

Out-of-office Dental Care

Vladimir Panov

Department of Conservative Dentistry and Oral Pathology, Faculty of Dental
Medicine, Medical University – Varna

Abstract

There is a rising demand for dental treatment of elderly patients and it is the duty of the dental profession to ensure that their needs are met. Taking care of health includes not only regulation of nutritional intake and physical capabilities, but also maintenance of good oral health. For the elderly, preserving and improving the masticatory function is essential for supporting adequate physical and social contacts and a good quality of life. Access to care is a barrier in meeting the dental needs of a growing elderly population.

As life expectancy rises, the number of housebound elderly and sick patients increases. As a result of ongoing changes related to aging or disability and difficulty moving, visits to the dentist become a challenge. Many patients may find themselves confined to their homes for months and years and not seek dental care for significant periods of time. Lack of regular dental care puts them at risk of increased dental and oral pathology. A possible solution is to visit the patient if she/he cannot come to the dentist's office. Out-of-office dental care is provided in the environment in which the person resides permanently or temporarily. It is most often performed in homes for the elderly, hospitals, day care centers.

The oral treatment of a person at home allows the dental physician to assess not only the oral condition of the patient, but also the general medical condition. Out-of-office visits can be performed by a trained dentist who specializes in providing out-of-office care. Special consideration must be given to the equipment and supplies that will be needed, as advance organization is the key to success in an out-of-office visit.

Out-of-office dental care is still a new concept. Extending the current range of dental care to home residents would improve their poor oral health status. It has been shown that the provision of oral care can improve the general health and reduce the risk of aspiration pneumonia, malnutrition and other serious complications, thereby reducing additional health care costs.

Keywords: *out-of-office, dental care, elderly people*

Introduction

A number of studies shows that the mouth is a window to our overall health. Diseases in the mouth affect the whole body and the entire organism [1]. The proportion of elderly people is increasing, so is life expectancy, and edentulism is decreasing. There is a rising demand for dental treatment of elderly patients and it is the duty of the dental profession to ensure that their needs are met. Taking care of health includes not only regulating nutritional intake and physical capabilities, but also maintenance of good oral health. For the elderly, preserving and improving the masticatory function is essential for supporting adequate physical and social contacts and a good quality of life [2]. Access to care is a barrier in meeting the dental needs of a growing elderly population.

As life expectancy rises, the number of housebound elderly and sick patients increases. As a result of ongoing changes related to aging or disability, difficulty with moving, visits to the dentist become a challenge. Many patients may find themselves confined to their homes for months and years and not seek dental care for significant periods of time. Lack of regular dental care puts them at risk of increased dental and oral pathology. A possible solution is to visit the patient if she/he cannot come to the dentist office. Out-of-office dental care is provided in the environment in which the person resides permanently or temporarily, as opposed to dental care provided over the phone, Internet, or at a dental office. It is most often performed in homes for the elderly, hospitals, day care centers [3]. The oral treatment of a person at home is not complicated, it allows the dental physician to assess not only the oral condition of the patient, but also the general medical condition. Out-of-office visits can be performed by a trained dentist who specializes in providing out-of-office care. Special consideration must be given to the equipment and supplies that will be needed, as advance organization is the key to success in an out-of-office visit.

Aim

This study aims to characterise out-of-office Dental Care.

Results

People who need in-home dental services are mostly adults, but it should be noted that children can often need in-home dental care as well. Most often, such help is for:

- Children with disabilities, special needs, medical conditions that prevent cooperation.
- Adults with moderate and severe learning, physical, visual, sensory, cognitive disabilities, mental health problems, access difficulties.

The prevalence of disability increases with age, affecting approximately 20% of the 60-74 age group and rising to 46% of the population over 75 years of age. Restrictions have an impact on access to services and the ability to independently conduct oral hygiene. Palliative care patients may also require dental treatment in a home setting [4].

Recommendations for out-of-office treatment:

- Safety is extremely important not only for the patient, but also for the dentist;
- For home visits, it is better to have a second trained person or companion to help provide care, including support or infection control;
- It is important that someone else will be present in the home besides the patient - a family member, relative, neighbor or friend;

- There should be a suitable light source to facilitate dental examinations and treatment at home;
- In homes for the elderly, a room for use or a safe and adequate place for treatment must be provided;
- Be prepared to handle medical emergencies, including prescribing emergency medications at home;
- Follow the recommendations regarding the storage and transportation of contaminated tools and used sharp objects;
- Nursing homes should be encouraged to accept visits from dental professionals for prevention and treatment to help reduce inequalities in oral health provision;
- It would be good if all residents of homes for the elderly are examined periodically by a dental practitioner. Staff must ensure proper record keeping prior to the dentist's visit;
- To know what will be done before each visit, to define the main complaints or purpose of the visit;
- Be sure of the address, phone numbers, and contact information;
- The visit should be during the day, if possible;
- If the patient has photos, radios, documentation, everything needs to be available, along with supplies and equipment;
- Signed consent form by the patient or his relatives;
- The initial out-of-office visit may determine the need to transfer patients to inpatient or mobile dental care for complex treatment;
- Family members, caregivers, whenever possible, should be trained in conducting oral hygiene procedures and examinations;
- To prevent the loss of prostheses in medical facilities, it would be good if they were marked or written with the person's name;
- Increased fluoride application should be considered to reduce the incidence of root caries;
- Regular dental checkups should be offered to all residents of homes [3],[5].

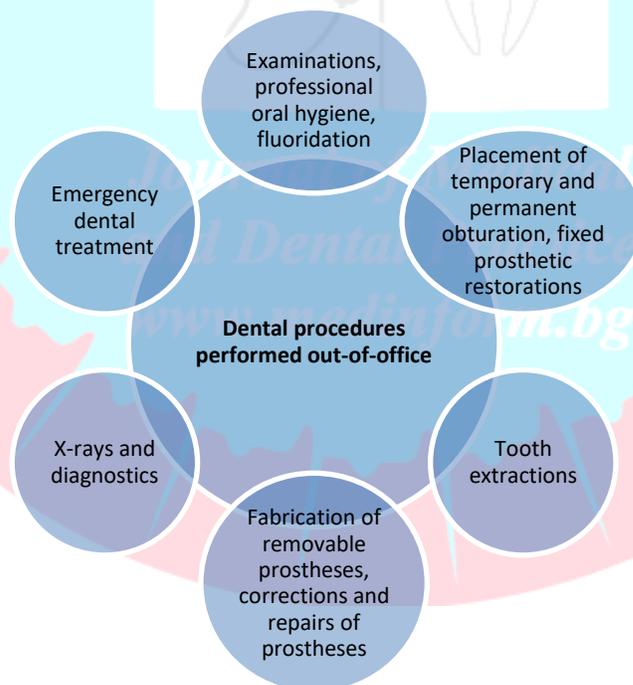


Fig.1 Most common dental procedures performed out-of-office.

Out-of-office care kit

A portable out-of-office care kit of materials and tools should always be complete and ready to go. This requires a designated member of the dental team to be responsible for its maintenance. It is essential that, in addition to the standard equipment, home visits are also provided with:

- Portable aspirator for cleaning the oropharynx;
- Light source;
- Emergency medicines;
- Protective clothing;
- Container for sharp objects;
- Disinfection gel, wipes;
- Garbage bags, containers for used tools;
- Paper towels, rolls;
- Safety glasses for the patient;
- Source of oxygen [6].

Out-of-office dental services reduce barriers to accessing oral health care. Most individuals treated through out-of-office services are from nursing homes and are significantly older than those treated in dental offices [7].

Studies of such patients show:

- 27.4% of these patients had a diagnosis of dementia [8];
- The rate of dental caries in institutionalized patients is significantly higher than those living in their own homes [9];
- More than half of the patients (56.9%-59.8%) examined at place of residence required some form of treatment, and almost half of them (48.1%) requiring tooth extraction;
- 24% of the visits are for the making of removable prostheses [7];
- 46% of the patients are without a single tooth;
- Only 5.8% of all patients had a sufficient number of functional natural teeth;
- Every fourth patient reports a reduced ability to properly clean teeth and removable prostheses;
- An insufficient level of oral hygiene was found;
- 66% cannot support daily oral care;
- About 42% of patients have not visited a dentist for more than 5 years [10];
- The most significant barriers to receiving out-of-office dental care is living alone and dementia [11];
- The average public cost of out-of-office dental care for nursing home residents is lower than dental care in clinics and such treatment can be considered cost-effective [12].

A study found that home care takes up too much of dental professionals' time, that patients are complex to treat, and that suitable equipment is difficult to find [13].

The implementation of teledentistry in nursing homes and home care programs can be a good tool for managing oral care in people who do not have access to dental care [14].

Discussion

Frequent professional oral care combined with individualized oral care instructions appears to improve oral hygiene and may reduce root caries among nursing home residents. This may also contribute to a more positive attitude towards oral hygiene measures among nursing home staff compared to usual daily oral

care [15]. Oral health after stroke is important from a social as well as physical health perspective, but tends to be neglected [16].

A study shows a disturbingly low level of oral treatment provision among residents of care homes for the elderly. Out-of-office dental services have the potential to play a role in improving the oral and general health of dependent older adults [6]. It is important to provide professional oral care at home and encourage daily oral health care by non-dental professionals [17].

Action is needed to provide both routine and emergency dental care, but also to ensure that it is provided by clinicians who are appropriately qualified to meet the high levels of dental needs of people in home care.

Conclusions

Out-of-office dental care is still a new concept. Extending the current range of dental care to home residents would improve their poor oral health status [10]. It has been shown that the provision of oral care can improve the general health and reduce the risk of aspiration pneumonia, malnutrition and other serious complications, thereby reducing additional health care costs [16].

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Corresponding author:

Vladimir Panov
Faculty of Dental Medicine,
Medical University of Varna
84 Tzar Osvoboditel Blvd.
9002 Varna, Bulgaria
e-mail: vladimir.panov@mu-varna.bg



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