

Dental Treatment Guidelines/Protocol for the Frail/Elderly/and Aged LTC Resident

It is imperative to recognize that consequences of poor oral health among older individuals can be potentially devastating...

In determining an appropriate dental treatment plan, it is essential and required to respect a senior's heterogeneity by realizing the elderly are a complex combination and expression of their genetic predisposition, lifestyle choices and experiences, socialization, and environment. It is imperative, prior to initiating treatment, that an evaluation occur of their; cultural, psychological, educational, social, economic, dietary, and chronologically specific cohort experiences of influence. Concurrently, the treating practitioner must also take into account; social aspects, general health, and oral health conditions of our frail/elderly/aged LTC patient.^{3(page1),4(page 447)}

In determining the oral health status, an assessment must occur of an individual's life experience with dental care, dental caries, periodontal disease, and iatrogenic disease, with the realization that different older adults have different needs and that the history of person's behavioural attitudes and expectations regarding their own oral health will be reflected in his or her oral status.^{4(page447)}

A completed dental/medical health form with a personal interview is imperative, including an evaluation of all potential modifying factors (including; socioeconomic, psychological and medical problems, along with side effects of their meds and the cumulative effects of dental diseases) that may influence eventual treatment.^{3(page4)} Good communication is essential with patients, significant others, or caregivers when assessing patients with complex social and medical/mental conditions in order to understand the complaint or the hidden meanings of their complaint.^{1(page71)} It is essential to obtain a written informed consent prior to commencement of dental treatment.

Above all, benefits of all treatment must outweigh the risk of adverse events, and provision of dental treatment must occur with the understanding of how patients are functioning in their environment and how their dental needs and treatment fit into their lifestyle.^{3(page4)}

Treatment plan decisions are based on the fact that a majority of oral diseases are chronic plaque associated diseases such as caries and periodontal disease which cause irreversible damage and the need for treating the exacerbation of these two entities including the influence of the patients modifying factors forms the basis of our guidelines, Rational Dental Care (Diagnosis, Treatment Planning and Providing, Maintenance)⁵

Guidelines on Geriatric Rational Dental Care will be subdivided to provide direct literature reference to scientific, evidence based, peer-reviewed articles that will form the basis and crux of our recommended protocol for delivery of dental services to the frail/elderly/ and aged LTC resident. It is encouraged and recommended the CDSS GP member form the basis of delivery of dentistry around the following parameters found within the articles cited. Any defence of

treatment provided should be found within the current literature referred to, and if no support is found, the member can/may be found to be in violation of these guidelines for provision of treatment. The guidelines and literature citations will be updated frequently as needed.

A. Rational Evaluation and Decision Making Process of the Frail/Aged/LTC Resident

1. OSCAR¹(page74), 3(page5)
2. Berkey et al Questionnaire³(page5), 1(page78)
3. Ettinger Decision Making Process¹(page76-79)
4. Decision Tree for the Dentate Senior¹(page80)

B. Rational Risk Assessment

1. Rapid Oral Health Deterioration (ROHD)³(page6), 2(pages2-8)

C. Rational Treatment Planning

1. General Accepted Concepts³(pages7-8), 1(pages78-83)
2. Comprehensive Treatment Planning Considerations^{7, 4}(pages449-451)

D. Rational Management Strategies

1. Caries Restorative Treatment and Minimally Intervention Dentistry (MID)²(pages13-14), 8, 9
2. Treatment of Oral Problems²(pages9-12), 10
3. Prevention and Maintenance Strategies²(pages8-13), 6

E. LTC Related Oral Health Care Standards

1. Oral Health Care Standards for Residents in Long Term Care in Canada
2. CDA Position on Access to Oral Health Care for Canadians
3. Saskatchewan Seniors Oral Health and Long Term Care Strategy

Reference List

1. Ettinger RL. Treatment planning concepts for the ageing patient. Australian Dental Journal 2015; 60:(1 Suppl): 71-85
2. Marchini L, et al. Personalized Dental Caries Management for Frail Older Adults and Persons with Special Needs. Dent Clin N Am 2019. j.cden.2019.06.003 (dental.theclinics.com)
3. EttingerR, et al. Consideration in Planning Dental Treatment of Older Adults. Dent Clin N Am 2020. j.cden.2020.12.001 (dental.theclinics.com)
4. Ettinger RL. Rational Dental Care: Part 2. A Case History. J Can Dent Assoc 2006; 72(5):447-52
5. Ettinger RL. Rational Dental Care: Part 1. Has the Concept Changed in 20 Years? J Can Dent Assoc 2006; 72(5):441-5
6. Coll PP, MD, et al. The Prevention of Infections in Older Adults: Oral Health. JAGS Volume 00:No.00:1-6, 2019 (2019 The American Geriatrics Society)
7. Oong Ella M., et al. Treatment Planning Considerations in Older Adults. Dent Clin N Am 58(2014) 739-755 j.cden.2014.06.003 (dental.thclinics.com)
8. Chalmers Jane M. Minimal Intervention Dentistry: Part 1. Strategies for Addressing the New Caries Challenge in Older Patients. J Can Dent Assoc 2006; 72(5): 427-33
9. Chalmers Jane M. Minimal Intervention Dentistry: Part 2. Strategies for Addressing Restorative Challenges in Older Patients. J Can Dent Assoc 2006; 72(5):435-40
10. Wiseman Michael. The Treatment of Oral Problems in the Palliative Patient. J Can Dent Assoc 2006; 72(5):453-8