



HOW TO USE SMILES FOR SENIORS

The information in this program is available in many formats: video, fact sheets and PowerPoint presentation – and all three units are in the same sequence. The video shows the how-to's of oral hygiene for the older adult, as well as provides information on the unique oral health concerns of the older adult. The fact sheets provide more detailed information on the issues that the semi-dependent older adult and the caregiver may experience, while the PowerPoint presentation can be used as a training tool to help educate in-home health professionals and others who serve the aging population in numerous environments (agencies, health departments, eldercare programs, and such).

Presentations for this educational information can be based on time and logistics, but would be most appropriate to educate in the following settings:

- Staff in-service; e.g., agencies that serve elderly or caregiving populations
- Workshops/conventions – more for the health professional than consumer
- Advisory councils of agencies that serve elderly and/or caregivers
- In-home health agencies and their staff
- Assisted living, short- or long-term care facilities
- Senior centers
- Health departments
- Nursing, dental or dental hygiene programs
- Other

The program includes:

Video ... a 20 minute compilation of oral health issues facing the semi-dependent older adult and hands-on demonstrations with older adults and caregivers.

Fact Sheets ... these fact sheets provide additional and more in-depth information and are in sequence to the topics in the video. These should be copied to hand out to attendees at a group presentation or educational program, and are good resource material for caregivers.

Slides from the PowerPoint presentation – designed to help educate the professionals who work with older adults or who have programs designed to help keep the older adult healthy. The full PowerPoint presentation can be emailed upon request; however, the file is large so your Internet system should be high-speed, such as DSL. If your email cannot accept a file that is 2MB, please contact the communication and public service department at the Ohio Dental Association at (614) 486-2700. This presentation was developed for ease of use. If your association or group would like assistance with this presentation, again, contact the ODA department of communication and public service.

Presenter and participant evaluations ... these evaluations are important to help the Ohio Dental Association determine the success and use of this program, and to help track numbers of professionals that utilize this information. This information is important to future funding efforts for this and other oral health programs of the Ohio Dental Association.

Resource materials ... a listing of free oral health materials referenced in Smiles For Seniors and where to get them.

This information is not copyrighted and we encourage duplication of the video and fact sheets. If you would like to post this information on your website or link to it, that too is encouraged – however, for tracking purposes, please let the ODA know where it is posted or linked. The materials are available on the following link:

<http://www.oda.org/community-involvement/smiles-for-seniors>. For additional information, contact the ODA department of public service at (614) 486-2700.



SMILES FOR SENIORS ... an oral health initiative of the Ohio Dental Association

Smiles For Seniors is a program developed in 2005 by the Ohio Dental Association in response to the need for **education and awareness on the importance of continued good oral health for the older adult population**. This program serves older adults living independently in home, semi-dependent older adults who need partial or full assistance from a family member or other caregiver. The program also contains information that can be of assistance to those caring for residents of long-term care facilities.

This program is not copyrighted and **duplication of all materials, print, video, CD-ROM or Powerpoint, is encouraged**. Posting the materials on websites is also recommended. Through duplication of the program, the information can be disseminated to the populations listed above, as well as to those who work with older adults in a professional and/or personal caregiver capacity.

Continued good oral health care – from daily brushing and flossing to regular dental visits – will help the **older adult keep a healthy smile**, and can also contribute to good overall health.

The link between good oral health and good overall health is strong. The U.S. Surgeon General and numerous health associations continue to spread the message that “**oral health is essential to general health and well-being ...**”

Included in these materials are fact sheets covering the issues related to oral health and the daily oral hygiene regimen of the semi-dependent and independent older adult. A list of other **helpful resource materials** and how you can get them is also contained within this packet.

To learn more about good oral health, visit www.oda.org or www.ada.org.

INFORMATION CONTAINED WITHIN SMILES FOR SENIORS

- What can cause or contribute to tooth decay in an older adult
- Commons signs of dental disease
- Health conditions that can make brushing or flossing difficult
- Dry mouth
- Other possible side effects of drugs on oral health
- The daily oral hygiene routine
- Dentures
- Nutrition and the older adult
- Tobacco use and tooth decay
- Is the older adult eating regularly?
- Oral cancer
- Oral health care for the cancer patient
- Resource materials

ACKNOWLEDGEMENTS

Information contained in these fact sheets has been compiled from numerous sources, including geriatric dentistry experts Dr. Marsha Pyle, Case School of Dental Medicine and Dr. Abdel Rahim Mohammad, The Ohio State University College of Dentistry. Other sources of information and assistance are the American Dental Association, National Institutes of Health – National Institute of Dental and Craniofacial Research (NIDCR), the Ohio Dental Association Council on Access to Care and Public Service, U.S. Dept. of Agriculture, the American Cancer Society, GlaxoSmithKline Consumer Healthcare, and Laclede, Inc.

Photos and graphics are used with permission/courtesy of Microsoft Office Clipart, the U.S. Dept. of Agriculture, NIDCR, Case School of Dental Medicine, The Ohio State University Section of Periodontology, and iStockphoto.com.

For the Dental Patient copied with permission of the American Dental Association.

Smiles For Seniors ... an oral health initiative of the Ohio Dental Association
Funding provided (in part) by a grant from the ADA Foundation with generous support of GlaxoSmithKline

WHAT CAN CAUSE OR CONTRIBUTE TO TOOTH DECAY IN AN OLDER ADULT

- **Unable to hold the toothbrush** ... a lack of strength because of arthritis, stroke, or other such illness can make even holding the handle of a toothbrush difficult.

SOLUTION: put the toothbrush in a Velcro strap; stick the toothbrush handle into a **tennis ball** or slide it in a **bicycle handlebar grip**.



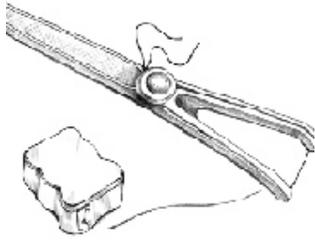
You can also carefully wrap the handle of the toothbrush with aluminum foil to make it bulky and easier to hold.

- **Unable to squeeze a tube of toothpaste** ... again, a lack of strength because of arthritis, stroke, loss of dexterity or other physical limitation can make this usually simple task become a chore.

SOLUTION: To make squeezing the toothpaste tube easier, place the opened tube of toothpaste on the sink, slightly over the edge of the basin. Hold or place the toothbrush in the sink underneath, and using fingers or the side of the hand, gently press the tube to squeeze out the toothpaste.

There are also toothpaste products that are available in a pump dispenser – these may be easier to use and can be purchased at most retail supermarkets or drugstores. These may work best for older adults who are unable to remove the cap from the tube of toothpaste.

Also, toothpaste dispensers that easily put the correct amount of toothpaste on the brush are available online. Simply do a search for “toothpaste dispensers.”



- **Difficulty flossing** ... holding and using a string of floss can be a problem for an individual with loss of dexterity in the hands and fingers.

SOLUTION: ask the caregiver for assistance with this part of the daily oral care regimen, or use a floss holder similar to what is pictured to the left. A caregiver may find using a floss holder easier.

- **Forgetting to brush the teeth** ... An illness such as Alzheimer's or other form of dementia or frailty may be the reason patients are not doing their daily hygiene, including brushing the teeth. This type of older adult will most likely need assistance and supervision with oral hygiene.

Be aware that a wet toothbrush doesn't mean the teeth were brushed – the patient may be brushing the same tooth over and over, using the wrong end of the toothbrush, or just wetting it.

SOLUTION: A family member or other caregiver can help the patient with his or her daily oral hygiene care. Some helpful tips to keep in mind are:

- The caregiver and the patient should be seated or standing comfortably. The caregiver should be slightly higher than the patient.
- Brush the person's teeth in an area where it is easy to do the oral hygiene routine – this could be the bathroom, kitchen, at a table or with the patient reclining in a chair or bed.
- Have the oral care products, water and a towel easily within reach.
- Be in a room with good lighting.
- Wear protective gloves (and face mask if needed).
- Explain and show each step to the patient before you do it.
- Keep to a daily routine, same time, same place.
- Be patient and caring and give positive feedback.
- Don't rush.

- **A resistant patient** ... Is the person resisting because of pain from tooth decay or gum disease? Is the patient uncomfortable? Does the patient recognize or know you? Is there a language barrier?

These are common issues to consider with an individual that is resisting the oral hygiene routine.

SOLUTION: Make sure the surroundings are comfortable, familiar and pleasing to the patient. **Create a routine that is easy to do and calm.**

- Consult with the family if the patient is resistant.
- Discuss the use of mouth props.
- Take time to create a “bond” with the person.
- Respect privacy. Always ask permission to enter the room.
- Explain the routine step by step.
- Keep the routine the same each day – make it familiar.
- Use a quiet and soothing voice.
- Don’t rush the person or the procedure.
- Provide the patient with a distraction, if it would be welcomed: favorite music, turn on the television, let the person hold something special, and so on.
- When possible, let the patient help – hold and guide the patient’s hand holding the toothbrush.
- If there is a language barrier, find someone that can interpret for the older adult.

Other causes for dental decay can include a previous history of cavities, not visiting the dentist, dry mouth, and some physical illnesses.

COMMON SIGNS OF DENTAL DISEASE

If the older adult is not brushing or flossing, and there seems to be no physical limitation to prevent this, perhaps there is tooth decay or gum disease present. If the individual is able to cognitively understand your questions, ask if there is mouth pain.

Some indications that there is tooth or gum pain can be:

- Verbal complaints or visible expressions of pain
- Visible tooth decay
- Persistent bad breath
- Stained teeth
- Filmy or dull looking teeth
- Bleeding gums
- Swelling in the mouth
- Difficulty chewing
- Not eating
- Dentures are not in the mouth
- Dentures that don't appear to fit
- Loose teeth



Picture of periodontal disease (courtesy of Case School of Dental Medicine)

If the person has Alzheimer's or another form of dementia, he or she may not be able to tell you that there is pain. Caregivers – wearing protective gloves and if necessary, a surgical mask – can carefully examine the individual's mouth for some of the following signs:

- Visible tooth decay
- Filmy or dull looking teeth
- Bleeding gums
- Red or swollen gums
- Loose teeth
- Dry or cracked lips
- Mouth or tongue sores
- Dentures that don't appear to fit



Caregivers can check the mouth of an older adult for visible signs of bleeding, red or swollen gums – common indications that a dentist should be consulted. (Photo courtesy OSU Section of Periodontology)

CONDITIONS THAT CAN MAKE BRUSHING OR FLOSSING DIFFICULT



Assistance with daily oral hygiene is often needed for older adults with loss of strength, mobility or dexterity, or other functional loss.

Tremors ... this can be caused by Parkinson's disease, cerebral palsy or Huntington's disease.

Unable to grip a toothbrush, floss or tube of toothpaste ... a possible result of paralysis from stroke, MS, Parkinson's, brain or spinal cord injury, frailty or other debilitating condition or illness.

This could also be caused by muscle weakness and lack of strength, loss of coordination, or from limited range of motion caused by arthritis or other crippling illness.

Cannot keep the mouth open ... a possible result of paralysis or weakness from illness. This could also be caused by temporomandibular jaw (TMJ) joint disease, mouth infection, jaw clenching or teeth grinding.

Dementia or cognitive impairments ... Alzheimer's and other forms of dementia, as well as after effects of a stroke, often cause the patient to forget to brush or forget how to brush.

Visual impairments ... vision problems such as glaucoma, total blindness, macular degeneration and such can make a simple oral hygiene routine suddenly become a challenge.

Difficulty swallowing ... this can cause choking or a sensation of choking, and older adults may be afraid to brush their teeth for fear of choking. Parkinson's disease or stroke patients may have difficulty swallowing.

History of poor oral hygiene ... if the individual did not take proper care of the teeth and gums when young, including daily brushing and flossing, it probably won't be important as an older adult.

DRY MOUTH

An older adult can experience problems with the teeth and gums (which can lead to or worsen tooth decay or gum disease) for many reasons:

- **Dry mouth** ... Constant or frequent dry mouth can be uncomfortable and **can increase the chance of tooth decay and infections of the mouth**. Over 400 common prescription and over-the-counter drugs are known to cause dry mouth. Sjogren's Syndrome and some cancer therapies can also cause this.



Symptoms of dry mouth can be:

- mouth feels sticky and/or dry
- lack of saliva
- burning mouth
- saliva that feels thick or stringy
- tongue is rough and dry
- cracked lips and/or sores
- mouth infection
- difficulty chewing, swallowing or talking
- increased plaque
- bad breath

SOLUTION: Check with your prescribing physician (or pharmacist for over-the-counter products) to see if medication(s) may be causing or contributing to dry mouth. The medication or dose may be changed to help ease the dry mouth. Ask about artificial saliva products. Other tips are:

- avoid caffeine
- avoid tobacco or alcohol
- drink plenty of water or **sugar-free** beverages
- suck on **sugar-free** candies or chew **sugar-free** gum

(See Resource Materials, “Dry Mouth,” for more information on dry mouth and what can be done to help prevent or ease it.)

OTHER POSSIBLE SIDE EFFECTS OF DRUGS ON ORAL HEALTH

Medications often have side effects, besides dry mouth, that can have a harmful effect on other parts of the body, including the mouth.

These side effects can include:

- Swollen or bleeding gums.
- Overgrowth of gum tissue.
- Fungal infections, such as thrush – some oral inhalers may cause this type of infection.
- Weakness and tiredness – the adult could become too tired to care about hygiene.
- Confusion.
- A condition called “tardive dyskinesia.” This causes unusual and repetitive mouth movement.
- Tooth decay – many medications have added sugar or are syrupy – and this can contribute to tooth decay.

It is important to remember that tobacco and alcohol are also considered drugs – and both can have harmful and drying effects on the mouth, teeth and gums. Oral cancer is a serious harmful effect.

Before the dental appointment ...

The older adult or caregiver should advise the dentist about any medications, supplements and herbals that are taken, especially before oral surgery or treatment for gum disease.

Discuss medications. Aspirin and anticoagulants can reduce blood clotting capability which could cause bleeding problems during these types of procedures.



DAILY ORAL HYGIENE ROUTINE

At every age, regular daily care of the mouth and gums is important. The daily oral health care routine for an older adult who has his or her own teeth should include:

• **Brushing ...**



Brush at least twice a day.

Use a regular or electric (or spin) toothbrush with soft bristles. Be sure to replace it regularly.

Use a small amount of toothpaste, about the size of a pea. The best toothpaste has fluoride and the American Dental Association's Seal of Acceptance.

If toothpaste causes problems such as swallowing, try using a sensitive toothpaste, alcohol free mouthwash or just water.

Brush each tooth gently, front and back.

Brush the tongue. Rinse the mouth.

Let the toothbrush air dry.

• **Flossing ...**



Caregivers may wish to wear surgical gloves and a face mask when assisting with another person's daily oral hygiene routine

Older adults may have difficulty flossing their own teeth. A family member/caregiver can help by doing the following:

- Use a string of floss 18-24 inches long, and wrap it around the middle finger of each hand.
- Grip the floss between the thumb and index finger of each hand.
- Start with the lower front teeth, then floss the upper front teeth. Floss through all the teeth.
- Work the floss gently between the teeth to the gumline. Curve the floss around each tooth and slip it under the gum. Slide the floss up and down.
- Adjust the string of floss for each tooth.
- Some older adults may be able to floss on their own by using a floss holder.

Smiles For Seniors ... an oral health initiative of the Ohio Dental Association

Funding provided (in part) by a grant from the ADA Foundation with generous support of GlaxoSmithKline

- **Rinses**



Fluoride rinses and alcohol-free mouthwashes are often available at area drugstores and supermarkets.

The older adult may need additional fluoride, often available as a fluoride rinse or gel. Some products are available over-the-counter while others are in prescription concentrations. Ask the dentist if a fluoride product would be helpful.

A chlorhexidine rinse can fight germs that cause gum disease. Again, ask the dentist if this type of rinse should be part of the daily oral hygiene routine. This type of rinse is available by prescription from the dentist.

Mouthwash (choose an alcohol-free brand to help avoid dry mouth) will also help keep breath fresh – **and help reduce bacteria in the mouth.**

These rinses should not be swallowed. For patients with swallowing problems, talk to a dentist.

- **Regular visits to the dentist**



Regular dental exams help keep the mouth healthy and identify dental disease – and can often detect early symptoms of oral cancer.

Older adults should visit the dentist at least twice a year for a professional cleaning and examination. Those without any remaining natural teeth should also have their gums and oral tissues examined once each year.

For an adult who cannot communicate well, family members and caregivers should provide the following information to the dentist at each visit:

- Is there pain?
- Is there difficulty eating, chewing or swallowing?
- The older adult's dental history.
- The older adult's medical history, including a list of medications, history of tobacco use, known allergies, and illness/surgical history.
- Insurance, billing and legal information, such as who can legally give consent for treatment.
- If the patient wears dentures, bring them to the appointment.

See Resource Materials (Finding Dental Care) for information on finding a dentist, or where to get reduced or no-fee dental care for those in need.

DENTURES

Wearing dentures may require a little adjusting to at first, but when fitted properly, may take only a few hours to get used to.

A new denture wearer may notice:

- That they feel large or bulky in the mouth
- Lips feel pushed forward
- A gag reflex
- Increased saliva
- Change in speech pattern (especially with words starting with F or S)
- Sore spots in the mouth



Dentures, when cared for properly, generally last five to ten years

Note: Be sure to label dentures and denture cup if the older adult is in a nursing home or other such facility.

These are normal reactions and generally disappear as soon as the person (and mouth) becomes used to the new dentures. This could be a few hours or a few days. **Well-fitted dentures should not interfere with normal functions, including talking, eating, and chewing.**

GlaxoSmithKline Consumer Healthcare, makers of Polident® and Poligrip® products, recommends the following for denture wearers:

- Eat soft foods the first day. Avoid sticky foods (like caramels).
- Continue to wear the dentures – this will help you adjust to having them.
- Use a denture adhesive if needed to help keep the dentures stable in the mouth.
- Weight loss can affect the fit of dentures – see the dentist if the fit has changed. Using an adhesive can help the fit until the dentist can check the dentures.
- Clean dentures after each meal – and use a low abrasive denture cleaner so the acrylic surface of the dentures is not scratched.
- Use an overnight soaking product on a regular basis to help remove tough stains and keep dentures fresh.
- Call the dentist if:
 - sore spots develop
 - the dentures need an adjustment, rebasing or relining
 - there are any chips or breaks in the dentures
- See the dentist once a year to check the dentures and make sure they fit firmly.

Caring for the dentures ... The following daily routine can help keep dentures (full or partial) clean and the mouth healthy:

- Rest your mouth – remove dentures at least a few hours each day.
- Store dentures in a container filled with water so they don't dry out.
- Rinse dentures in water to get food particles out.
- Do not use hot water to clean dentures.
- Rinse over a sink filled with water to prevent breakage if they are dropped. Placing a washcloth at the bottom of the sink will provide padding in case they are dropped.
- Clean dentures by brushing daily and soaking. Use a soft-bristled toothbrush or one made for dentures.
- Never try to repair a broken denture – call the dentist.
- Label dentures and denture cup, especially in a shared living/hospital/long-term care environment

Putting dentures in ... Always insert dentures that are clean and dry:

- Apply adhesive if necessary – it may be trial and error for a few days until you find the amount of adhesive that works best.
- Rinse the mouth.
- Press the denture firmly in place, hold and bite down.



To remove the dentures:

- For upper dentures, place the thumbs or fingers at the top of the denture, along the top area of the cheeks where they meet the gum tissues. Push down gently until the denture is loosed and it can be easily removed.
- For lower dentures, place fingers on each side of the denture, slowly pull on the denture while rocking it gently side to side.

Assisting an older adult with denture care ... Caregivers should follow the steps outlined above to help an older or semi-dependent adult with dentures. This is an important part of the oral hygiene routine – and a fresh feeling mouth will help provide the patient with comfort and confidence. Remember, a regular visit to the dentist is still necessary, even for people with dentures. **If the individual has natural teeth remaining in the mouth, the normal daily oral hygiene routine should still be followed with these teeth.**

NUTRITION AND THE OLDER ADULT

To help maintain proper nutrition and keep teeth and gums healthy, the older adult should continue to eat enough foods each day that contain calcium, protein and other essential nutrients. Your family physician may also recommend a daily multi-vitamin or mineral supplement.

A healthy diet can help keep the mouth healthy.

The U.S. Department of Agriculture updated its nutritional guidelines with “Dietary Guidelines for Americans, 2010.” USDA recommends selecting from the following food groups to help ensure a healthy diet every day:



Protein Group
Go lean with protein
ChooseMyPlate.gov

Low-fat or lean meats
& fish: broil or grill



Grain Group
Make half your grains whole
ChooseMyPlate.gov

Eat at least 3 ounces daily:
breads, cereal, rice



Milk Group
Get your calcium-rich foods
ChooseMyPlate.gov

Low-fat or fat-free, or
lactose-free



Fruit Group
Focus on fruits
ChooseMyPlate.gov

Eat a variety: fresh,
canned, frozen or dried



Vegetable Group
Vary your veggies
ChooseMyPlate.gov

Eat more dark green, leafy
and orange-colored veggies;
also dry beans, peas and lentils

(ChooseMyPlate.gov graphic usage courtesy of U.S. Department of Agriculture)

Avoid or limit **foods and beverages high in sugar and starch**, and low in nutritional value. **Diet soft drinks** should also be limited – the acid in these drinks can contribute to tooth decay and gum disease. **Alcoholic drinks** should also be in moderation.

Smiles For Seniors ... an oral health initiative of the Ohio Dental Association
Funding provided (in part) by a grant from the ADA Foundation with generous support of GlaxoSmithKline

Is the older adult eating regularly?



At every age, good nutrition is an important part of good oral health. Older adults, however, may not get a balanced diet for many reasons. In fact, they may not eat regular meals, and that too, can hurt their oral – and overall – health. Some of the reasons an older adult may not eat much or regularly could be:

- Ill-fitting dentures, or no dentures.
- Tooth and mouth pain.
- Depression and loneliness.
- Alcoholism.
- Very limited income.
- Illness (cancer treatment, for example, often changes eating habits and what can be eaten, and can decrease desire for food).
- Stomach pain can lessen the appetite.
- Alzheimer's or other form of dementia – this type of patient may forget to eat. Sense of taste is gone or weakened.
- Unable to shop or cook on their own.

What can be done?

For oral disease or other illness, the appropriate health professional; e.g., dentist or physician, should be consulted. The family or caregiver should be advised of any suspicion that the older adult is not eating regularly or is not eating enough to maintain his or her nutritional health. Every effort should be made to provide regular, nutritional meals to the individual.

Your city or county may have a home-delivery meals program that serves home-bound adults or those on limited incomes. The Ohio Area Agencies on Aging or the Ohio Dept. of Aging can provide information and eligibility criteria for other elder assistance programs.

See Resource Materials (Aging Programs/ Services in Ohio).

If finances are not a problem, there are professional caregiving services that offer in-home assistance in areas such as grocery shopping, meal preparation, assisting with the daily hygiene routine, and other services.

TOBACCO USE AND TOOTH DECAY

- **Tobacco use** ... smoking cigarettes, cigars or pipes, or use of smokeless tobacco products increases the user's risks of many cancers, including oral cancer.



Use of tobacco products can cause or contribute to a number of oral health conditions:

- receding gums
- bleeding gums
- severe gum disease
- bad breath
- stained teeth and tongue
- reduced sense of taste and smell
- delayed healing after surgery
- Leukoplakia (white patches – can be an early sign of oral cancer)
- oral cancer

SOLUTION: Quit smoking or using other tobacco products! Ask your dentist or physician about tobacco cessation programs and/or products. Numerous other resources exist to help those who want to quit smoking:

- The Quitline at 1-800-QUITNOW (784-8669). This is a free program and telephone counseling service to help guide individuals on quitting tobacco use. Guidance and assistance is personalized to each individual.
- Associations such as the American Cancer Society or American Lung Association have tobacco cessation programs or helpful information.

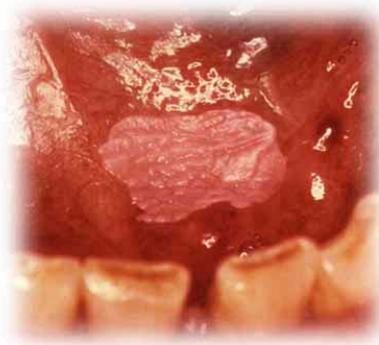
(See Resource Materials, “Kicking the Habit,” for more information on tobacco use and cessation.)

ORAL CANCER

The risk for oral cancer increases with age. The American Cancer Society (ACS) reports that more than half of oral cancer patients are 65 years of age or older – and that oral cancer is twice as likely in men as women. The ACS also reports the following:

Primary risk factors for oral cancer are:

- **Tobacco use** – an estimated 90 percent of oral cancer patients use tobacco. A smoker is six times more likely to develop oral cancer than a non-smoker. Smokeless tobacco users are at 50 times the risk of oral cancers of the cheek, gums and inner surface of the lips.



Leukoplakia (in center of picture) is often an early indicator of oral cancer. (Pictures courtesy of the Case School of Dental Medicine)

- **Alcohol use** – over 75 percent of oral cancer patients drink alcohol more than occasionally. While heavy drinkers are at higher risk for oral cancer, both drinking and smoking can be a deadly combination.

A dentist can often identify early signs of oral cancer or pre-cancerous lesions. The American Dental Association provides the following information about oral cancer:



A squamous cell carcinoma of the tongue

- Oral cancer often starts as a tiny, unnoticed white or red spot or sore anywhere in the mouth.
- It can affect any area of the oral cavity including the lips, gum tissue, cheek lining, tongue and the hard or soft palate.

Other signs of oral cancer can include:

- A sore that bleeds easily or does not heal
 - A color change of the oral tissues
 - A lump, thickening, rough spot, crust or small eroded area
 - Pain, tenderness, or numbness anywhere in the mouth or on the lips
 - Difficulty chewing, swallowing, speaking or moving the jaw or tongue
 - A change in the way the teeth fit together
- Prolonged exposure to the sun increases the risk of lip cancer.

SOLUTION: There are simple precautions to take that can help reduce the risk for oral cancer:

- Don't smoke, dip or chew
- Drink alcohol in moderation
- Protect the lips with lip balm with sunscreen
- Eat plenty of fruits and vegetables
- Regular dental examinations should include an oral cancer screening

The National Institute for Dental and Craniofacial Research (NIDCR) states that most oral cancer is preventable, and encourages making the oral cancer exam a routine part of the regular dental check-up. Like most cancers, early detection is the best cure.

(See Resource Materials, “Oral Cancer – are you at risk?” for more information on risks for oral cancer.)

ORAL HEALTH CARE FOR THE CANCER PATIENT

Cancer treatment can affect oral health and cause a number of side effects:

- Swelling and ulcers of the mucous membranes
- Painful mouth and gums
- Increased risk for oral infections
- Dry mouth
- Tooth decay
- Problems with the tongue, burning, swelling, peeling
- Jaw stiffness
- Difficulty eating and swallowing



It is helpful to see the dentist before beginning cancer treatment.

It can be helpful to see the dentist before beginning cancer treatment. When possible, cancer patients should have a dental examination two weeks before treatment begins to help identify and rule out any infections in the mouth.

(See Resource Materials, “Oral care for cancer patients,” for more information on oral health concerns of cancer patients.)

Some side effects of chemotherapy can cause oral health problems (such as infection) which may result in stopping or delaying cancer treatment temporarily. If the mouth is unhealthy before chemotherapy starts, the person may be at higher risk for other health problems.

(See Resource Materials, “Chemotherapy and your mouth,” for more information on oral health for patients undergoing cancer treatment.)

To keep the mouth healthy during chemotherapy and other cancer treatments:

It is important to discuss the best oral disease preventive strategies with your dental professional. Ask if a prescription fluoride gel or rinse may be helpful in preventing the development of cavities. Other suggestions are:

- Drink plenty of water or suck on ice chips.
- Use a saliva substitute that contains fluoride if dry mouth is a problem.
- Choose sugarless gum or candy.
- Avoid sugary foods and beverages that could cause tooth decay.
- Continue to brush teeth, gums and tongue regularly, and use a super soft brush if needed.
- Use only alcohol-free mouth rinses.
- Floss gently, avoiding areas that are sore or bleeding.
- If dentures are uncomfortable or loose, see the dentist.
- Watch what you eat and drink if the mouth is sore.
- Avoid spicy, acidic and crunchy foods.
- Do not drink alcoholic beverages.
- Do not use tobacco products.

RESOURCE MATERIALS

Smiles For Seniors fact sheets & PowerPoint presentation

PDF files can be downloaded from the ODA website,

<http://oda.org/community-involvement/smiles-for-seniors/>

Information on oral health for all ages from the American Dental Association

<http://www.mouthhealthy.org/>

Ohio Department of Health, bureau of oral health services

<http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.aspx>

Finding Dental Care

- Dental and Oral Health (Seniors) through NetWellness.org (a collaborative resource of health information and services for Ohioans between the University of Cincinnati, The Ohio State University and Case Western Reserve University).
<http://www.netwellness.org/healthtopics/dentalseniors/more.cfm?categoryid=13>
- American Dental Association Find an ADA Member Dentist service
<http://www.mouthhealthy.org/en/find-a-dentist.aspx>
- Ohio Dental Association local component dental society referrals
<http://www.oda.org/about-the-oda/governance/local-component-societies>

There are eight component dental societies in Ohio that can provide callers with the names of area dentists (these will be members of the ODA and ADA). This service is available in Akron, Canton and Stark County, Cincinnati, Cleveland, Columbus, Dayton, Toledo and the Youngstown area.

- Dental care for those in need: Safety Net Dental Clinics in Ohio; Ohio Dept. of Health website http://ohiodentalclinics.com/PDFs/SNPrograms_Ohio.pdf for those with limited financial resources and no private dental insurance. This is a brochure with a statewide listing of reduced fee/sliding fee scale dental clinics in Ohio's counties. You can also search this site by county; simply click onto the appropriate county on the Ohio map at the webpage. When the next page opens, go to the drop down menu and select "Dental Care Program." The information includes locations, hours, and eligibility criteria for free or reduced fee dental care, and if the clinic accepts Medicaid.

Smiles For Seniors ... an oral health initiative of the Ohio Dental Association

Funding provided (in part) by a grant from the ADA Foundation with generous support of GlaxoSmithKline

For the Dental Patient ... these materials are provided by the American Dental Association as an educational resource on various oral health issues and conditions. On the following link is a list of nearly 50 oral health topics: <http://www.ada.org/993.aspx>

Of special interest for the older adult and caregiver – and for this program – are the following articles:

- How medications can affect your oral health
- Do you have dry mouth?
- Dealing with dry mouth
- Oral care for cancer patients
- Kicking the habit ... keeping your smile healthy

The ADA encourages printing, distribution and use of these materials in hard copy handout format only for educational and informational purposes. However, *For the Dental Patient* materials may not be posted to any other website other than the ADA's, nor reprinted in another print or electronic publication.

Helpful Chart of Drugs Causing Dry Mouth ... this useful chart contains a list of common drugs with indicated side effects of dry mouth, and a listing of diseases that also cause a reduction of saliva. Provided by Laclede, Inc. For information on Biotene products that help restore saliva, visit www.laclede.com or phone (800) 922-5856.

Dry Mouth, Oral Cancer, Chemotherapy and Your Mouth and more ... booklets and fact sheets offered by the National Institutes of Health, National Institute of Dental and Craniofacial Research. These booklets are free, and 50 copies each can be ordered from the NIDCR on the web link below. The booklets are also available on this link as a PDF file to download and print out. These NIH/NIDCR materials are not copyrighted and duplication is encouraged. <http://www.nidcr.nih.gov/OralHealth/>

Aging Programs/Services in Ohio

- Ohio Department of Aging ... works with state agencies and those who serve and advocate for older Ohioans. Visit <http://www.goldenbuckeye.com/>
- Ohio Association of Area Agencies on Aging ... provides information and resources on elder programs, such as the PASSPORT program (program that helps keep older adults in their own homes) and Senior Community Services (a state-funded program that helps with basic services such as home delivery meals, personal care services, etc. for individuals over 60 that meet eligibility and financial criteria), and more. There are 12 regional Area Agencies on Aging primarily serving adults 60 years of age or older throughout Ohio. To learn about the services provided, eligibility criteria and contact information, visit <http://www.ohioaging.org/>
- In addition, many community senior centers, city and county health departments, and area hospitals offer programs and services geared to the health and wellness of Ohio's older adults.