

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Paul Hellyer

Gerodontology in the undergraduate curriculum

A teaching tool for establishing risk of oral health deterioration in elderly patients; development, implementation and evaluation at a US dental school
Marchini L, Hartshorn JE, Cowen H *et al. J Dent Educ* 2017; **81**: 1283-1290.

Seeking to understand the complexities of the information required to assess oral disease risk in older patients

Dentate older patients will form a large part of the workload for dentists in the next few decades. Many patients will retain their teeth well beyond traditional retirement age, maintaining successful oral hygiene and dietary regimes. The heavily restored nature of many of these teeth and the restorative difficulties these present has been much reported. However, what has been less well studied is at what point these retained teeth become at risk of further diseases such as root caries and periodontal disease. How well prepared are dentists and DCPs to assess disease risk in older people in order to prevent rapid oral health deterioration (ROHD)?

The complex nature of the information required to identify older people at risk is highlighted in this paper. Common health problems such as stroke, dementia, arthritis and depression reduce patients' abilities to carry out oral hygiene procedures. Diabetes is a predisposing factor for periodontal disease and polypharmacy frequently results in reduced salivary flow. Social factors including bereavement, isolation and lack of finance may lead to alterations in dietary habits and changing patterns of attendance at the dentist.

The paper reports on a teaching module for final year students in a US dental school. An 'expert' led and evidence based questionnaire was developed and data on patients was gathered under 3 major headings – general health, social support and oral conditions. Surprisingly, there were no questions about diet. Students were asked to collect and assess data for a case study patient and decide what information was relevant to assess risk of ROHD. Patients were categorized in to one of 4 groups – 1) no risk factors and no ROHD, 2) risk factors present, but no ROHD, 3) risk factors present and ROHD ongoing and 4) risk factors present and ROHD has already occurred. Students were then asked to develop a care plan for the patient and a communication plan with the patient and if appropriate, the caregivers. On assessment, most students were able to apply and grasp the concepts taught, but the steps most frequently missed were the development of a communication plan and any element of reflection and self-assessment.

The authors highlight the importance of teaching critical thinking skills, in order to analyse the large amount of information needed to assess disease risk in older patients. The aim of the 'expert' led questionnaire was to encourage students to emulate the thought processes of more experienced dentists, to allow students to reach thoughtful, defensible conclusions about the care of their patients. The authors conclude that, as far as they are aware, this is 'the first attempt to explicitly present a learning strategy for dental students to teach them how to assess the risk of ROHD'.

DOI: 10.1038/sj.bdj.2018.28

Poor oral care at home evident in many frail older people

The oral health status of older patients in acute care on admission and day 7 in two Australian hospitals
Gibney JM, Wright C, Sharma A *et al. Age Ageing* 2017; **45**: 852-856.

Good oral hygiene needed to prevent hospital acquired aspiration pneumonia in older patients

The oral cleanliness of patients aged 65+ (n=575, mean age 84.1 years) admitted to hospital for acute medical care was assessed within 24 hours of admission and one week later. The majority of the patients (70.4%) lived at home or in a retirement village. Almost half were categorized as being able to manage the activities of daily living independently prior to admission. Of the 397 who reported seeing a dentist, 71.8% had not visited one within the previous 13 months.

On admission, 76% of the patients had an oral cleanliness score described as 'not healthy'. The majority of these remained 'not healthy' on day 7. Eleven percent deteriorated from 'healthy' to 'not healthy'. Fifty seven patients either improved or remained healthy.

The authors express concern that many older people are not undertaking appropriate oral hygiene procedures at home. Oral cleanliness did not improve in the majority of cases during hospital admission and the barriers to nursing staff providing oral care for in-patients are discussed.

DOI: 10.1038/sj.bdj.2018.29

Nurses' ownership of care increases compliance

A pilot study on the feasibility of training nurses to formulate multicomponent oral health interventions in a residential aged care facility
Deutsch A, Siegel E, Cations M *et al. Gerodontology* 2017; **34**: 469-478.

'..... private practice becomes a barrier to delivering dental care in residential settings'

This pilot study recognizes that alternative methods of delivery of oral health care in residential settings are needed. It also recognizes the problems of high staff turnover and lack of training in care homes.

Four nurses with no previous experience of in oral health interventions were given 12 hours of both practical and theoretical training to understand the relevance of oral hygiene, diet and dry mouth. They were taught how to carry out saliva tests and to use an oral health assessment tool. They became the oral health advocates in their setting and carried out patient assessment and testing and devised relevant, practical oral health plans. They oversaw the delivery of these plans by multiple (dentally) untrained care staff.

Personal ownership of their care plans and interventions by the advocate nurses (rather than plans devised by a visiting dentist) appeared to be a strong motivating factor in excellent compliance by the untrained staff.

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