

## Oral Health Care and Dementia

To fully appreciate the relationship between aging, oral health care and dementia, it is essential that caregivers understand what can happen to the oral structures in the normal aging process, as well as the problems posed when the recipient of care has a dementia.

Compiled by editorial staff\*

# Oral health care in dementia



In order to appreciate the relationships between aging, dementia and oral health, it is essential that caregivers understand what can happen to the oral structures as part of the normal aging process, as well as the unique problems that are presented when a dementia such as Alzheimer's disease is present.

Even with normal, healthy elderly, the relationship between quality of life and the presence of oral problems has often been underestimated. The box below indicates that over 90% of elderly will avoid social interactions if an oral problem exists.

In order to discuss the relationships between aging, oral health and dementia, it is important to understand what can happen to the oral structures as part of normal aging. The

following provides basic information regarding the structures of the mouth, and the potential impact of normal aging changes to the oral cavity. This is followed by a discussion of the role of the caregiver in oral/dental care of the resident with dementia.

### Structures of oral cavity

**Soft tissue** - With age, the pulp of the teeth, or the soft tissue, which contain the blood and nerve supply for the teeth, undergoes the same changes that occur in similar tissues elsewhere in the body. The abnormal deposition of calcium salts within the pulp tissue (pulp calcification) increases with age. Should a tooth develop caries (decay and deterioration) that progressively destroy the tooth, the decay

may go undetected since it is unlikely that the individual will experience any symptoms. As a result, the decay can spread so that the tooth cannot be repaired.

In such a situation, not only has the decay resulted in the loss of the tooth, but it has also provided a chronic source

### \* Editor's note

This article is the compilation of:

1. An address entitled "Oral Hygiene for the Person with Dementia - Tips and Tricks," by Dr. Michael Wiseman, D.D.S., F.A.S.G.D., Baycrest Centre for Geriatric Care, Toronto, at the 18th Annual Alzheimer Symposium in March, 2005, sponsored by the Toronto Rehabilitation Institute and the Alzheimer Society of Toronto.
2. "Aging and oral health - understanding the relationship," (*Canadian Nursing Home*, vol. 11, No. 4, 2000) by Terry Mitchell, assistant professor, School of Dental Hygiene, Dalhousie University, Halifax, Nova Scotia.

of infection by way of the bacteria causing the decay.

**Hard tissue** - With simple wear and tear over a lifetime, teeth show attrition and facets of wear. In some cases, this wear may be extreme and require repair. The enamel of the crowns can become intrinsically stained from a lifetime of exposure to stain-producing food and drink. There are several treatment options available to eliminate the staining.

### Quality of life and oral problems

| Oral problem in elderly                               | Percentage |
|---|------------|
| • Impaired ability to eat (limited enjoyment of food) | 68         |
| • Pain or discomfort                                  | 46         |
| • Dissatisfied with self-image                        | 51         |
| • Avoids social interaction                           | 93.5       |

(From Wiseman, 2005)