As many of us know, the percentage of older adults in America is growing rapidly, and they are keeping their teeth longer. Not only that, but older adults have invested in their teeth over the years and want to maintain high quality dental care after retirement. Fabulous! But what happens when the unexpected happens?

Many older adults have been able to maintain a low level of oral disease throughout the years with good oral hygiene practices. They expect that same trend to continue as they age. Who wouldn’t? But what happens when they get an unexpected diagnosis from the doctor? They now have dementia, Parkinson’s disease, or cancer. Those good oral hygiene practices aren’t so easy anymore, and it is now more difficult to travel to a dentist office. Oral care sometimes ends up taking a back seat to general health and physician appointments. Or what happens when a patient develops heart disease requiring a medication that causes dry mouth? Those same oral hygiene practices which have been sufficient their whole life now aren’t keeping up, and you notice an increase in oral disease.

The teeth and dental work that older adults have worked so hard to maintain throughout their life can suddenly start to deteriorate very rapidly, and without intervention can leave patients in a very different position than they ever thought they would be in. It’s heartbreaking to tell a patient who experienced very little oral disease in their younger years, “You need a denture” and they start to cry. They never in their wildest dreams thought they would ever wear a denture. Those patients have been able to maintain their teeth through their 60s, 70’s or 80’s, only to have their teeth to fall apart towards the end of life. For those with debilitating systemic diseases, they may lose dental insurance when the need it the most since traditional Medicare does not cover dental treatment, and only 12% of older Americans have some form of dental insurance. This can leave patients with a high need for dental treatment, but the treatment is not affordable. It’s heartbreaking.

So what can dentists do about it?

As a dentist trained in Geriatric Dentistry, I have learned 3 things when dealing with patient’s experiencing the unexpected.

1) I have learned how to identify these patients who may be at risk of a decline in oral health. This could be when a patient is diagnosed with a chronic disease that is associated with progressive cognitive or physical decline that can subsequently cause a decline in oral health like Dementia or Parkinson’s disease. This could also be when a reliable older adult all of a sudden disappears from your office. It takes a dental office being proactive to call the patient and determine if their absence is due to a change in health. Identifying patients early gives us the potential to make a difference in patient’s lives and prevent a significant decline in oral health and quality of life.

2) I have also learned to change up the preventive regimen early and utilize different preventive products. The instant you or your hygienist recognize a change in oral hygiene, a change in the risk of oral disease, or start to see oral disease which was not present before, change up the preventive recommendations. This may mean a shortened recall frequency if possible, prescribing fluoride toothpaste or antibacterial mouth rinses, more frequent fluoride varnish applications, frequent applications of silver diamine fluoride, recommending saliva substitutes, recommending an electric toothbrush or installing in-home reminders to brush
teeth. As Benjamin Franklin said “An ounce of prevention is worth a pound of cure.”

3) If a patient is experiencing a decline in oral health, ask about a patient’s goals for
dental treatment and recommend a treatment plan aligned with the patient goals.
Sometimes patient’s goals shift and patient’s prefer rational dental care for quality of
life purposes instead of ideal treatment. If we only recommend ideal treatment and
that is not what the patient is looking for, they may discontinue with dental visits.
Some dental treatment is better than no dental treatment in the long run.

If dentists are oblivious to those 3 things mentioned above, dentists will only be
seeing elderly patients who have experienced a decline in oral health and may have
limited treatment options. But if we are on the lookout for the patient’s experiencing
the unexpected, we have an opportunity to prevent and limit the possibility of a
decline in oral health. If this leaves my patient with a better quality of life and no
tears, what more could I ask for.

Do you have a tip to add to this list? Email Dennis BozziDennis@scdaonline.org