

Improving Oral Health for Long-Term Care Patients

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As Speech-Language Pathologists, we play a role in educating our patients and caregivers regarding oral health and hygiene.

Speech-Language Pathologists need to be educated regarding the relationships between dysphagia and medical complications related to oral care. The relationship is clear, and the complications are serious.

Some facts to consider:

- Aspiration pneumonia in nursing home residents occurs 10 times more frequently than in elderly community dwellers (Quagliarello, 2005).
- Pneumonia is the most common cause of death from nosocomial infection in the elderly (Yoneyama, 2002).
- Pneumonia results in functional declines and increased health care expenditures.
- Oral bacteria from dental plaque are carried to the lower respiratory tract in saliva (Abe, 2005).
- Bacteria carried in saliva have been linked to pathogens involved in pneumonia (Abe, 2005).
- These bacteria are also linked to other systemic diseases.
- One study suggests that 70% of patients with a history of pneumonia aspirated during their sleep.
- Oral pulmonary pathogens in the elderly population increase with poor oral hygiene.
- Oral pulmonary pathogens in the elderly population decrease with professional oral care.
- Patients with plaque on greater than half of their tooth surfaces are considered a high risk group for developing pneumonia (Abe, 2005).
- One study suggests that effective oral care can decrease mortality due to pneumonia by half (Yoneyama, 2002).

Elevated risk factors for medical complications due to inadequate oral care:

- Dysphagia
- Poor access to professional dental care
- Inadequate personal oral hygiene
- Dependence on caregivers for activities of daily living such as oral care
- Active smoking
- Depression
- Use of sedative medication
- Use of gastric acid-reducing medication
- Use of ACE inhibitor