

PROGRESSIVE STRATEGIES FOR TREATING OLDER ADULTS



INTRODUCTION

By 2030, it is expected there will be nearly 71 million people age 65 years or older in the United States, making up almost 20 percent of the country's population. Our senior citizen demographic is increasing rapidly and aging "baby boomers"—those born between 1940 and 1960—will have major effect on our dental health systems in the future. Dental concerns for this population include old, leaking fillings, periodontal diseases, and complications stemming from the oral/systemic health link.

This influx of older adult patients brings with it numerous factors that impact oral health care. "Social and personal choices, medical complications, and physical limitations all contribute to dental health challenges in the lives of senior citizens," notes a statement issued by Kronkosky Charitable Foundations. These factors will require dental professionals to be prepared with special knowledge and skills.

This month's Sunstar Spotlight focuses on a dental clinic in Kittery, Maine, that uses a progressive approach to treating older adults. This highly qualified team of dental professionals prides itself on responding proactively to the needs of an aging population. Their story will provide solutions and insight into issues that are sure to become an increasingly important part of dental hygiene practice.

—Jackie L. Sanders, RDH, BS
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GUM BUTLER GUIDOR



The schedules of many older adult

patients are flooded with free time. Whether they spend that time deliberately searching for dental questions to stump their clinicians is difficult to say. What is evident to the staff at the Center for Restorative Dentistry (CRD) in Kittery, Maine, however, is that today's older adult patients possess an understanding of oral health care superior to previous generations of elderly. And from greater knowledge comes greater expectations.

"How many carbon atoms are in a xylitol molecule?" a retired college professor asked Lisa Tranni, RDH, as she prepared a prophylaxis treatment for the man who had issued pop quizzes through countless semesters. Tranni is a dental hygienist at CRD and the retired educator is one of the practice's longtime patients. The professor and his peers are reminders to Tranni and her colleagues that blissful ignorance among older dental patients is falling out of style. Ready access to professional literature and messages from the oral health care industry are educating seniors and transforming their attitudes about oral health care.

To meet the dental care expectations of today's older adult patients, the team at CRD draws strength from the expertise of its members, whose backgrounds range from phlebotomy and acupuncture to nursing and information technology. Not a single aspect of experience is wasted, and the open sharing of ideas and techniques puts the clinic in a better position to respond to the rising level of sophistication among older patients.

"Most of our older patients can tell you about the relationship between bacteria in the mouth and the host response," Tranni explains. "They understand the oral/systemic link. If we perio chart, many will ask if they have any

MICHAEL J. LEE PHOTOS



Up Close

WITH LISA TRANNI, RDH

Lisa Tranni entered the oral health care profession in 1986 as a receptionist in a dental office. She worked as a patient care coordinator and surgical assistant before earning an Associate in Applied Science Degree in Dental Hygiene from the University of New England in 2006. Two days after graduation, she began working as a dental hygienist at the Center for Restorative Dentistry in Kittery, Maine.

Tranni is a certified massage therapist and a volunteer and board member of Mainely Healthy Mouths, Inc, a non-profit organization dedicated to making dental care accessible to underserved patients throughout Maine.

Outside the office Tranni is a fitness enthusiast who participates in spinning classes and power lifting. She has been married 23 years and has a son and stepson.

fours or more. They know their numbers. They'll ask about xylitol, or if whitening is abrasive. They understand oral cancer and why we perform a thorough head and neck exam."

Many have been patients for nearly 30 years at the practice founded by Stephen Swallow, DDS, whose curriculum vitae as a continuing education lecturer exceeds space available to list here. His research has been published



Time of day can be important in scheduling older patients. Arthritis can cause stiffness and soreness upon waking for some patients, while antidepressants can leave others foggy. As Tranni explains, "Appointments for mid-morning or early afternoon may be preferable."

in the *Journal of Oral Implantology* and he has supported his profession as an active member of seven national professional associations.

Swallow is rightfully proud of the atmosphere of professional development he engenders throughout the office, and notes: "Our continuous quest for education is key to our success." The practice strives to create care solutions formed on the leading edge of evidence-based oral health care.

CAMBRA, CANCER AND LISTENING

The caries management by risk assessment (CAMBRA) protocol frames each new care plan for older adult patients at CRD. Clinicians assess caries indicators, as well as the condition and history of previous restorations to classify the overall caries risk. "Then we evaluate the risk factors themselves," Tranni says. The team checks levels of visible plaque and deposits on teeth, recession and root exposure, amount of saliva in the mouth, and dietary habits. Patients' home-care habits are also evaluated, as are medical histories and medications, as well as physical limitations that might interfere with proper home-care technique.

As patients enter their golden years, they typically find oral health threats are present in greater numbers than when they were younger. The potential for recurrent decay and root caries are still present, but as patients cross the geriatric threshold oral cancers join



Seating position is important for older adult patients affected by respiratory issues or hypertension. It is important to allow patients to re-orient after reclining.

the list of risk factors—and have incidence rates that rise with age. The risk of developing periodontal diseases edges higher as patients grow older, particularly for those who have poorly controlled plaque.

The CRD team responds to these time-triggered threats by working from a common philosophy that emphasizes prevention and education. “Empowering patients with the belief they can execute their home care successfully is a huge part of our program,” asserts Tranni. “Breaking self-care into manageable steps plays a vital role in making those programs successful.”

It is also important for patients to know occasional breakdowns in self-care do not doom the future of their overall oral health. The CRD staff consistently delivers the message that good oral health is a process. Strategies to help an older patient overcome self-care limitations might include use of a power toothbrush or a manual toothbrush with a special handle, as well as fluoride toothpaste and fluoride gels. It’s also important to ensure the patient is educated about daily interproximal cleaning, the use of xylitol products, and products that improve the quality of saliva and pH in the oral cavity. Any home-care program for an older adult, Tranni emphasizes, should consider the patient’s visual acuity and manual dexterity.

TEAM EFFORT

Another key to CRD’s success is how the practice integrates the staff’s multi-discipline strengths. Tranni’s professional background reflects the diverse skills present among all team members. In addition to being a registered dental hygienist, Tranni is a certified massage therapist whose roots in dental office work that reach back to 1986. Her colleague, Linda Thibodeau, RDH, BS, has more than 30 years of experience as a dental hygienist. She has completed graduate courses in gerontology and provided dental hygiene treatment to patients in nursing facilities. The team also has two dental/surgical assistants and a dental assistant. A team manager

At a Glance

PRACTICE TIPS FOR WORKING WITH OLDER ADULTS

- Many older adult dental patients are sophisticated retirees who have researched their own conditions. Earn their confidence by demonstrating a firm grasp on current best practices and technologies in dentistry.
- Empower elderly patients to be successful in home-care programs. Break regimens into manageable steps, and consider adaptive dental products that help work around challenges created by arthritis, poor vision or other limitations.
- Demonstrate to patients they are important by following up with them during office visits. If allowed, look in on them while the dentist is working on them.



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aids the clinical staff in researching pathologies and manages most of the conversations between the office and physicians or caregivers. “Our patients benefit from the varied experience we offer,” Tranni reports. “Part of our culture is to collaborate on patient care.”

The prime directive among the CRD team relative to older patients is simple: Treat them as if they are beloved family members. It is important to make them feel not only well cared for, but also respected.

Tranni is mindful to buoy up elderly patients during regular appointment through small gestures that make big differences. Through her training as a massage therapist she knows many older adults do not have the daily experience of being touched. Tranni suspects that for some patients the touch she offers in practice is the only physical contact that patient will receive for that day or even longer. “I think of this every time I lay a hand on a patient,” she says, “and hope I am able to provide some amount of nourishment for an important human need that may otherwise be neglected.”



“I have continually raised the bar for myself and the practice,” says Stephen Swallow, DDS. He encourages continuous learning among staff and has lectured about topics that include sedation, implant dentistry and more.



Medical histories are mailed in advance so older patients can update their medication lists and bring them to appointments. "Patients may start or stop medication at any time," Tranni notes, "and this can cause negative effects on their health if lists are not constantly updated."

She is also vigilant about demonstrating interest in her patients. Tranni often looks in on her hygiene patients while they are receiving treatment from Swallow. The doctor's open door policy supports Tranni's gesture, and makes it clear to patients that she is following up on their well being.



The duration of an appointment can be impacted by mobility issues. Notes about supports, pillows, and blankets are included in charts to help assure patient comfort.

"There is a certain magic that happens when the dental hygienist enters the treatment room," Swallow explains. "She will take the patient's hand and confidently praise all present—patient, doctor and assistant—for pursuing and achieving the very best. When we're doing restorative work this gesture is important because it recognizes the artistry we've achieved as a team. It also instills confidence the same approach will be used to deliver any type of care provided."

The CRD team backs up these personal gestures with an array of high tech gear that allows the team to

practice on dentistry's leading edge. Swallow's office is outfitted with cone beam volumetric tomography equipment, a panoramic dental imaging system, and flat-screen monitors that provide optimum visualization throughout rooms where platelet rich plasma treatment and conscious sedation are offered. The technology reinforces Swallow's pledge to "constantly raise the bar for myself and the practice."

LEARNING-POWERED FUTURE

Tranni is working toward a bachelor of science in dental hygiene and hopes to one day author research that will appear in a professional journal. While her school's dental hygiene curriculum drives much of the research that has become part of Tranni's routine, she also investigates questions that linger in her mind after office appointments. Continuing education, she knows, will keep her at the top of her game as a clinician—and perhaps open a career door in the future.

With her 10-hour shift at CRD behind her, Tranni has already finished her workout, sorted through mail and eaten dinner. Her son and husband tinker elsewhere in the darkened home as Tranni stares into her laptop fretting over a term paper. She is interrupted by an intrusive thought she cannot shake. Tranni breaks from her homework, logs onto a search engine and uncovers a website with a promising title. She clicks on the link and is taken to a page where she finds what she is looking for: a xylitol molecule has five carbon atoms. ■

STEPS TO A TEAM-ORIENTED MODEL

Common purpose: The best teams are those led by example. Team leaders can unite diverse talents by demonstrating how integrating and harnessing various skill sets can lead the entire team to success.

Collaboration, not competition: Avoid professional turf wars by openly addressing power issues. Reinforce the importance of each team member's role in achieving the team's goals.

Stay sharp: Educated teams are better equipped to deliver top care. A team prepared to answer questions about the latest procedures and technology will gain the patient's confidence.

Share what you know: Teams grow stronger by leveraging the skills of individual members. A clinician with nursing home experience, for example, may introduce a new way to move elderly or overweight patients and thus increase safety for both patients and staff.

Patients are more informed than ever and increasingly expect clinicians to provide the highest level of care. Defining the goals of a practice and promoting education among team members unites all on a common path toward the best possible patient outcomes.