, Dry Mouth.

ORAL CANCER

About Oral Cancer

The term oral cancer includes cancers of the mouth and the pharynx, part of the throat. About two-thirds of oral cancers occur in the mouth, and about one-third are found in the pharynx.

Oral cancer will be diagnosed in an estimated 30,000 Americans this year and will cause more than 8,000 deaths. The disease kills approximately one person every hour. Oral cancer is the sixth most common cancer in men and the 14th most common cancer in women.

- Oral cancer can spread quickly. On average, only half of those diagnosed with the disease will survive more than five years.
- Oral cancer most often occurs in people over the age of 40 and affects twice as many men as women.

Lower Your Risk

Most oral cancer is preventable. About 75% of oral cancers are related to tobacco use, alcohol use or use of both substances together. Using both tobacco and alcohol puts you at much greater risk than using either substance alone.

- Do not use tobacco products — cigarettes, chew or snuff, pipes or cigars. Tobacco *in all forms* plays a role in oral cancers.
- If you drink alcohol, do so only in moderation. Excessive alcohol use can increase your risk of oral cancer.
- Use lip balm that contains sunscreen. Exposure to sunlight is a risk factor for lip cancer.
- Eat plenty of fruits and vegetables. Eating lots of fruits and vegetables as part of a low fat, high fiber diet may help reduce cancer risk. The National Cancer Institute suggests eating at least five servings of fruits and vegetables a day.

Possible Signs & Symptoms

See a dentist or physician if any of the following symptoms lasts for more than two weeks.

- A sore, irritation, lump or thick patch in your mouth, lip or throat
- A white or red patch in your mouth
- A feeling that something is caught in your throat
- Difficulty chewing or swallowing
- Difficulty moving your jaw or tongue
- Numbness in your tongue or other areas of your mouth
- Swelling of your jaw that causes dentures to fit poorly or become uncomfortable
- Pain in one ear without hearing loss

Early Detection – Yearly Exams

It is important to find oral cancer as early as possible when it can be treated more successfully.

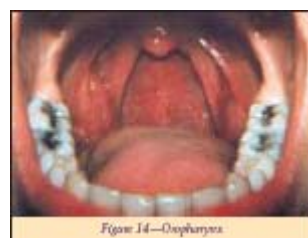
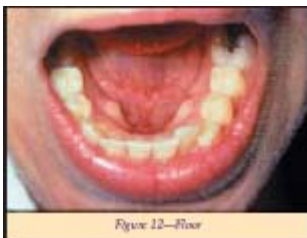
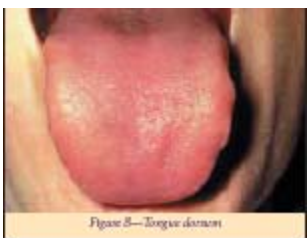
An oral cancer examination can detect early signs of cancer. Oral cancer exams are painless and take only a few minutes.

Your regular **dental check-up or medical check-up** is an excellent opportunity to have the exam. During the exam, your dentist or dental hygienist will check your face, neck, lips and entire mouth for possible signs of cancer.

Some parts of the pharynx (throat area) are not visible during an oral cancer exam. Talk to your doctor about whether a specialist should check your pharynx.

If you are not sure an oral cancer exam has been included in your exam, request one!

Oral Cancer Exam – Photos are considered “normal” in appearance.



This information was adapted from the National Institutes of Health, Publication No. 03-5032, Oral Cancer.

DIABETES DENTAL TIPS

If you have diabetes, make sure you take care of your mouth. People with diabetes are at risk for mouth infections, especially periodontal (gum and bone) disease. Periodontal disease can damage the gum and bone that hold your teeth in place and may lead to painful chewing problems. Some people with serious gum disease lose their teeth. Periodontal disease may also make it hard to control your blood glucose (blood sugar).

Other problems diabetes can cause are dry mouth and a fungal infection called thrush. Dry mouth happens when you do not have enough saliva — the fluid that keeps your mouth wet. Diabetes may also cause the glucose level in your saliva to increase. Together, these problems may lead to thrush, which causes painful white patches in your mouth.

You can keep your teeth and gums healthy. By controlling your blood glucose, brushing and flossing everyday and visiting a dentist regularly, you can help prevent periodontal disease. If your diabetes is not under control, you are more likely to develop problems in your mouth.

If you have diabetes, follow these steps:

- Control your blood glucose.
- Brush and floss every day.
- Visit your dentist regularly. Be sure to tell your dentist that you have diabetes.
- Tell your dentist if your dentures (false teeth) do not fit right, or if your gums are sore.
- Quit smoking. Smoking makes gum disease worse. Your physician or dentist can help you quit.

Take time to check your mouth regularly for any problems. Sometimes people notice that their gums bleed when they brush and floss. Others notice dryness, soreness, white patches, or a bad taste in the mouth. All of these are reasons to visit your dentist.

Remember, good blood glucose control can help prevent mouth problems. Take steps to keep your mouth healthy. Call your dentist when you notice a problem.

This information was adapted from the National Institutes of Health, Publication No. OP-09, Diabetes Dental Tips.

ESSENTIAL ORAL HEALTH

Daily brushing and flossing of your teeth is essential to keeping them in good health. Plaque (invisible, soft and sticky bacteria) builds up quickly on the teeth of older adults, especially when oral hygiene care is difficult or neglected. The buildup of bacteria can cause decay (cavities), periodontal diseases (gum and bone infections), bad breath, bad taste and may affect your overall health.

- Get professional oral health care, even if you do not have natural teeth. A yearly oral exam by a dental professional can help to maintain the overall health of the teeth and mouth, and provide early detection of pre-cancer or cancer.
- Practice good oral hygiene. Careful tooth brushing at least twice a day and flossing once a day is necessary to remove dental plaque and help prevent periodontal (gum and bone) disease and cavities.
- Caregivers should attend to the daily oral hygiene procedures of elders who are unable to perform these activities independently. (See DENTAL CARE EVERY DAY: A Caregiver's Guide)
- Regular preventive dental hygiene visits should be made according to your dentist's or dental hygienist's recommendations. At these appointments, they will review your medical history and medications, check for oral cancer and any oral health problems. You can also learn how to be more effective with daily oral hygiene care.
- Drink fluoridated water, use fluoride toothpaste and possibly a fluoride mouth rinse. Fluoride helps to strengthen the teeth and protect against dental decay at all ages.
- Ask your dental care professional (dentist or dental hygienist) if you would benefit from a mouth rinse that fights bacteria (germs), one that contains fluoride for strengthening the teeth or both.
- Make sure that you or your loved one gets dental care prior to undergoing cancer chemotherapy or radiation to the head or neck. These therapies can damage or destroy oral tissues and can result in severe inflammation and ulcers, dry mouth, uncontrolled cavities and breakdown of the jawbones.
- Avoid tobacco. In addition to the general health risks by tobacco use, smokers have seven times the risk of developing periodontal (gum) disease compared to non-smokers. Tobacco used in any form - cigarettes, cigars, pipes and smokeless (spit) tobacco - increases the risk for periodontal disease, oral and throat cancers and oral fungal infection. Spit tobacco containing sugar also increases the risk of dental decay. (See Oral Health Fact Sheets, Tobacco Facts and Quitting Spit Tobacco)

- Limit alcohol. Excessive alcohol is a risk factor for oral and throat cancers. Alcohol and tobacco used together are the primary risk factors for these cancers.

ORAL HYGIENE CARE AND PRODUCTS

Toothbrushes

A variety of toothbrushes are available in grocery, drug and discount stores. The selection of a toothbrush can be important, and the best recommendation would come from your dental care provider (dentist or dental hygienist) who knows your individual needs.

However, there are some general recommendations and options as follows:

Manual Toothbrush - most commonly used device to clean bacteria and food particles from the teeth.

Powered Toothbrush - may be battery powered or rechargeable and can be an effective way to clean bacteria and food particles from the teeth in certain people.

- Soft nylon bristles should always be used in the mouth. This will help to prevent scraping the gums, allowing the bristles to fit to the teeth and reach a little bit in between. Other items should be used to clean thoroughly between the teeth (i.e. floss, toothpicks, little brushes, etc.) (See Alternatives to Dental Floss)
- A toothbrush head should fit comfortably in the mouth and easily around the back teeth. Choose one you like and you will be more likely to use it. Remember, smaller is better than too large.
- The handle of a toothbrush can make a difference. A wide and long handle will make it easier to hold or grasp the brush. Modifications can be made to the toothbrush handle if you have trouble holding the brush due to arthritis or other physical limitations. (See DENTAL CARE EVERY DAY: A Caregiver's Guide, Brush Every Day)
- Toothbrushes should be changed every three to four months or when the bristles start to bend.
- Toothbrushes should also be changed after an illness such as the flu or a cold, when you are starting to feel a little better. This can prevent re-infecting yourself.

- Toothbrush instruction is best given on an individual basis by your dentist or dental hygienist. However, there are basic guidelines that can be followed. (See Oral Health Fact Sheet, Brushing Your Teeth and DENTAL CARE EVERY DAY: A Caregiver's Guide, Brush Every Day)
- A denture brush is a harder bristle brush and should be used on dentures and not in the mouth. (See DENTURES AND PARTIALS – REMOVABLE on page 21 and Oral Health Fact Sheet, Caring for Your Dentures)

Dental Floss

Floss is the most frequently recommended aid for cleaning bacteria and food particles from in between the teeth and under the gums. There are many different types of floss available. Unwaxed or waxed floss comes in different thicknesses from very thin to wide, with fluoride and some with flavorings. It is important to find one that works best for you. As with the toothbrush, the best recommendation would come from your dental care provider (dentist or dental hygienist) who knows your individual needs.

- **Bleeding during flossing** can be because of trauma or a sign of gum disease. A dental professional (dentist or dental hygienist) should be consulted if the bleeding does not go away.
- **Waxed versus unwaxed floss**
Studies have shown there is no difference in the effectiveness of waxed versus unwaxed floss. Unwaxed floss is generally recommended for people with teeth that are evenly spaced. Waxed floss or shred-resistant floss is recommended for people with tight teeth or rough areas between the teeth.
- **Floss holders** are available for people who have difficulty holding the floss. However, if the teeth are tight it can be difficult to get the floss in and out from between the teeth with the floss holder.
- **Floss threaders** are used to clean under and around bridges that are permanently cemented in the mouth. There are also flosses that have built in threaders. Some people find these easier to use than floss and a separate threader.
- **Floss technique** (See ORAL HEALTH FACT SHEET, Flossing Your Teeth and DENTAL CARE EVERY DAY: A Caregiver's Guide, Floss Every Day)

Alternatives to Dental Floss

- **Toothpicks and wedges** (plastic or wooden) can also be used to clean in between teeth. For some they are easier to use than floss, so they will be used more frequently, after each meal or daily.


- **Interdental brushes** are small brushes that fit between the teeth and are available in many different sizes and shapes. Some brushes and handles are disposable, and others have brushes that are replaced when worn.
- **Oral irrigators** are water jet appliances used to dislodge food particles and certain kinds of bacteria. Most often they are used with regular tap water or they can be used with diluted mouth rinses. Directions from a dental professional will help for proper use.
 - **Counter irrigator** - sits on the counter, most common and widely available.
 - **Shower irrigator** - hooks up between shower head and the water pipe from the wall, used while in the shower.

Toothpaste or Gels

Toothpaste is **not** actually needed to clean teeth. In fact, some research has shown that dry brushing (without toothpaste) is better to remove the plaque (invisible, soft and sticky bacteria). If toothpaste is not used to brush, it is recommended that fluoride (rinse, paste or gel) be used after brushing and flossing. Most toothpastes contain fluoride, which is the most important mineral for preventing dental decay (cavities) and should be used by people of all ages. A pea-sized amount of toothpaste is all that is necessary whether for cleaning or fluoride.

The American Dental Association (ADA) evaluates dental products to make sure they are safe and effective. The ADA will then allow the company to include the “seal of acceptance” on the product. However, the lack of seal does not mean it isn’t safe or effective; it may mean the company didn’t apply for the seal. There are several different ADA seals that may be given. A toothpaste or rinse may be shown to help prevent cavities, shown to reduce sensitivity, or shown to reduce plaque and gingivitis (bleeding gum disease).


- **Toothpastes for preventing cavities** contain fluoride among other ingredients. Fluoride strengthens (remineralizes) teeth by replacing fluoride minerals in the teeth. Plaque and many foods and drinks weaken (demineralize) teeth. Fluoride is important for everyone who wants to avoid cavities.

- 
- **Toothpastes or gels for sensitive (not painful) teeth** contain ingredients to help lessen or eliminate cold sensitivity or tooth (not gum) sensitivity when brushing. There are several types of ingredients that can help. If one type doesn't seem to help, then another type can be tried. If the sensitivity (not pain) does not go away within a couple of weeks, visit your dentist. Stronger ingredients can be used by dental professionals to help with the sensitivity. Sensitivity to hot and sweets will not be helped by toothpaste and may be a sign of bigger problems, so have the sensitivity checked to find the cause.
 - **Toothpastes for dry mouths** are now available at local grocery and drug stores. These toothpastes are designed to replace the important parts of saliva that are necessary for a healthy mouth.
 - **Antiplaque** toothpaste (Colgate Total) contains an ingredient that slows down the growth of plaque on the teeth and must be used regularly to be work best.
 - **Anticalculus or tartar control** toothpastes and gels contain ingredients that may help reduce the amount of tartar buildup (hardened bacteria). It is important to know that plaque is harmful bacteria that is constantly forming in the mouth.
 - **Whitening** toothpastes or gels contain polishing agents that may help decrease the amount of stain that forms on the outside of the tooth. They will not change the natural color of teeth. However, professional whitening products and techniques that can change the color are available at the dental office.

Mouth Rinses

Before selecting a mouth rinse, the reason for wanting a rinse should be clear. The most common reason people use a mouth rinse is for bad breath. Digestive problems, cavities, gum disease, food particles caught between teeth and certain foods are a few of the reasons people experience a bad taste or odor in their mouths. Some of these problems can be corrected with treatment or might be lessened with proper dental hygiene.

People with dry mouths must be extra careful when choosing a mouth rinse. Most rinses contain alcohol and may add to the dryness. People who are on sodium-restricted diets should carefully read the labels for sodium ingredients.



A variety of mouth rinses are available over the counter, which means a prescription is not needed to buy them. Some mouth rinses are available only with a prescription from a doctor (physician or dentist).

The best recommendation for a mouth rinse would come from your dental care provider (dentist or dental hygienist) who knows your individual oral health needs.

- **Breath freshening mouth rinses** are only temporary. They taste and smell good but do not do anything for the cause of bad breath. In some cases, they can make things worse by hiding the problem.
- **Prebrushing rinses** contain the most amount of sodium. These rinses usually taste good but have not been shown to help fight dental diseases (cavities or gum disease), and they have not been shown to fight the bacteria that cause the dental diseases.
- **Fluoride mouth rinses** are for strengthening teeth. Fluoride is the main ingredient used to remineralize (harden) the teeth in order to prevent cavities. There are different types of fluoride; sodium and stannous fluoride are the most common. Fluoride rinses with a lower amount of fluoride are sold over the counter and can be effective. Rinses with a higher amount of fluoride are needed by some people and are available only with a prescription
- **Dry mouth rinses** recently have been made for people who have a dry mouth. These rinses do not contain alcohol, which can add to the dryness. Some dry mouth rinses contain ingredients that are designed to replace what is missing when dry mouth occurs. Dry mouth can be experienced by people who are on certain medications (over 400 medications can cause dryness), have gone through cancer treatment, have diabetes, are postmenopausal or have other conditions like Sjögren's Syndrome.
- **Antibacterial and antigingivitis mouth rinses** are the best for fighting plaque and gingivitis (bleeding gum disease). Currently there is only one rinse available over the counter (Listerine) and several that are available by prescription (Peridex, Periogard and generic chlorhexidene gluconate rinses) that have been proven (accepted by the American Dental Association) to help reduce plaque and gingivitis.

The following list is not intended to be a complete list of available mouth rinses. They are all brand names with registered trademarks.

Product	Percent of alcohol	Concentration of fluoride	Use	Other
Biotene	no alcohol	no fluoride	Dry mouth	Toothpaste and moisturizing gel also available
CloSysII	no alcohol	no fluoride	Bad breath	Rinse and paste
Listerine**	27% alcohol	no fluoride	Against plaque and gingivitis	High alcohol
PLAX pre-brushing rinse	7% alcohol	no fluoride		28% sodium (salt)
Scope	18% alcohol	no fluoride		High alcohol
PhosFlur*	no alcohol	198 ppm fluoride	Prevent cavities	
ACT fluoride rinse*	no alcohol	225 ppm fluoride	Prevent cavities	
Fluorigard	7% alcohol	225 ppm fluoride	Prevent cavities	
Prevident Dental Rinse*	6% alcohol	900 ppm fluoride	Prevent cavities	Prescription only
Peridex**	12% alcohol	no fluoride	Against plaque and gingivitis	Prescription only
Periogard**	12% alcohol	no fluoride	Against plaque and gingivitis	Prescription only
<p>*Accepted by the American Dental Association for fighting cavities ** Accepted by the American Dental Association for reducing plaque (invisible, soft and sticky bacteria) and gingivitis (bleeding gum infection)</p>				

DENTURES AND PARTIALS - REMOVABLE

Some adults have a combination of their natural teeth and one or more dentures. A removable full denture is a replacement for all natural teeth on either the upper or lower jaw. A removable partial denture replaces the missing teeth and is usually attached to the remaining teeth with metal clasps.

A removable denture (complete or partial) needs to be cleaned daily because it collects plaque (invisible, soft and sticky bacteria), tartar (hard buildup of bacteria), food and stains. If not cleaned properly, sores, infections, discomfort or denture breath may become a problem for the denture wearer.


The daily cleaning routine should be as follows:

- Place a small towel or washcloth in the sink and add some water to cushion or protect the denture from breaking in case it is dropped.
- Remove the complete or partial denture or dentures.
- The dentures should be brushed and rinsed thoroughly. A denture brush is the best brush for cleaning the dentures. Hand soap, baking soda, salt, denture toothpaste or a denture-cleaning tablet can be used. Incomplete rinsing of the cleaning agents may burn the tissues inside the mouth.
- DO NOT use commercial bleaches to clean dentures.
- Dentures should be removed at night, cleaned and stored in a labeled denture cup filled with clean water.
- Soaking dentures and partials overnight gives the mouth rest from the pressure of wearing dentures all day long.
- DO NOT let dentures dry out. Always store covered with water or an approved denture-cleaning product.

Loose Dentures

The gums and bone that support dentures change with age or weight loss, and the changes can make the dentures feel loose. If the dentures are loose or uncomfortable, it is necessary to see a dentist for an adjustment or replacement.

An adhesive can be used as a temporary solution to hold the denture in place. The adhesives are in powder or paste form. A thin light coat of adhesive should be used.



Powdered adhesives are to be applied to slightly wet dentures, and pastes are applied to dry dentures. Adhesives should be removed when the denture is brushed and rinsed.

Before putting the denture back into the mouth, the gums should be wiped with a piece of gauze or gently brushed first. The adhesive material should never be used regularly, only temporarily until the dental visit is possible.

Assisting Another Person with Denture Care

- Disposable rubber or latex surgical gloves should be worn whenever a care provider is performing oral hygiene services. Gloves should be used only one time per person, then discarded properly. The caregiver should wash his or her hands, before and after removing the gloves, with soap or gel.
- Before helping someone with denture care, ask how you can help him. Always explain what you will do.
- Get everything together before you begin. Most people do not like to talk or even be seen without their dentures. It is important to provide privacy.

Things you will need:

Denture cup to store the denture, denture cleaner or toothpaste, denture brush and soft toothbrush (for the gums, roof and tongue), face towels (one for sink and one for the denture wearer), sink or basin, gauze squares or clean washcloth, mouth rinse and disposable gloves.

Removing Dentures

- Let the denture wearer remove his or her own dentures if possible and place them in a denture cup.
- The upper denture is held in by suction so it can be a little difficult to remove if there is a good fit. A piece of gauze or clean washcloth can be used to get a good hold and then gently pull down to break the suction. A finger (not the nail) can be placed up along the edge of the upper denture to break the suction. Another option is to have the person close his lips and gently blow air until his cheeks puff, to break the suction.
- The lower denture is easier to remove because it rests on the gums of the lower jaw. A piece of gauze or clean washcloth will help get a good hold on the denture.

- When taking the dentures out or putting them back in, the dentures should be turned at an angle to get past the lips.

Cleaning Dentures

- Take the dentures in the denture cup to the sink or basin. Put a small amount of denture paste on the denture brush and brush the inside and outside of the denture. Use warm (not hot) water to rinse off the paste. Be sure the denture cup is clean.
- While you are brushing the dentures, the denture wearer can use a soft toothbrush, gauze or clean moist washcloth to gently clean the inside of his mouth and tongue. If the person is not able to clean his mouth, then the caregiver must do it.
- Put the dentures in a clean denture cup and cover the dentures with water or soaking solution at night or if they are not going to be worn.
- Rinse the toothbrushes, clean out the sink or basin and remove gloves and wash hands.

Denture Labeling

- Both the dentures and denture cup should be labeled with the denture wearer's name so they are not accidentally thrown away, or if they are misplaced, they can be returned.
- There are different ways the dentures can be labeled. Ask a dental professional (dentist or dental hygienist) for recommendations or help with labeling.

Care of the Mouth (with or without teeth or dentures)

Simple rinsing with water or mouthwash is not enough to clean the mouth. The following daily routines are suggested to clean the gums, tongue and roof of the mouth.

- Brush the gums, tongue and roof of the mouth with a wet soft toothbrush. No toothpaste is needed if there are no teeth. The toothbrush may be dipped in a mouth rinse for flavoring if desired. Use alcohol free mouth rinse with dry mouth concerns.
- Another option is to use a wet (mouth rinse or water) gauze square wrapped around a gloved finger or clean wash cloth to wipe the inside of the mouth. If possible, rinse the mouth with plain water.

- A moisturizing gel, like Oral Balance by Biotene or KY Jelly, can be put on the gums, roof of the mouth and tongue when dry mouth is a problem.

Complaints of soreness on the gums may be because of a poor-fitting denture. In minor cases, a denture adhesive may be used for a temporary fix. More often a denture relines should be done by a dentist to get the proper fit.

- Denture sores or ulcers are best treated by having the denture out, when ever possible, until the ulcer is healed. Warm saltwater rinses can be used or applied with a gauze square or small spray bottle or mister.
- Sores at the corners of the mouth can be a sign of a vitamin deficiency or fungal infection and should be looked at and treated by a dental or medical professional. Sometimes dentures will need to be professionally cleaned and/or disinfected at the same time as the treatment for a fungal infection.

SNACK SMART FOR HEALTHY TEETH

Did you know that the average American eats about 147 pounds of sugar a year?

People who consume sugary snacks eat many different kinds of sugar every day, including table sugar (sucrose) and corn sweeteners (fructose). Starchy snacks, like crackers and potato chips, can also break down into sugars once they're in your mouth.

Sugary food snacks taste good, but they aren't so good for your teeth or your body. The candies, cakes, cookies and other sugary foods that we love to eat between meals can cause tooth decay. Some sugary foods have a lot of fat in them too.

Plaque (invisible, soft, sticky bacteria) is growing in your mouth all the time. When you put sugar in your mouth, the bacteria in the plaque use the sweet stuff and turn it into acids. These acids are powerful enough to dissolve the hard enamel that covers your teeth and the exposed roots. That's how cavities get started. If you don't eat much sugar, the bacteria can't produce as much of the acid that eats away enamel.

Most of us do snack between meals. So before you do, ask yourself what's in the food you've chosen. Is it loaded with sugar? If it is, think again. Another choice would be better for your teeth and body. And keep in mind that certain kinds of sweets can do more damage than other types of sweets. Sticky or chewy sweets are more likely to stick to the teeth. Because sticky snacks stay in your mouth longer than foods that you quickly chew and swallow, the cavity-producing acid stays longer in your mouth.

You should also think about when and how often you eat snacks. Do you nibble on sugary snacks many times throughout the day, or do you usually just have dessert after dinner?

Damaging acids form in your mouth every time you eat a sugary snack. The acids continue to affect your teeth for at least 20 minutes before they are neutralized and can't do any more harm to your teeth. So, the more you eat sugary snacks during the day, the more often you feed bacteria the fuel they need to cause tooth decay.

If you eat sweets, it's best to eat them as dessert after a main meal instead of several times a day between meals. Whenever you eat sweets - in any meal or snack - brush your teeth well with fluoride toothpaste afterward. If brushing isn't possible, rinse well.

Another option is to brush before meals, to remove the decay-causing bacteria that is responsible for making the acid that weakens the teeth. This may be better than brushing immediately after meals.

When you're deciding about snacks, think about:

- The number of times a day you eat sugary snacks.
- How long the sugary food stays in your mouth.
- The texture (chewy? sticky?) of the sugary food.

If you snack after lunch, before bedtime or other times during the day, choose something without a lot of sugar or fat. There are lots of tasty, filling snacks that are less harmful to your teeth - and the rest of your body - than foods loaded with sugars and low in nutritional value. Snack smart!

Low-fat choices like raw vegetables, fresh fruits, or whole-grain crackers or bread are smart choices. Eating the right foods can help protect you from tooth decay and other diseases. Next time you reach for a snack, pick a food from the list or make up your own menu of non-sugary, low-fat snack foods from the basic food groups.

Pick a variety of foods from these groups:

- **Fresh fruits and raw vegetables**

berries, oranges, grapefruit, melons, pineapple, pears, tangerines, broccoli, celery, carrots, cucumbers, tomatoes, unsweetened fruit and vegetable juices, canned fruits in natural juices

- **Grains**

bread, plain bagels, unsweetened cereals, unbuttered popcorn, tortilla chips (baked, not fried), pretzels (low-salt), pasta, plain crackers

- **Milk and dairy products**

low- or non-fat milk, low- or non-fat yogurt, low- or non-fat cheeses, low- or non-fat cottage cheese

- **Meat, nuts and seeds**

chicken, turkey, sliced meats, pumpkin seeds, sunflower seeds, nuts, natural peanut butter

- **Other**

Snacks combining healthy ingredients from the different groups, i.e. pizza, tacos

The foods listed above have not all been tested for their decay-causing potential. However, it is believed that they are less likely to promote tooth decay (cavities) than are some of the heavily sugared foods we often eat between meals. Candy bars aren't the only culprits. Foods such as pizza, breads and hamburger buns may also contain sugars.

Check the label. The new food labels identify sugars and fats on the Nutrition Facts panel on the package. Keep in mind that brown sugar, honey, molasses and syrups also react with bacteria to produce acids, just as table sugar does. These foods also are potentially damaging to teeth.

Remember to....

- Choose sugary foods less often and avoid sweets between meals.
- Eat a variety of low- or non-fat foods from the basic groups.
- Rinse your mouth after snacks and meals (if unable to brush).

Your meals and snacks should include a variety of foods from the basic food groups, including fruits and vegetables; grains, including breads and cereals; milk and dairy products; and meat, nuts, and seeds. Some snack foods have greater nutritional value than others and are better for you.

However, be aware that even some fresh fruits, if eaten in excess, may promote tooth decay. Everyone should brush his or her teeth with fluoride toothpaste after snacks and meals.

Please note: these general recommendations may need to be adapted for special diets.

This information was adapted from the National Institutes of Health, Publication No. 01-1680, Snack Smart for Healthy Teeth.


CHALLENGES IN PROVIDING CARE

To be effective in helping people who have chronic diseases with oral problems, care providers must continually receive prevention education. Care providers can help to clear away the myths about old age oral deterioration and encourage dental care along with regular dental visits and necessary treatment.

Poor oral health is not an inevitable result of aging. Most changes in oral health in the older population are because of the complications of health conditions, medications and physical or mental disabilities.

Challenges:

- Some older adults expect their oral health to deteriorate as part of the aging process and that they must live with pain.
- Physical disabilities sometimes make it difficult to take care of oneself. Someone else must help provide oral hygiene care for the person.
- Mental disabilities affect the understanding of the need or the ability to perform proper oral hygiene care for oneself.
- Older adults who require some care are less likely than independent adults to see a dental care provider on a regular basis.
- Older adults who require the most care usually have more oral problems due to poor health, their medications and side effects.
- Arthritis, the disease that affects the joints, is the most common physical problem that affects older adults. Arthritic fingers cannot hold a conventional toothbrush. This can make it difficult for an older person to care for his or her mouth.
- Many patients with full dentures do not believe they need to visit a dental care provider unless they have a problem with their dentures. Dental exams are necessary for early detection of oral cancer and other problems.



The information presented on the previous page was adapted from: Slavkin HC. Maturity and Oral Health: Live Longer and Better. *Journal of the American Dental Association*. 2000; Vol. 131.

Most behavioral or communication challenges can be overcome with patience and trying different techniques.

- Breaking the process down into small steps can be helpful (i.e. pick up the toothbrush, brush the top teeth, brush the bottom teeth, etc.).
- Find the best way to remind the person without nagging (i.e. a note, when a TV program comes on, when it is time to get dressed or ready for bed.).
- Try distraction techniques like singing or telling a story as you help the person. Or allow him to hold an item such as a toothbrush, toothpaste or other object during the routine to keep him busy.
- Another technique that can be used to overcome some difficulties when providing oral hygiene care is to allow the person to begin brushing and then have the care provider complete the task.
- Try another time of day when cooperation may be better if the person refuses to open his mouth or refuses oral hygiene care.
- Use another toothbrush or mouth prop to keep the mouth open when the person won't open his mouth or bites the toothbrush or caregiver.
- A dry toothbrush or one dipped in a mouth rinse can be used if the person is not able to rinse or spit and usually swallows toothpaste.

This information was adapted from The University of Iowa Gerontological Nursing Interventions Research Center, Evidence-based Protocol for Oral Hygiene Care for Functionally Dependent and Cognitively Impaired Older Adults. November 2002.

Community Dental Services List – Pima County

If you need dental care and do not currently have a dental office or do not have private dental insurance, the following **dental** clinics may be able to help you:

Arizona Dental Association

Donated Dental Services
Provides referrals for qualified older adults (65+) with dental issues that compromise health
Call for application and “find-a-dentist”: 800-866-2732
Or download application from web site:
www.azda.org

Desert Senita Dental Clinic (Ajo Residents)

Provides care on a sliding scale (33 - 67%) based on income, family size, type of service
140 Estrella Ave
Ajo, AZ 85321
Dental Appointment: (520) 387-4500
www.ajochc.org

El Rio Health Center

839 W. Congress
Tucson, AZ 85745
Dental Appointment: (520) 670-3758
www.elrio.org

El Rio Northwest Dental Clinic

4009 N. Flowing Wells
Tucson, AZ 85705
Dental Appointment: (520) 408-0836
www.elrio.org

El Rio Southwest Dental Clinic

1500 W. Commerce Ct.
(Valencia / Midvale)
Tucson, AZ 85746
Dental Appointment: (520) 408-0836
www.elrio.org

Marana Dental Clinic

13644 Sandario Rd.
Marana, AZ 85653
Dental Appointment: (520) 682-4111

Pascua Yaqui Dental Center (Native American)

7490 S. Camino de Oeste
Tucson, AZ 85746
Dental Appointment: (520) 879-6141

Pima Community College (West Campus)

Preventative services provided by dental hygiene students under the supervision of a dental hygienist instructor and clinic dentist.
2202 W. Anklam Rd.
Science Bldg., K212
Tucson, AZ 85709
Dental Appointment: (520) 206-6090

San Xavier Indian Health Center (Native American)

7900 S. J Stock Rd.
Tucson, AZ 85747
Dental Appointment: (520) 295-2575

Southern Arizona AIDS Foundation

Offers Dental Insurance for HIV positive
Pima County residents
375 S Euclid Ave
Tucson, AZ 85719
(520) 628-7223
www.saaf.org/

St. Elizabeth's Health Center

Dental services ; Provides dentures to older
adults on low income at a sliding fee scale
with Prescription. Bring proof of income and
address (utility bill), picture ID
140 W Speedway Blvd #100
Tucson, AZ 85705
(520) 628-7871

ADDITIONAL SOURCES OF INFORMATION

American Cancer Society

Toll-free: (800) ACS-2345
227-2345
www.cancer.org

American Diabetics Association

Toll-free: (800) DIABETES
342-2383
www.diabetes.org

American Dental Association

211 E. Chicago Ave.
Chicago, IL 60611
Voice: (312) 440-2500
Toll-free: (800) 621-8099
www.ada.org

American Heart Association

Voice: (520) 795-1403
www.americanheart.org

American Dental Hygienists' Association

444 N. Michigan Ave., Suite 3400
Chicago, IL 60611
Voice: (312) 440-8900
www.adha.org

National Institute on Aging Information Center

P.O. Box 8057
Gaithersburg, MD 20898
Voice: (301) 496-1752
Toll-free: (800) 222-2225
TTY: (800) 222-4225
www.nia.nih.gov

Pima Council on Aging Resource for Seniors

Voice: (520) 790-7262
www.pcoa.org

REFERENCES

Oral Health Fact Sheets

- Brushing Your Teeth
- Flossing Your Teeth
- Fluoride to Prevent Tooth Decay
- Periodontal Disease
- Caring for Your Dentures
- Tobacco Facts
- Quitting Spit Tobacco

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention & Health Promotion
Division of Oral Health, MS F-10
4770 Buford Hwy., NE
Atlanta, GA 30341
(888) CDC-2306
<http://www.cdc.gov>

National Institute of Dental and Craniofacial Research

National Oral Health Information Clearinghouse
1 NOHIC Way
Bethesda, MD 20892-3500
(301) 402-7364
www.nidcr.nih.gov

- Dental Care Every Day
A Caregiver's Guide
NIH Publication No. 04-5191
May 2004
- Diabetes Dental Tips
NIH Publication OP-09
December 2003
- Dry Mouth
NIH Publication No. 02-3174
January 2002
- Oral Cancer
NIH Publication No: 03-5032
February 2003
- Oral Health Care for Older Adults
NIH Publication OP-41
June 2003
- Snack Smart for Healthy Teeth
NIH Publication No. 01-1680
Last Printed February 2000

University of Iowa Gerontological Nursing Interventions Research Center. Evidence-based Protocol for Oral Hygiene Care for Functionally Dependent and Cognitively Impaired Older Adults. November 2002.

GLOSSARY OF DENTAL TERMS

abscess: Acute or chronic, localized infection with pus and usually swelling.

artificial crown: A lab-processed covering that fits over a broken, cracked or decayed tooth.

bonding: A tooth colored filling material.

bridge: A fixed partial denture and/or removable partial denture.

bruxism: Grinding of the teeth against each other (usually at night during sleep).

calculus: Hard deposit of plaque (invisible, soft, sticky bacteria). Also called tartar.

cavity: Hole in tooth caused by decay, which is caused by bacteria.

composite: A tooth-colored filling material.

comprehensive oral evaluation: A thorough check-up which includes x-ray photos, history reviews and other comprehensive reports.

crown (cap): The portion of the tooth above the gum covered by enamel.

decay: Cavity in tooth caused by bacteria.

dental prophylaxis: Scaling and polishing procedure performed to remove plaque, calculus and stains above the gums. Known as a dental cleaning.

edentulous: Without teeth.

enamel: Hard, calcified outside of the crown of tooth.


endodontist: A dental specialist who limits his or her practice to treating the nerves of the teeth and their surrounding areas.

extraoral: Outside the oral cavity.

extraction: The removal of a tooth or tooth parts.

filling: A term for a dental material used to fix a cavity.

gums: Soft tissue around and in between the teeth.



gingivitis: Inflammation or bleeding of the gums around the teeth. Local infection of gums.

implant (dental): Artificial tooth root placed into your jaw to hold a replacement tooth or bridge in place.

interproximal: Between the teeth.

intraoral: Inside the mouth.

jaw: Common name for the maxilla or the mandible.

lesion: An injury or wound also an area of diseased tissue.

maxilla: Upper jaw.

molar: Teeth behind the premolars (bicuspid) on either side of the jaws.

mucous membrane: Lining of the mouth.

occlusion: Any contact between biting or chewing surfaces of all the teeth.

oral and maxillofacial surgeon: A dental specialist whose practice is limited to diagnosis, surgery and treatment of diseases, injuries, deformities, defects and esthetic aspects of the oral and maxillofacial regions.

oral pathology: The diagnosis, investigation and management of diseases of the oral cavity, jaws and adjacent structures.

orthodontist: A dental specialist whose practice is limited to the interception and treatment of malocclusion of the teeth and their surrounding structure.

palate: The hard and soft tissue that forms the roof of the mouth.

palliative: Action that relieves pain but does not cure or correct the problem.

periodontal: Pertaining to the supporting and surrounding tissue of the teeth.

periodontal disease: Inflammation or infection process of the gums and bone around the teeth.

periodontist: A dental specialist whose practice is limited to the treatment of diseases of the supporting and surrounding tissues of the teeth.

plaque: An invisible, soft, sticky bacteria that constantly forms in the mouth. Cause of common dental diseases (i.e. decay, periodontal disease).

premedication: The use of medications (usually antibiotics) before dental procedures.

prophylaxis: Scaling and polishing to remove plaque (invisible, soft and sticky bacteria), calculus (hardened plaque) and stains above the gum line (commonly known as dental cleaning).

prosthesis (dental): Any appliance that replaces one or more missing teeth.

prosthodontist: A dental specialist whose practice is limited to restoring natural teeth and/or the replacement of missing teeth with artificial teeth.

pulp: Blood vessels and nerve tissue in the center of the tooth.

pulpitis: Inflammation of the dental pulp.

reline: Process of resurfacing the inside side of a denture with new base material.

removable partial denture: A removable appliance that replaces one or more missing teeth, which can be removed by the patient.

root: The part of the tooth which is attached to the jawbone.

root canal: The canal within the root of the tooth that contains the pulp (nerve tissues).

root canal therapy: The treatment of disease and injuries of the pulp (nerve).

root planing: A procedure designed to remove bacterial toxins, calculus (hardened plaque) and disease on the root surfaces and in the gum pocket.

scaling: Removal of plaque, calculus (tartar) and stain from teeth.

splint: A mouthguard used to support, protect or immobilize oral structures that have been loosened, replanted, fractured or traumatized. Also refers to mouthguard used in the treatment of temporomandibular joint disorders.

stomatitis: Inflammation or irritation of the tissue of the mouth.

study models: Plaster or stone model of teeth; also known as a diagnostic cast.

temporomandibular (TMJ): The hinge joint between the base of the skull and the lower jaw (mandible).

trismus: Not being able to open the mouth, usually due to inflammation or irritation of chewing muscles.

yeast: A general term for a fungus. A fungal infection can be seen in the mouth as thick white patches or sores at the corners of the mouth. It needs to be treated by a physician or dentist.

This information was adapted from the American Dental Association, Current Dental Terminology (CDT-4)

Know When You Need Medical/Dental Help – Oral Assessment Guide

Adapted from the University of Iowa Gerontological Nursing Interventions Research Center

Category	Healthy	Changes	Unhealthy	What to do
Lips	smooth, moist	dry, chapped or red at corners	swelling or lump, white/red/ulcer patch, bleeding or ulcers at corners	Changes or Unhealthy = see medical or dental professional
Tongue	moist, roughness, uniform color	patches, deep grooves, red, coated	patch that is red and/or white, ulcers or swollen	Changes or Unhealthy = see medical or dental professional
Gums and Tissues	moist, smooth, not red	dry, shiny, rough, red, swollen, ulcer or sore spot under dentures	swollen, bleeding gums, ulcers/ white or red patches, redness or ulcers under dentures	Changes or Unhealthy = see dental professional
Saliva	moist tissues (tongue, cheeks), watery and free flowing	dry and sticky tissues, little saliva present	tissues dry and red, very little or no saliva present or very thick saliva	Changes = see medical or dental professional Unhealthy = see dental professional
Natural Teeth	no cavities on tops of teeth or roots, no broken teeth	missing fillings or caps, holes in teeth/roots	more than one missing fillings, caps or holes in teeth/roots	Changes or Unhealthy = see dental professional
Dentures or Partials	no broken areas or teeth, dentures worn regularly	broken or sharp area on tooth or dentures, only worn for one-two hours a day	more than 1 broken area/tooth, denture missing or not worn, or has need for denture adhesive	Changes or Unhealthy = see dental professional
Oral Cleanliness	clean and no food particles or buildup in the mouth or on dentures	food particles/soft or hard buildup in areas of the mouth or on denture	food particles/soft or hard buildup in most areas of the mouth or on most of the dentures	Changes or Unhealthy = see dental professional
Dental Pain	no signs of pain or mouth sensitivities	signs of pain like holding face, not eating, irritable or aggressive	signs of swelling, pimple on gum, broken teeth, large ulcers, holding face, chewing lips, not eating, irritable or aggressive	Changes or Unhealthy = see dental professional

Healthy mouths can be maintained with regular oral hygiene care (brushing, cleaning in between teeth, fluoride toothpaste or rinse), regular professional care (interval determined by the dental health professional) and yearly oral cancer exams.

APPENDICES

DENTAL CARE EVERY DAY: A CAREGIVER'S GUIDE

Contents:

Dental Care Every Day (1)

Getting Started (2)

Three Steps to a Healthy Mouth (3)

Step 1. Brush Every Day (4-5)

Step 2. Floss Every Day (6-7)

Positioning Your Body: Where to Sit or Stand (8)

Step 3. Visit a Dentist Regularly (9)

Prepare for Every Dental Visit: Your Role (9)

Acknowledgments & Resources

ORAL HEALTH FACT SHEETS

Brushing Your Teeth

Flossing Your Teeth

Fluoride to Prevent Tooth Decay

Periodontal Disease

Caring for Your Dentures

Tobacco Facts

Quitting Spit Tobacco