



A healthcare professional
guide to oral care for
older patients

The Seattle Pathway

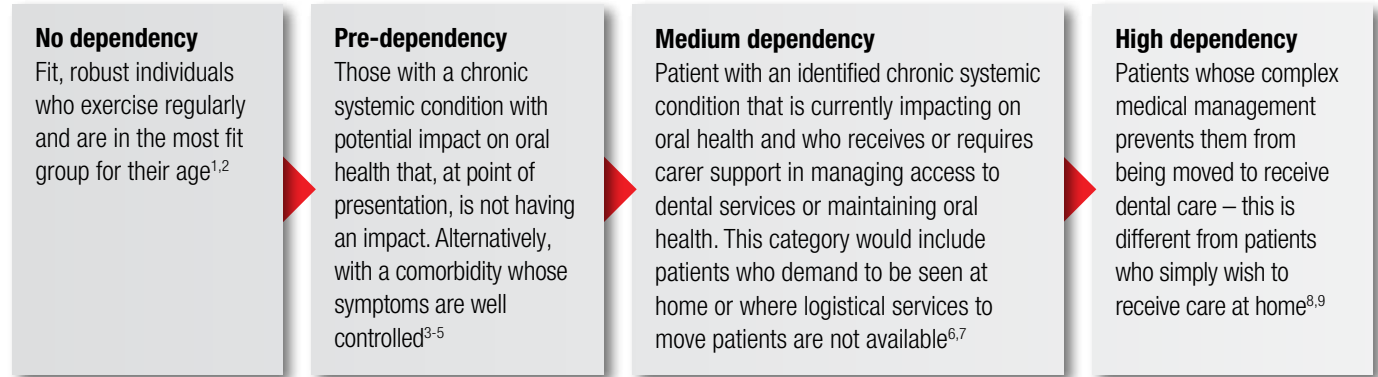


Introduction

In 2013 a group of experts met in Seattle, Washington to define a care pathway for oral care in older patients. The group reviewed the existing scientific evidence and, through a series of workshops, developed a cohesive means of defining appropriate prevention and treatment modalities for this important and growing section of our population. The workshop produced a number of scientific papers and a pathway document. These are available to download free of charge from the *Gerodontology* website – simply search for this valuable resource on the web. However, in addition to these outputs, it was felt that a user guide that summarizes the key elements of the pathway would also be helpful for practicing dentists, pharmacists, physicians, and other healthcare professionals. This guide is the result of that work and we hope that you find it useful in managing and planning care for your older patients.

The Seattle Pathway workshops were sponsored by Colgate.

LEVELS OF DEPENDENCY SET OUT WITHIN THE SEATTLE CARE PATHWAY



Central to the care pathway is the need to identify the likely requirements of your patient. While many indices exist to categorize patients of all kinds, whether young or old, the Seattle group felt that these descriptors were helpful in defining the population of older people seen by dental practitioners. The dependency scale presented here is used throughout this guide in the form of case studies. We would encourage you to consider each of them in the context of your clinical practice and look at the therapies, treatments, and approaches that the Seattle group felt represented best, research-informed practice.

Introduction

No dependency

Fit, robust individuals who exercise regularly and are in the most fit group for their age^{1,2}

John and Mabel are both 82 years old and have been married for 60 years. They have been regular attendees at your office for the past 15 years, having moved into the area to be closer to their five grandchildren.

John and Mabel enjoy physical activities and they usually drive to the practice. Neither of them takes any prescription medications and both have extensively restored dentitions that are functioning well. On their latest visit to see you, neither of them reports any problems.



PATHWAY RECOMMENDATIONS

- As is often the case with patients in this group, John and Mabel are interested in health and beauty and want to not only maintain but enhance the appearance of their dentition. Such patients may request treatments such as tooth bleaching or the provision or replacement of aesthetic anterior restorations.
- With good oral function and the ability to receive treatments easily, the full range of treatment options is open to John and Mabel. However, while complex treatments that require high levels of maintenance are not contraindicated, the consent process should involve discussions around the life course of such provision.
- It is important to begin discussions with John and Mabel about the aging process and its potential impact on oral care.

- 'No dependency' patients are best-placed to begin a prevention program. John and Mabel need to protect the investment made in their dentition and should be given appropriate preventive advice and a home self-care plan, based on their caries risk assessment.

Recommended products

**Colgate Total Toothpaste,
Colgate Neutrafluor 5000 Plus
(if at high risk of caries),
Colgate Plax Alcohol Free
Anti-bacterial Mouth Rinse**



Case study I – no dependency

Pre-dependency

Chronic systemic condition with potential impact on oral health that, at point of presentation, is not currently impacting on oral health. A comorbidity whose symptoms are well controlled³⁻⁵

Ravi is 68 years old and is a new patient to your practice. He has recently moved into a small, ground-floor apartment close to your office. Ravi lives alone but his two children live nearby and visit him regularly.

Ravi can walk with the aid of a stick and is currently taking medication for high blood pressure, which is well controlled, as is his diabetes. He enjoys eating out with his family but has recently noticed that his lower partial denture is not as stable as it used to be and, having lost two upper molars recently due to periodontal complications, he is finding it more difficult to chew tough foods. He has attended your practice to see what can be done.



PATHWAY RECOMMENDATIONS

- Ravi's systemic conditions may impact on his oral health either directly, in the case of his diabetes, or indirectly, as a result of the polypharmacy that often accompanies blood-pressure management in older people. He should be informed about the risk to his oral health and he may need to be placed on a more frequent recall interval. (Contact details should be kept on record for Ravi's children so they can be reached if he fails to attend appointments.)
- Ensuring Ravi can continue to enjoy a broad range of foods is important not only for maintaining his quality of life, but also for ensuring his balanced nutrition – something that can be a major issue in older people.
- An oral healthcare plan involving both professional and self-care elements should be developed for Ravi. (Additional factors may be considered in this assessment, such as salivary flow rates.) The restorative treatment plan should consider the long-term viability of any treatments provided and the impact of Ravi's dependency on maintenance.
- As Ravi is a partial denture wearer, the use of a high-fluoride toothpaste and professionally applied fluoride varnish is suggested.

- As some teeth have been extracted as a result of periodontal disease, the use of an antibacterial toothpaste and professional tooth cleaning are recommended. The use of an antimicrobial mouthwash may also be of benefit.

Recommended products

Colgate Total Toothpaste, Colgate Neutrafluor 5000 Plus or Sensitive Toothpaste, Colgate Dry Mouth Relief Mouthwash, Colgate Duraphat Varnish



Case study II – pre-dependency

Medium dependency



Patient with an identified chronic systemic condition that is currently impacting on oral health and who receives or requires carer support in managing access to dental services or maintaining oral health. This category would include patients who demand to be seen at home or where logistical services to move patients are not available^{6,7}

Crisanna is 71 years old and lives in an assisted-care facility about 3 km from your office. She used to attend clinics every 6 months but now struggles to arrange transport.

Crisanna takes multiple medications to manage her rheumatoid arthritis, chronic obstructive pulmonary disease (COPD) and skin conditions. She can walk a short distance aided by a walker but often feels breathless when she sits in a reclined position. Crisanna has a well-maintained natural dentition but there are numerous new coronal carious lesions (most of which are associated with existing restorations) and an increase in attachment loss that seems to be associated with gingival recession. This is marked around the canines and premolars and there are now exposed root surfaces visible. Crisanna has a dry mouth but does not complain of this during her examination.



PATHWAY RECOMMENDATIONS

- Crisanna's chronic conditions mean she is at risk of experiencing a significant deterioration in oral health and quality of life. Access to dental services is crucial (particularly as she is likely to have to attend more regularly), so a support network must be established among family or care workers to enable her to visit the practice.
- Crisanna's carers should be contacted to ensure good oral hygiene provision in the home setting.
- Crisanna needs to use a high-fluoride toothpaste, as she is at high risk of dental caries.
- Attention needs to be given to Crisanna's toothbrush selection to ensure that it can be used properly, given her rheumatoid arthritis. If her condition is preventing her from effectively removing plaque, the use of an adjunct fluoride or anti-bacterial mouthwash should be considered.
- Crisanna's carious lesions should be treated, perhaps involving the use of fluoride-releasing materials. She should have regular professional cleaning to help with attachment loss and a fluoride varnish should be applied to all tooth surfaces, especially the newly exposed root surfaces.
- Further treatment planning for Crisanna should focus on teeth of strategic importance, repairing rather than replacing teeth, and ensuring easy maintenance.

Recommended products

Colgate Neutrafluor 5000 plus,
Colgate Plax Anti-bacterial Mouth Rinse,
Colgate Duraphat Varnish



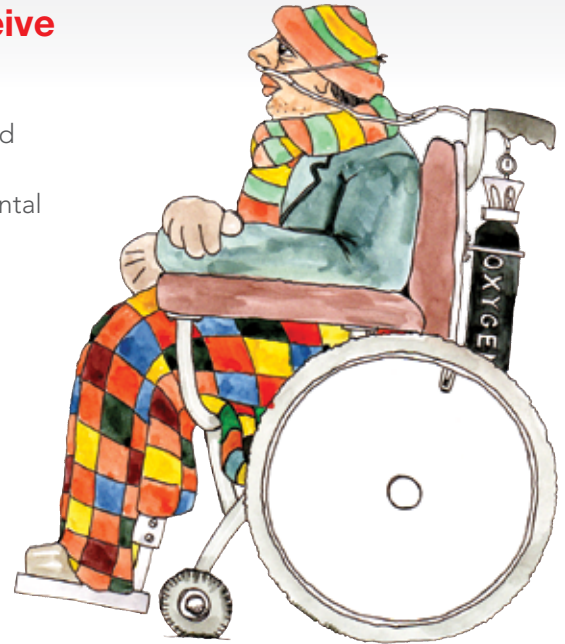
Case study III – medium dependency

High dependency



Patients whose complex medical management prevents them from being moved to receive dental care – this is different from patients who simply wish to receive care at home^{8,9}

Ronald is 59 years old and lives in a highly supported nursing home and palliative care unit. He is very frail and suffers from vascular dementia, diabetes, and mesothelioma. Ronald has not been able to attend a dental practice for several years. His care home has contacted you as he is in pain and cannot eat.



PATHWAY RECOMMENDATIONS

- Depending on local service provision, Ronald may be best-treated by a specialist in special care dentistry. However, general dental practitioners should be able to provide care to help alleviate Ronald's pain, provided that they are confident in managing his medical complications.
- The management of Ronald's pain may involve extraction if infection is present, or sealants for sensitivity. Treatment will need to be delivered in his home setting, which may limit what can be achieved.
- In order to prevent recurrences of his symptoms, Ronald should use a high-fluoride toothpaste and fluoride mouthwash. The provision of regular professional applications of fluoride varnish may also be necessary.
- Carers should be shown how to undertake oral hygiene procedures – it may be necessary to use a chlorhexidine product if optimal brushing is not possible.

- It is important that regular contact with Ronald is maintained – this might be via referral to a specialist service or through your office.

Recommended products

**Colgate Neutrafluor 5000 Plus
or SensitiveToothpaste,
Colgate Neutrafluor 220 or 900 Mouth Rinse,
Colgate Duraphat Varnish,
Colgate Savacol Anti-bacterial Mouth Rinse**



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- Don't forget that you can access all the Seattle workshop papers and the full care pathway from *Gerodontology* at www.ncbi.nlm.nih.gov/pubmed/2444698
- You can also access a wide range of additional resources on patient and professional education, as well as information on community programs, at www.colgateprofessional.com.au or www.colgateprofessional.com.nz



Please note that the information contained in this booklet is for guidance purposes only. Actual products recommended for individual patients are the responsibility of the prescriber alone and not of Colgate.

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The Older Adult Population Defined by the Level of Dependency and Lifestyle

	Healthy – No Dependency	Pre-Dependent	Dependent	Highly Dependent
Population	Large	Moderate	Small	Very Small
Specific Oral Care Needs	Cosmetic +++ Preventative + Therapeutic + Palliative Care	Cosmetic + Preventative ++ Therapeutic ++ Palliative Care +	Cosmetic Preventative ++ Therapeutic ++ Palliative Care ++	Cosmetic Preventative +++ Therapeutic ++ Palliative Care +++
Specific Problems	Maintain health Cosmetics	Poly-pharmacy High risk dentitions	Plus difficulty with oral hygiene care	Plus difficult with professional interventions
Preventive Solution	Anti-bacterial TP Anti-microbial MW	Anti-bacterial TP Anti-microbial MW High F TP FV application	Anti-bacterial TP Anti-microbial MW High F TP FV application Anti-cavity F rinse	High fluoride TP FV application Chlorhexidine swab or rinse Anti-cavity F rinse

TP = Toothpaste MW = mouthwash F = fluoride FV = fluoride varnish + = need for