

Brushing Up on Mouth Care

An oral health resource for those who
provide care to older adults



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COLD & CANKER SORE PRODUCTS

I N F O R M A T I O N

Canker sores and cold sores are common and often contagious. These sores will usually heal on their own, but to speed up the process and diminish the symptoms there are treatments and remedies available.



COLD SORES

Cold sores are very common for many people and are characterized by **small, red blisters on the lips**. One common type is herpes simplex. This virus is very common and highly contagious. After the initial outbreak, these blisters can re-occur frequently and **there is no cure**.

Many over the counter treatments are available. These products typically contain **docosonal or benzyl alcohol** and are usually available as gels or creams.

For the best results,
use these products as soon as there is tingling on the lips.
This usually indicates a cold sore is starting to develop.

Common over the counter medications are
Abreva and Zilactin

GUIDELINES FOR USING COLD SORE PRODUCTS

- ★ Wash the resident's hands, lips and face with soap & water and dry with a clean towel



- ★ Apply the treatment with a cotton swab directly to the cold sore
- ★ Discourage the resident from licking their lips



- ★ Reapply according to the manufacturer's directions

CANKER & COLD SORE PRODUCTS



CAUSES OF CANKER SORES

- ★ injury to the mouth
- ★ stress
- ★ unhealthy diet
- ★ certain medical conditions
- ★ some medications
- ★ Nicotine gum
(switching to nicotine spray or patches can eliminate this issue)

To ease pain and promote healing - AVOID acidic foods when a canker sore is present

Canker sores are found on the tissues inside the mouth. They are small but painful blister-type sores that tend to heal on their own within 14 days. They are caused by a variety of factors and are sometimes contagious.

TREATMENT OF CANKER SORES:

Treatment of canker sores depends on their type and severity. It is important to try to determine what triggered the outbreak as prevention is often the best treatment. There are no known cures but there are different remedies and medications to help relieve the symptoms associated with canker sores.

REMEDIES INCLUDE:



1) salt water rinses: Mix 1 teaspoon salt to 1 cup of warm water. Swish the solution around the mouth and spit out.
2) 1/2 teaspoon of baking soda mixed with a few drops of water until it makes a thick paste. You can use this paste to cover the canker sore.

3) Hydrogen peroxide can be mixed 1 to 1 with water. This solution can be applied to the sore using a cotton swab.

4) Milk of magnesia can aid in the healing process and reduce pain. Apply it directly 3-4 times a day.

5) There are many over the counter oral care products available (gels, pastes and rinses) to help relieve the symptoms of canker sores and help speed up the healing process. Use as directed.

6) In severe cases, oral medications can be prescribed by a physician or dentist.

If a canker sore lasts longer than 14 days or if the resident develops a fever, a physician or dentist should be consulted



DID YOU KNOW?



Canker sores are a type of herpetic lesion - also known as 'aphthous ulcers'. They are the most common type of mouth ulcer.



DRY MOUTH PRODUCTS

I N F O R M A T I O N

Xerostomia (or dry mouth) is a condition that causes a lack of saliva in the mouth resulting in dry mouth. This can cause oral disease and discomfort.

DRY MOUTH:

Saliva is necessary to maintain the health of the teeth and gums. It protects, lubricates and cleanses the mouth and aids in disease resistance. Decreased saliva flow can be caused by medications, illness, chronic diseases such as diabetes and hypothyroidism, or from cancer therapy. Residents with a dry mouth may find that their tongue sticks to their palate and they may have trouble speaking, chewing food or swallowing. They may be thirsty and will probably lick their lips frequently. They may complain of a burning or sore mouth. Some residents will complain that their dentures hurt or do not fit properly.



POINTS TO CONSIDER:

Having a dry mouth can cause plaque and tartar to accumulate in the mouth increasing the risk of dental decay, particularly along the gum line.

Placing a humidifier in a resident's room may help alleviate some of the discomfort associated with dry mouth

Mouth rinses with alcohol, glycerin or lemon toothette swabs, and certain foods and candies can promote dry mouth.

Residents with dry mouth may stop eating because of discomfort when chewing and trying to swallow food. They may need large amounts of water to help moisten the food and to assist with swallowing.



DID YOU KNOW?



Dry mouth affects up to 60% of older adults

DRY MOUTH PRODUCTS

PRODUCTS TO TREAT DRY MOUTH



There are many ways to help residents with dry mouth such as placing a humidifier in their room, using toothpaste and rinses designed to treat dry mouth, and using saliva substitutes and lip lubricants. Some examples of commercial products are Oral balance, BioXtra, Xerostom, Moi-Stir, Mouth Kote, Optimoist, Xero-Lube.

SALIVA SUBSTITUTES

Saliva substitutes are products that contain physical and chemical properties similar to natural saliva. Saliva substitutes can be applied throughout the entire mouth as often as needed for comfort. They provide lubrication that soothes and helps relieve dry mouth.



LIP LUBRICANTS

Dry, cracked lips are also common in residents who are dehydrated, are on many medications, or have nutritional deficiencies. Dry lips can be painful and embarrassing. It is important to keep the lips moist to allow comfort when eating and communicating. Lip lubricants contain lipid hydrophobic bases that help prevent moisture loss and softens the skin. Apply lip lubricants generally as often as needed to the lip area.



Saliva substitutes can help reduce burning and minor irritations and help with swallowing. Most saliva substitutes are naturally sweetened with xylitol.





DENTURE PRODUCTS

I N F O R M A T I O N

Proper denture care is important for maintaining dentures, preventing sores, and limiting the amount of bacteria in the mouth. Dentures should be cleaned and cared for daily.

GUIDELINES FOR CLEANING DENTURES:

A denture brush, or a toothbrush (used only to clean the denture), is required for proper cleaning. Denture brushes have very soft bristles and have been designed to clean all surfaces of the denture. **Here are some guidelines:**



- 1)** Line the sink with a wet facecloth or fill it 1/4 full with water. This provides a buffer to prevent damage should the dentures fall while being cleaned.
- 2)** Remove the dentures from the resident's mouth. Place your finger at the back of the mouth by sliding it along the gum line. Loosen dentures by pulling them down from the roof of the mouth or up from the floor of the mouth.

3) Hold the denture firmly between the thumb and forefinger of your non-dominant hand. **Never hold a denture or partial denture cupped in your hand -** this increases the likelihood of the denture being dropped. Partial dentures can also be bent this way.

4) Rinse the denture to remove any loose debris and saliva.

5) Remove any denture adhesive materials that remain on the denture and thoroughly brush all surfaces of the denture.

6) Use liquid soap or a foam denture cleaning product and brush for at least 90 seconds and rinse. Never use toothpaste as this may scratch the surfaces of the denture.

Dentures should be cleaned at least once a day and checked for any broken or worn parts.



REMEMBER!

- ★ Always clean dentures over the sink
- ★ Toothpaste is abrasive and will scratch the denture surface
- ★ A scratched denture is more likely to collect bacteria
- ★ Ensure that dentures are moist before placing them back in the mouth to reduce irritation to the tissues

DID YOU KNOW?

Dentures are made of acrylic - a porous material that can be easily scratched and damaged. Acrylic does not have germ-fighting properties and bacteria can grow on the surface of the denture. This bacteria can cause odors, sores and irritations under the denture.

DENTURE PRODUCTS



SOAKING DENTURES

Residents should be encouraged to remove their dentures at night to allow the gum tissues to rest. They should be cleaned thoroughly and placed in a soaking solution. Doing a quick brushing without soaking the dentures may not provide the disinfection they require.

Soaking will help to remove hard tartar, debris and bacteria that builds up on the denture. Soak dentures in:

- A) a mixture of one teaspoon bleach and one cup water or,**
- B) commercial denture cleaning solution**

Remember to put the clean denture back into a clean mouth - brush the resident's mouth with a soft toothbrush to remove any debris and to stimulate the gum tissues.

For residents with dry mouth, products such as water-soluble lubricants can be placed under the denture to help make it more comfortable.

There are many commercial denture care products available that help reduce scratches and prevent damage during cleaning. These products are usually foam or gels with antibacterial agents that kill odor causing bacteria and micro-clean without scratching.

DENTURE COMFORT & ADHESIVES

Dentures that fit properly should not require adhesive - the natural suction between the denture and the roof or floor of the mouth should be enough to hold them in place. Using a denture adhesive may help prevent irritation caused by a loose fitting denture. Some people feel more comfortable and secure when using a denture adhesive. Denture adhesives come in three forms, paste, powder, or wafers.

DENTURE PASTE comes in a tube and is squeezed right onto the denture. It comes in a variety of flavors and strengths. **To properly apply paste to denture:** clean dentures thoroughly and then follow the instructions on the package. Paste can leave an unpleasant residue in the mouth when the denture is removed. **To remove excess paste:** use a slightly rough face cloth to wipe the remaining paste from the mouth or have the resident drink carbonated soda which will dissolve the paste.



POWDERED ADHESIVES change the bite less than pastes and are easier to clean off the dentures. **To use a powdered adhesive:** clean and rinse the denture, shake powder onto the denture, and place the denture in the resident's mouth.

DENTURE WAFERS are cut to fit the shape of the denture and work better if the denture is more of a snug fit. **To apply denture wafers:** place the strips in the denture and seat properly in the mouth. The saliva will help the wafer adhere to the gum tissue.



Denture adhesives should not be used to compensate for an ill-fitting denture. A denturist or a dentist should be consulted to adjust or relin the dentures so that they fit properly.



MOUTH RINSES

I N F O R M A T I O N

Mouth rinses can be a good addition to brushing and flossing. Some provide benefits that go beyond freshening the breath

GUIDELINES FOR USING MOUTH RINSES:



- 1) Pour a small amount of mouth rinse into a cup and have the resident take it into their mouth. Have the resident close their lips with teeth slightly apart.
- 2) Encourage them to force the fluid through the teeth and swish the fluid back and forth between the teeth and all around the mouth for 30-60 seconds.
- 3) Have them spit the mouth rinse out into the sink or a basin. **Do not allow the resident to swallow the mouth rinse.**
- 4) Make sure to read the manufacturers instructions for appropriate frequency and length of time to rinse.



REMEMBER!

- ★ Residents should only use mouth rinses if they have the ability to swish and spit properly
- ★ Fluoride rinses are an important addition to regular oral care especially if the resident is prone to tooth decay.
- ★ Natural mouth rinses containing aloe vera or chamomile may help reduce mouth sensitivities.

Remedies that can be used as alternatives to commercial mouth rinses.

- A) A one-to-one mixture of hydrogen peroxide and saline or water;
- B) Club Soda;
- C) A mixture of a 1/2 teaspoon salt and 1/2 teaspoon baking soda in one cup of water



Rinses can be therapeutic depending on the ingredients:

- Oxygenating agents cleanse the mouth,
- Astringents agents shrink tissues when they are inflamed
- Anodyne ingredients reduce oral pain
- Buffering agents reduce acidity in the mouth
- Deodorizers neutralize odors in the mouth,
- Antimicrobial agents kill or reduce bacteria in the mouth
- Antiseptic agents inhibit the growth of bacteria in the mouth
- Fluoride helps prevent tooth decay

DID YOU KNOW?



Many commercial mouth rinses contain alcohol which can dry out tissues. These should be avoided if the resident has dry mouth or is a recovering alcoholic. Non-alcoholic rinses are available.



FLOSS & FLOSS AIDS

I N F O R M A T I O N

Flossing is important because it cleans plaque and food debris from between the teeth where tooth brushing cannot reach. Removing plaque from between the teeth will help prevent dental cavities and gingivitis.

GUIDELINES FOR EFFECTIVE FLOSSING:

When flossing a resident's teeth, remember to position yourself so that your back, neck and joints are comfortable and you have a clear view of the mouth.



- 1)** Take about 18 inches of floss and wind it around the middle fingers of each hand with about 5 inches between your 2 hands.
- 2)** Pinch your thumb and index fingers together on the floss and leave about an inch between your two hands.
- 3)** Glide the floss between the resident's teeth. Hold the floss snug to the tooth and make a C shape around the tooth. Slide the floss under the gums. Use an up & down motion along the side of each tooth.
- 4)** Pull the floss out from between the teeth. With a clean section of floss, then move to the next tooth.



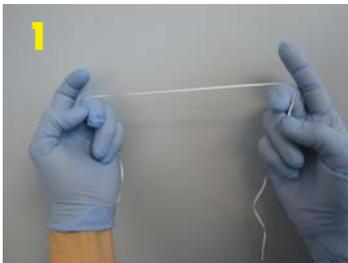
POINTS TO CONSIDER:

If the spaces between the teeth are wide, something as simple as a fine knitting yarn can be used for flossing

Waxed floss, slides easily between teeth and does not shred like other floss

For residents with limited motor skills, floss can be tied in a knot to make a circle and looped around the resident's fingers.

Flossing technique will improve with practice!



Whenever possible, residents should be encouraged to floss their own teeth. If limitations prevent a resident's teeth from being flossed the traditional way, there are a number of floss aids available commercially.

DID YOU KNOW?



Gums may bleed with flossing at first but with regular flossing and brushing this should stop within a few weeks.

FLOSS & FLOSS AIDS

OTHER FLOSS AIDS

FLOSS HANDLES

A handle may allow some residents who could not normally floss on their own to floss more easily. Handles also prevent care providers from having to place their fingers in between the resident's teeth when flossing.

Floss handles come in different shapes and sizes. They can be used with residents that have limited dexterity and can be used with only one hand. There are a variety of floss handles on the market today.

All floss handles have some type of handle with the floss attached. There are some where only the floss is removed and discarded after use. With these models, the handle should be rinsed thoroughly after use.

Disposable floss handles are also available. These should be discarded once the floss becomes broken or frayed.

Proper technique for using a floss handle involves:

1 placing the floss in between two teeth on the biting surface and gently pushing the floss into the space between the teeth.

2 once inserted, pull the floss towards the side of one tooth and rub up and down to remove any debris on the surface of that tooth.

3 push the floss toward the opposite tooth and use the same technique to clean all surfaces between the two teeth.

4 move to the next tooth and repeat for all surfaces.



RE-USABLE FLOSS HANDLE DISPOSABLE FLOSS HANDLE

INTERDENTAL BRUSHES have large handles and small cylindrical brush heads that fit between the teeth. Some models have permanent handles with replacement brushes. These should be maintained the same as a regular toothbrush. Some interdental brushes are completely disposable. Interdental brushes can be dipped in mouth rinse or have toothpaste added to help clean between the teeth.

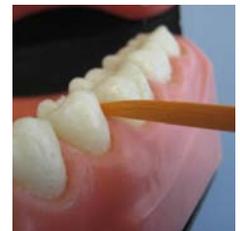


RE-USABLE INTERDENTAL BRUSH



DISPOSABLE INTERDENTAL BRUSH

DENTAL TOOTHPICKS are usually made of wood such as birch, which helps reduce splintering. The shape is designed to allow them to fit into the spaces between teeth. Toothpicks are sometimes called interdental cleaners, dental wood sticks, Stimudents, Dental pics, Soft pics or Go between.



DENTAL TOOTHPICK



INTERDENTAL TIPS are usually made of rubber or plastic and are attached to the end of a toothbrush handle. A rubber tip is usually preferred because it fits between the teeth more easily and is gentler on the gums than the plastic tips. Proper use of an interdental tip involves tracing the tip along the gumline and in between the teeth. Be sure to rinse off the tip after use.



TOOTHBRUSHES

I N F O R M A T I O N

Toothbrushes remove debris and plaque from the surfaces of teeth and gums. They also stimulate the gums to keep them pink and healthy. There are many different kinds of toothbrushes, the question is, which is the most effective at removing plaque?

GUIDELINES FOR EFFECTIVE TOOTHBRUSHING:

The toothbrushing technique recommended by most dental professionals removes plaque with minimal trauma to the teeth and gums. **Here's how to do it:**



1) Hold the toothbrush handle in the palm of your hand with your thumb against the handle. Your thumb should be close enough to the head of the toothbrush to manipulate it with control.

2) Direct the bristles toward the gums at a 45 degree angle to the tooth. Place the bristles partly on the gums and partly on the tooth surface.

3) Gently vibrate the bristles and roll slowly, moving the bristles from the gums towards the top of the tooth. Slowly count to 10 as you do this procedure.

4) Repeat these steps up to five more times in the same area. For the front teeth, position brush on it's end and place the narrow end of the brush head 45 degrees to the gums and teeth, vibrate and roll as described previously.



A toothbrush should be:

- ★ durable
- ★ flexible
- ★ light weight handle
- ★ strong bristles that are not too rigid
- ★ easily manipulated
- ★ easily cleaned
- ★ meet individual requirements

Not all toothbrushes are appropriate for all people

Always use a soft or ultra soft toothbrush.

- ★ Softer bristles are more effective at cleaning the gum-line (where the gum meets the crown of the tooth) and are gentler on the gum tissues
- ★ Using a soft toothbrush reduces gum recession and toothbrush abrasion
- ★ Harder bristles can actually cause tooth enamel and dentin to wear away weakening the crown of the tooth

DID YOU KNOW?



Toothbrushes date back to 1600BC. Originally, they were twigs or sticks cut from tree branches. The ends of the branch were frayed by crushing the fibers to make bristles that are similar to the toothbrush bristles we see today.

TOOTHBRUSHES



ADAPTED HANDLES

Specialty grips can be custom made to meet the needs of individual residents. Some examples of specialty grips include:



a rubber bike handle:
This provides a better grip for residents that don't have good manual control



a tennis ball: This is good for residents that cannot grasp the small handle of a regular toothbrush.

Long handled toothbrushes are also available for residents that cannot fully bend their arms

The effective removal of plaque depends more on brushing technique than on the toothbrush itself

Factors to consider when choosing a toothbrush for a resident:

- 1) What is their ability to use a brush effectively without causing damage?
- 2) Are there physical conditions to consider such as problems with manual dexterity, vision and so on?
- 3) Are they motivated and willing to do their own oral care?

TYPES OF TOOTHBRUSHES

An electric toothbrush is a good alternative to a manual brush, especially if the resident has physical limitations that affect their ability to brush. When used properly, certain electric toothbrushes are known to be more effective than manual brushes at removing plaque. Electric toothbrushes have higher speeds and motions that cannot be reproduced using a manual brush.



It is important to read the directions before using an electric brush as they are all designed slightly differently. Technique is still important when using an electric toothbrush. If the bristles are not placed properly at the gum line, the gums can

become irritated. There is no need to apply pressure on the gums or teeth when using an electric brush, it is designed to do the work for you. Oscillating or rotating technology loosens and sweeps away plaque.



A "**Collis Curve**" brush is specially designed so that the bristles are curved. These curved bristles surround the tooth. This is meant to allow both the inside and outside surfaces of the teeth to be brushed at the same time.

It may be necessary to use a **child size toothbrush** for residents who have difficulty opening their mouths wide or have a small mouth. Children's toothbrushes have smaller heads and smaller handles. Smaller handles can also be good for residents with small hands.



Suction toothbrushes attach to suction machines and allow the care provider to brush a resident's teeth while the suction works to remove any debris or saliva as they brush. This is ideal for residents who have difficulty swallowing.

WHEN TO REPLACE A TOOTHBRUSH

- ✓ Toothbrushes should be replaced every 3 months (at a minimum)
- ✓ Replace toothbrushes immediately following a cold or flu to prevent re-exposure to bacteria or viruses
- ✓ Always replace a brush that looks worn or frayed



OTHER PRODUCTS

I N F O R M A T I O N

There are a number of products available commercially to assist in the delivery of effective oral care. Fluoride treatments, tongue cleaners, and mouth props are some examples.

Fluoride treatment is indicated for people with natural teeth who have a history of dental decay, a high number of fillings, and/or a dry mouth.

FLUORIDE PRODUCTS:

Fluoride products are used to prevent dental decay and strengthen tooth enamel. There are a number of ways to apply fluoride and they are typically prescribed or recommended by a dental professional or primary health care provider. The frequency and method of applying these products varies depending on the situation.



Daily fluoride rinses that are sold over the counter are generally safe to use as directed.

Fluoride gels are also available at the pharmacy. These products are designed for daily use but should be used as directed or as prescribed by a dental professional or pharmacist.

Fluoride varnish is a more highly concentrated form of fluoride generally applied by health professionals. It is painted onto the teeth with a special brush and can take less than two minutes to apply. The varnish adheres to the teeth - even in the presence of saliva. Fluoride is then released slowly over time to help re-mineralize the surface of the teeth. It's effects can last for several weeks. Residents should wait until the day after fluoride varnish application to brush their teeth.



REMEMBER!

- ★ Daily fluorides should be used immediately after brushing and flossing and just before bedtime
- ★ Any residue left in the mouth after fluoride rinsing or application should be spit out
- ★ When residents are unable to spit effectively, fluoride must be used with caution

DID YOU KNOW?

It is important not to eat, drink, or rinse for 30 minutes after using a topical fluoride - this allows the fluoride to adhere to the teeth

OTHER PRODUCTS

There are many oral health products available today for many different purposes. The best way to determine whether or not to use a particular product is to look at the physical abilities of the residents and what their specific oral care needs are.

MOUTH PROPS

Mouth props are a valuable tool to hold a resident's mouth open while oral care is being provided. **Residents can gently bite on the white spongy mouth prop to help**



relax the muscles of the jaw. Because the prop is soft, it can be wedged in between the front teeth in the flat position and then turned to assist with opening. The prop should be resting on the back teeth, not on the front teeth. The teeth should be positioned on the ridges. When the prop is resting on one side of the mouth, the opposite side of the mouth can be brushed. Care providers can also dip the prop in a non-alcoholic lubricant to help with insertion.



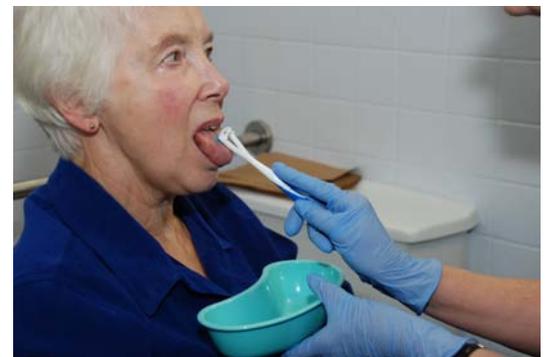
Mouth props can be washed, labeled and re-used



The handle of another toothbrush can be used in place of a mouth prop if one is not available. This is called the 2-toothbrush technique.

TONGUE CLEANERS

The tongue and mouth tissues can accumulate bacteria on their surfaces. While these surfaces can be brushed using a regular toothbrush, commercial tongue cleaners are also available.



Both the tongue and the cheeks should be brushed during daily oral care.



Depending on the cleaner, there is often a plastic edge used to 'scrape' coatings and debris off the tongue. Sometimes there is another edge with bristles to brush the inside of the cheeks and the top of the tongue.

Some toothbrushes now have tongue cleaners on the opposite side of the toothbrush head.

