Promoting Oral Health in Elder Care
Challenges and Opportunities

The first ever Surgeon General's Report on Oral Health, published in May 2000, alerted Americans that oral health is critical to general health and well-being, and can be achieved (U.S. Department of Health and Human Services, 2000). However, profound oral health disparities exist within the U.S. population. Those who suffer the worst oral health and hygiene include older adults residing in nursing homes (Coleman, 2002).

EFFECT OF POOR ORAL HYGIENE

Though providing oral care is a key component of nursing care, poor oral hygiene is commonplace among frail, debilitated, and dependent nursing home residents. Oral self-care deficits are endemic among these older adults, yet little assistance with mouth care is forthcoming, despite the limitations imposed by their disabilities. Not surprisingly, plaque-related oral problems are prevalent in this population.

Oral infections, pain, discomfort, xerostomia, dysphagia, dysgeusia, tooth loss, edentulousness, and mucosal diseases can have a dramatic effect on an older adult's quality of life. Moreover, the effect of poor oral hygiene is not confined to the mouth, but may place frail elderly individuals at risk for serious illnesses such as pneumonia (see article on pages 14-23), chronic pulmonary disease, and cardiovascular disease, as well as complications management of existing chronic illnesses, such as diabetes (Joshihura, 2002; Mojon, 2002).

Regular oral hygiene care—a familiar, straightforward nursing intervention—can yield important health benefits to older adults and greatly improve long-term care quality.

BARRIERS TO ORAL CARE IN NURSING HOMES

A critical challenge for nurses is to help remove the substantial barriers to routine oral care in nursing homes. Problems include (Wardh, Hallber, Berggren, Andersson, 2000; Longhurst, 1998):

- Low priority placed by staff on oral care.
- Little or no rebuke if oral care is omitted.
- Lack of oral health content in nursing assistant and nursing school curricula.
- Lack of training in oral care provision.
- Negative attitudes toward oral care (e.g., descriptions involving disgust, distaste, and fear).
- Few regulations and poor enforcement regarding oral care.

These factors provide little motivation for nursing staff to play a significant role in an older adult's daily oral care regimen.

LEADING THE WAY IN GERIATRIC ORAL CARE

This dilemma is an opportunity to lead the way in providing excellence in geriatric oral health care. Nurses have a professional duty to ensure basic oral health care for patients. As nurses, we can raise a powerful voice against the silence and apathy that prevent older adults from reaping the benefits of better oral health. We must think differently about oral health and broaden our focus from merely care of the teeth to recognizing the entire mouth as vital to general health and well-being. Oral care serves more than a grooming and comfort function.

We need to update professional nursing's educational curricula and continuing education courses to include content and training on oral health care to expand oral health literacy. Because older adults are more likely to interact with a primary care provider than a dentist, nursing staff have unique opportunities for oral health promotion, screening, early detection of disease, and referral. We must value oral health enough to bridge the disciplinary gap with dental professionals so we can work directly with our dental colleagues to foster best practices in geriatric oral health care.

By promoting good oral health practices, nurses can significantly improve the level of care for nursing home residents and other elderly patients so they can achieve the optimal oral health they deserve.

REFERENCES


Patricia Ryan Coleman, PhD, RN, APRN, BC

John A. Hartford Foundation Building
Academic Geriatric Nursing Capacity
Post-Doctoral Scholar, University of Rochester School of Nursing,
Rochester, NY.