

Oral Health Promotion among Institutionalized Patient



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Short Communication

Minority elderly (3-5%) require long-term care (LTC) [1-3]. LTC patients have chronic diseases, which require medication, cause physical limitations and social disability. All these factors increase the risk of oral diseases and oral manifestations of general diseases [3-5]. Numerous studies documented a very poor oral health among adults residing in LTC facilities [6]. Quite often, the medical staff lacks knowledge and experience in this field. Therefore, an adequate education in oral health among caregivers is critical [7]. LTC institutionalized patients have a high prevalence of caries and high level of oral treatment needs [8]. Unfortunately, there is a significant gap between the oral care need and the limited dental services [9].

Oral hygiene has been found as poor among LTC institutionalized patients [3,8,10]. Few studies have been carried out to compare oral hygiene of independent elderly who take care of their teeth by themselves and those who depend upon oral care assistance and have their teeth cleaned by others. It was found that the oral hygiene quality was better in the self-dependent patients [11]. The possible explanations are that the nursing staff is not qualified to assist the institutionalized elderly with oral care [3]. Several studies show that the quality of oral care education is heterogeneous among caregivers [12-14]. Another explanation of the lack of staff education is a frequent turnover of employees. As shown in the study of Bilder et al. [8], there was a great change (17%) in the number of general caregivers during the period of research. Part of the caregivers was absent due to season disease and others changed the workplace.

Another possible explanation is the neglect of daily oral hygiene of LTC patients. These daily procedures are dependent upon suitable daily oral hygiene procedures and may be highly influenced by the approach taken by the staff [15]. One of the operative options for improving oral health of LTC patients, to change a cleaning procedure. According to the oral health

hygiene protocol for LTC patients, the caregivers have to clean the oral cavity of the patients with gauze located on top of a wooden pedal after immersion in the Chlorhexidine 0.12% mouthwash.

I consider that this routine procedure is not adequate for removing dental biofilm from the teeth, dentures and soft tissues. Therefore, should advise to care givers to use toothbrush immersion in the Chlorhexidine 0.12% mouthwash for removing the biofilm. The staff should adopt this cleaning (brushing) technique. Due to the change in the technique of cleaning, the dental plaque removal will improve.

Further research is needed to improve the adapted cleaning technique for LTC patients.

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