

Keep that Smile!

By Carol Van Aernam, RDH, BA

It takes a village to keep that SMILE. It takes a team of interdisciplinary professionals to maintain that smile and total health. It takes dietitians, nurses, dental hygienists, certified nursing assistants, home health and hospice aides, direct support professionals, dentists, and physicians working together to achieve optimal oral nutritional and total health.

Of the millions of older adults admitted to the hospital every year, it is estimated that at least one in three is malnourished upon admission. A recent study suggests that poor oral health is a major risk factor for malnutrition among older adults.

Question: What oral health conditions or diseases contribute to malnutrition?

Answer:

- Gingivitis, Periodontal Disease, and Dental Caries.
- Fractured or broken teeth, loose teeth, missing teeth or edentulism (no teeth).
- Loose or ill-fitting dentures, or partials.
- Xerostomia (dry mouth), candidiasis (thrush), angular cheilitis (cracked lips), hypogeusia (reduced ability to taste), painful tongue, and denture sores.

Question: How do you reduce infection and oral disease in the oral cavity?

Answer:

- Good daily oral care, brushing, flossing or using interdental brushes.
- Cleaning dentures after meals and removing at night.
- Providing a good nutritional diet that meets the person's dental and nutritional needs.
- Regular dental visits and consultations as needed. Incorporate recommendations into care plans.
- Including an oral assessment with the dietary assessment.
- Develop an interdisciplinary oral care plan.
- Refer to a dentist if necessary.

Question: How does malnutrition or a poor diet affect oral health?

Answer:

- Compromises your immune system resulting in dental disease like gingivitis and periodontal disease.
- Contributes to Xerostomia (dry mouth).
- Increases the risk of dental caries due to an unhealthy diet, one high in sugar and lack of vegetables and fruits.
- Vitamin deficiencies increase oral diseases like angular cheilosis (cracked lips), painful tongue, and other oral ulcers.

Question: What is the impact of dentures on the nutritional health of the elderly?

Answer:

- Reduces the chewing and biting strength that may affect the diet.
- Minimizes taste and texture sensation due to the palate being covered.
- Ill-fitting dentures and denture sores will effect nutritional intake.

Question: How does a dry mouth (xerostomia) affect nutritional intake?

Answer:

- Causes pain, difficulty in chewing and swallowing.
- Alters sense of taste.
- Contributes to oral sores, dental caries, and periodontal disease.
- Diet will need to be altered.

For additional information:

Mary Ann Young,
Consultant, Iowa CareGivers
515-360-7003

email: maryann@iowacaregivers.org
Visit us online at: <https://bit.ly/2tEK0sn>
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Question: How does the diet need to be altered if you have a dry mouth?

Answer:

- Choose foods that are easier to chew and swallow.
- Avoid tough meat, dry foods, crackers or chips, use gravies, soups or canned fruits.
- Provide liquid, water or milk with meals.
- Avoid sugary, salty, spicy and acidic foods and drinks.

Question: Why is it important for a dietitian, nurse or other health professional to conduct an oral assessment?

Answer:

Oral health should not be viewed as separate from general health. Observation and assessment of the oral cavity can improve quality of life for the elderly. "There is no health without good oral health."*

The Iowa CareGivers offers Mouth Care Matters, a class for dietitians, nurses and direct care professionals. The class provides education on the importance of oral health, oral care skills training, oral health assessment and oral care planning for the person served. The class is specialized for the individuals or disciplines attending.

DAILY ORAL CARE = INFECTION CONTROL = BETTER NUTRITION

I-Smile Silver

The Iowa Department of Public Health administers a pilot project, I-Smile Silver, through contracts with Lee, Scott, and Webster County Health Departments. Counties included are Calhoun, Des Moines, Hamilton, Humboldt, Lee, Pocahontas, Scott, Van Buren, Webster, and Wright. An I-Smile Silver coordinator is available at each health department for educational trainings and other assistance to help older Iowans have good oral health. Contact information for I-Smile Silver coordinators is found at ismile.idph.iowa.gov/about-ismile/silver/.



Meet Carol, a Registered Dental Hygienist and a Mouth Care Matters consultant and instructor.

Carol Van Aernam is a Mouth Care Matters (MCM) instructor and consultant for Iowa CareGivers. She plays a key role in planning, promoting, and teaching MCM. Carol worked in private dental practice for several years and 34 years for the Veterans Administration and Central Iowa Health Care System as a dental hygienist. She specializes in geriatric care and has presented programs at the local and national levels to those who work in direct care, dietitians, dentists, dental hygienists, and other caregivers. In addition, Carol served as an adjunct instructor for Des Moines Area Community College (DMACC) and the University of Iowa.



Carol Van Aernam
RDH, BA Registered Dental Hygienist

*Surgeon General, Report on Oral Health, 2000

All health and long-term service and support (LTSS) professionals/caregivers are expected to work within their Scopes of Practice or job descriptions as defined by the State or employer. Family caregivers are encouraged to contact the dental or medical provider before making changes to a loved one's care plan.

IOWA CAREGIVERS

PHONE: 515-223-2805 **FAX:** 515-226-3214 **EMAIL:** information@iowacaregivers.org

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