How dirty teeth and tongues are killing our geriatric population

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In my 15 plus years working as a dental hygienist in long term care facilities, I have seen the most reprehensible oral care imaginable. I have witnessed dentures that had not been removed or cleaned in years. I have seen tube-fed residents who had not had their teeth brushed in months because of the staff’s failure to see the necessity of providing oral homecare. I recently treated a patient who had so much tartar build up on his lower anterior teeth that he could not close his mouth or properly chew his food. I have listened to the countless, heart-wrenching accounts of elders so embarrassed by their dental condition that they were ashamed to smile or even let me examine their mouths. Dental health plays a significant role in mental and emotional health and well-being. Therefore, caregiver provision of proper oral homecare helps maintain the dignity of the geriatric community. Whether the neglect is due to caregivers’ lack of knowledge or lack of compassion, the result is detrimental to the systemic health of the elderly. Uncontrolled oral bacteria can lead to pneumonia, diabetes, strokes, and heart attacks. It has even been linked to Alzheimer’s disease. Frequently, cognitive impairment intensifies preexisting oral problems. For instance, elders with Alzheimer’s typically have poor oral care and a higher incidence of oral disease. The most deplorable aspect of this situation is the fact that it is readily preventable. The quality of life and systemic health of residents in long term care facilities can be significantly improved by simple, consistent, and effective oral care practices.

Poor oral health may contribute as a significant risk factor by being a beginning inflammatory source to cardiovascular disease; oral bacteria enter the blood stream and embed in blood vessels; endotoxins stimulate hosts cells to produce inflammatory mediators and result in the liver releasing C-reactive protein.

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