

# Chronic Disease and Older Adult Oral Health

**Brought to you by the  
ASTDD Healthy Aging Committee**

**August 22, 2018**



# General Reminders

- This webinar will be recorded and archived on the ASTDD website.
- We would like to hold any questions until the end, so if you have questions, please make a note of them. When we are ready for questions, if you wish to ask one, please click on the Set Status icon which is the little man with his arm raised on either the upper left or the top of your screen. Click on “raise hand.” We will then call on you to ask your question over the phone.
- Please respond to the polling questions at the conclusion of the webinar.

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# **Presenters**

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# Oral Health and Chronic Disease

- Oral health is essential to overall health.
- The contribution a healthy mouth provides to overall health is often overlooked.
- Oral health impacts systemic health, particularly for individuals with chronic diseases.
- Linkages exist between oral diseases and chronic diseases such as diabetes, CVD, and obesity.

# Oral Health and Chronic Disease

- When prevention of oral disease is disregarded or its progression is not addressed and managed in people with chronic diseases, serious adverse health outcomes can result.
- In older adults with multiple chronic diseases, untreated oral disease can exacerbate or complicate treatment of other medical conditions.

# Oral Health and Chronic Disease

- People with diabetes who have periodontitis have six times the risk for poor glycemic control and are also at risk for other diabetes related health complications.
- Using tobacco or consuming foods and beverages with high levels of added sugar can also have adverse consequences on oral health and general health.

# Connecting the Mouth Back to the Body

- Few public health programs in the U.S. “connect the dots” between oral health and chronic disease.
- Within the health care system, few standards exist to support communication and referrals between medical care providers and dental care providers.
- There is also lack of interoperability between medical and dental records that adds to segmentation of health care delivery.



# Medical-Dental Integration in the U.S.

- A recent environmental scan conducted by the University of Iowa in collaboration with ASTDD found that state oral health and chronic disease program activities are not well coordinated.
- In primary care settings, the use of a “common risk factor approach” to primary prevention is not widely practiced or documented.

# Coordination Between Oral Health and Chronic Disease Programs

- Opportunities exist to better understand the relationships between and among state oral health programs and chronic disease programs.
- Increased coordination can lead to the identification of mutually reinforcing prevention messages and strategic partnerships to achieve priority outcomes.

# Medical-Dental Integration in Primary Care Settings

- The role primary care providers can play in identifying oral health conditions and risk factors that contribute to poor oral health is gaining support. Examples include:
  - Co-location of medical and dental services to increase bi-directional referral;
  - Explicit protocols and shared EHRs; and
  - Referral agreements between primary care providers and dental providers to facilitate care coordination.

# Role for State Public Health Leaders

- State oral health and chronic disease program leaders can promote evidence-based strategies and health promotion messages that can be promoted jointly. They can also:
  - Promote innovative models of medical-dental integration;
  - Increase awareness among public health leaders about the need for increased access to oral health services, particularly for older adults;
  - Promote the connection between oral health and general health and well being.

# Role for National Partners

- Document the burden of oral health among older adults in the U.S.
  - Untreated, decay and other oral disease result in pain, chronic and acute infection, tooth fractures and tooth loss, as well as compromised oral function and quality of life.
  - Identify strategies for addressing the unmet oral health needs of older adults in the U.S.
  - Promote interprofessional collaboration and conservative approaches for older adults with multiple chronic conditions.

# Role for National Partners

- ASTDD and the National Association for Chronic Disease Directors have a history of working collaboratively to promote the connection between oral health and chronic disease.
- Oral Health America through it's "Wisdom Tooth Project" is advocating for increased access to oral health services for seniors through a Medicare Part B benefit.
- This issue of oral health access for seniors is not going away any time soon..... stay tuned.....

# Access to Dental Care for Older Adults

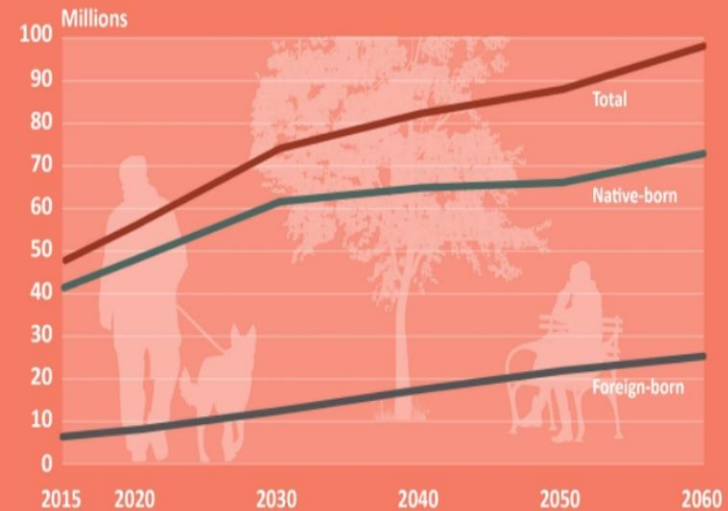
- An estimated 70 percent of older adults have limited dental insurance which impacts their access to oral health services.
- For those on fixed or reduced incomes, it can lead to higher expenditures for medical and emergency care associated with untreated dental problems.
- An estimated 1 in 5 older adults in the U.S. has untreated tooth decay and more than 70 percent have periodontal disease.

# Aging in America — Projected Trends

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## An Aging Nation

Projected number of U.S. residents 65 years and older



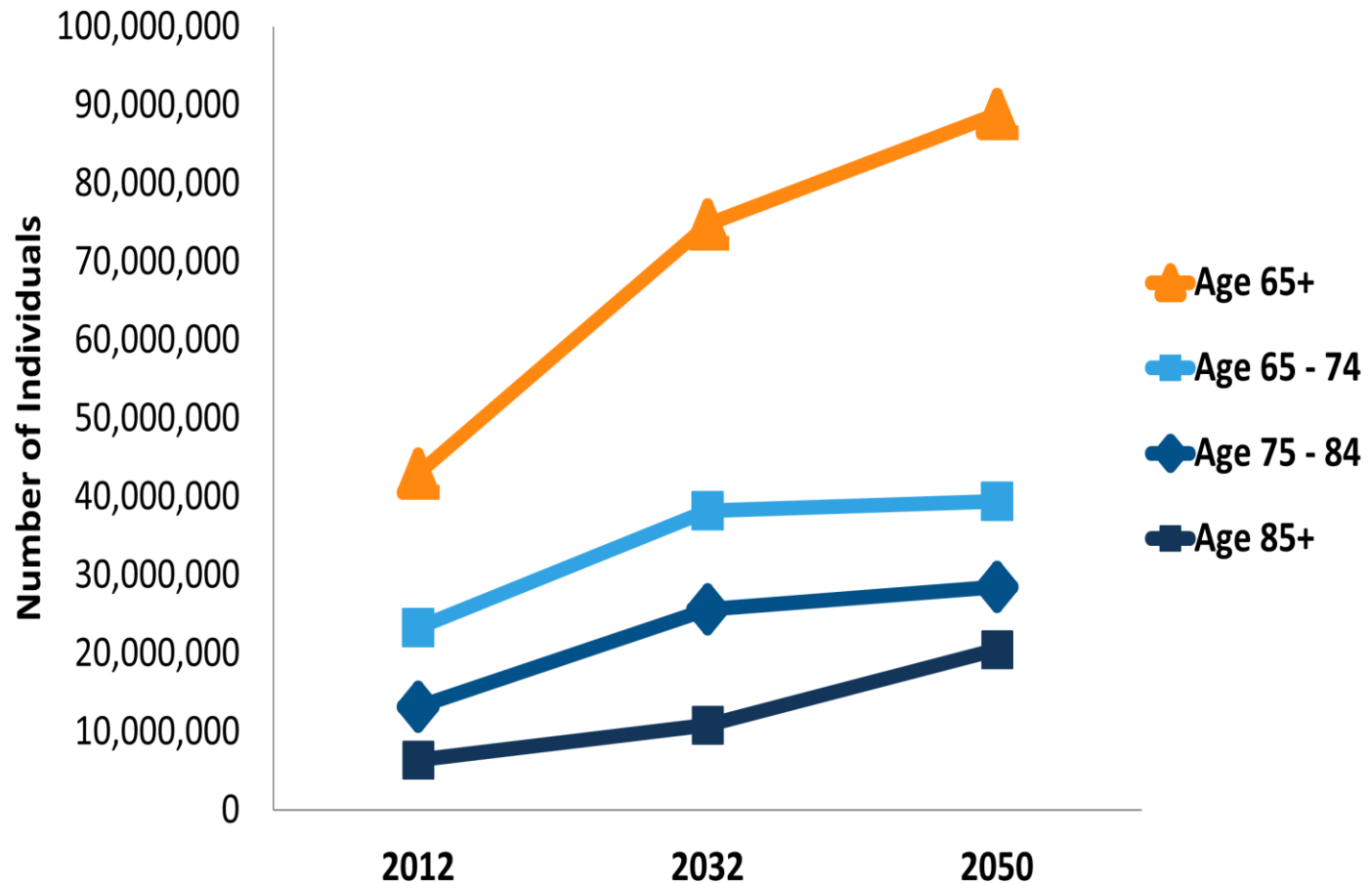
U.S. residents 65 years and older projected population increases between 2015 and 2060:

- Total—105.2 percent
- Native-born—75.9 percent
- Foreign-born—294.8 percent



Figure 1

## The 65 and Over Population Will More Than Double and the 85 and Over Population Will More Than Triple by 2050



SOURCE: A. Houser, W. Fox-Grage, and K. Ujvari. *Across the States 2013: Profiles of Long-Term Services and Supports* (Washington, DC: AARP Public Policy Institute, September 2012), [http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/lrc/2012/across-the-states-2012-full-report-AARP-ppi-lrc.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/lrc/2012/across-the-states-2012-full-report-AARP-ppi-lrc.pdf).

# Top 10 Chronic Conditions in Adults ≥65 Years of Age

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## 10 Common Chronic Conditions for Adults 65+

Quick Facts



**80%**  
have at least 1 chronic condition



**68%**  
have 2 or more chronic conditions



Hypertension  
(High Blood Pressure)  
**58%**



High Cholesterol  
**47%**



Arthritis  
**31%**



Ischemic Heart Disease  
(or Coronary Heart Disease)  
**29%**



Diabetes  
**27%**



Chronic Kidney Disease  
**18%**



Heart Failure  
**14%**



Depression  
**14%**



Alzheimer's Disease and Dementia  
**11%**



Chronic Obstructive Pulmonary Disease  
**11%**

Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015

# What Does This Mean For Care Delivery?

- Versatility to provide preventive and operative care in multiple settings
- Proficiency in interdisciplinary care
- Flexibility in oral healthcare decision-making
- Increased emphasis on maintaining teeth and “youthfulness”

## Institutional living for seniors 2013



**1.5 million/3.4%**

Number and percentage of the 65+ U.S. population who lived in **institutional settings**

**1.3 million**

Number of 65+ U.S. population who lived in **nursing homes**

### Breakdown by age

The percentage **increases** dramatically with age



65-74 years



75-84 years



85+ years

Source: U.S. Administration on Aging, A Profile of Older Americans 2014

T&G Staff/DON LANDGREN JR.

# Seattle Care Pathway

- Structured, evidence-based approach to older adult oral healthcare
- Preventive care and treatment linked to levels of dependency
- Can be adapted to local needs and circumstances



## The Seattle Care Pathway for securing oral health in older patients

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### The Seattle Care Pathway for securing oral health in older patients

There is a need for a structured, evidence based approach to care for older dental patients. The following article describes the development of the Seattle Care Pathway based upon a workshop held in 2013. An overview is provided on the key issues of older persons dental care including the demography shift, the concept of frailty, the need for effective prevention and treatment to be linked to levels of dependency and the need for a varied and well educated work force. The pathway is presented in tabular form and further illustrated by the examples in the form of clinical scenarios. The pathway is an evidence based, pragmatic approach to care designed to be globally applicable but flexible enough to be adapted for local needs and circumstances. Research will be required to evaluate the pathways application to this important group of patients.

**Keywords:** dental, elder, older, frail, dependant, caries, pathway, periodontal, workforce, care, root caries, prevention, fluoride.

Accepted 4 November 2013



**Figure 2** Pre-dependency/Less independence. 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 controlled.

# Frailty

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- "A state of increased vulnerability to stressors due to age-related decline in physiological reserve across neuromuscular, metabolic, and immune systems"
- Seattle Care Pathway Applies 5 "Dependency Levels"
- Linked to Canadian Study of Health and Aging (CSA) Scores

# Application Not Restricted to "Older Adults"

- Seattle Care Pathway is a continuum that can be applied across all adults
- Considers fitness in age group
- Designed to help providers and public health professionals plan care and accommodations throughout aging process and demographic shift



**Figure 1** No dependency/Full independence. Fit, robust individuals who exercise regularly.



# Clinical Practice Implications

- Interventions (including preventive care) are suggested based on health and social conditions
- Patients with systemic health conditions counselled on oral health-related complications
- Discussion regarding “changes in dependency” incorporated into oral homecare discussion
- Address social factors that limit access to oral care



**Figure 3** Medium dependency. Patient with an identified chronic systemic condition that is currently impacting on oral health and who receives or requires support in managing access to dental services or maintaining oral health. This category would include patients who demand to be seen at home or who cannot get transport to a dental clinic.

# Institutional Care

- Oral care in institutional settings is often limited
- Providers typically focus on
  - Maintaining Nutrition
  - Relieving Pain
  - Prevention
- Quality of “homecare” varies between centers



**Figure 4** High dependency. Patient with a complex medical condition who cannot be transported to receive dental care. This category differs from a mid-dependency where there the patient demands to be seen at home. These patients cannot be moved easily because of unstable health.



# Challenges Associated with Dementia and Other Neurological Conditions

- Patients cannot always tell you if they are experiencing pain
- Best to consult with family members/guardians and patient regarding wishes
- Often only able to provide basic preventive care
- May need to “watch” some teeth



**Figure 5** High dependency. Patients whose complete medical condition prevents them from being moved to receive dental care. This category differs from those in medium dependency where there is a demand to be seen at home. These patients cannot be moved without substantial difficulty.

# Takeaway Messages

- Chronic diseases will continue to impact health and longevity worldwide
- Must consider this impact in design and implementation of treatment plans
- Providers need to educate lawmakers, allied professionals, and others regarding this impact and resources needed



# Questions?

If you wish to ask a question, please click on the Set Status icon which is the little man with his arm raised on either the upper left or the top of your screen. Click on “raise hand.” We will then call on you to ask your question over the phone.

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