

TRANSFORMING MOUTH CARE CHALLENGES INTO SUCCESS

Evidence-based Strategies for Effective Mouth Care

Empowering Caregivers: Effective Approaches to Mouth Care with
Residents that Resist



DEMENTIA AND ORAL HEALTH

As people advance with dementia they often become resistant to personal care. It is estimated there is between 50 – 75% of care homes that have residents with dementia and it's predicted that from 2015 the number of people with dementia will triple by 2050. World Alzheimer Report 2015. The Global Impact of Dementia ADI; 2015

Dementia and Oral Health

A study found that residents with moderate to severe dementia had twice as much dental plaque compared to those residents without dementia.

The effects of poor oral hygiene affect both physical and psychosocial health with social impacts such as low self-esteem associated with bad breath, missing teeth, decayed teeth, pain, malnutrition, diabetes, cardiovascular diseases and even premature death e.g due to aspiration pneumonia.

In this webinar we will look at different approaches from:

- Mouth Care Matters [Health Education England],
- Caring for Smiles [NHS Scotland],
- Mouth Care Without a Battle [North Carolina University],
- Teepa Snow's Mouth care for people with dementia.
- Pennsylvania State University 'No More Fighting and Biting During Mouth Care

DEMENTIA AND ORAL CARE

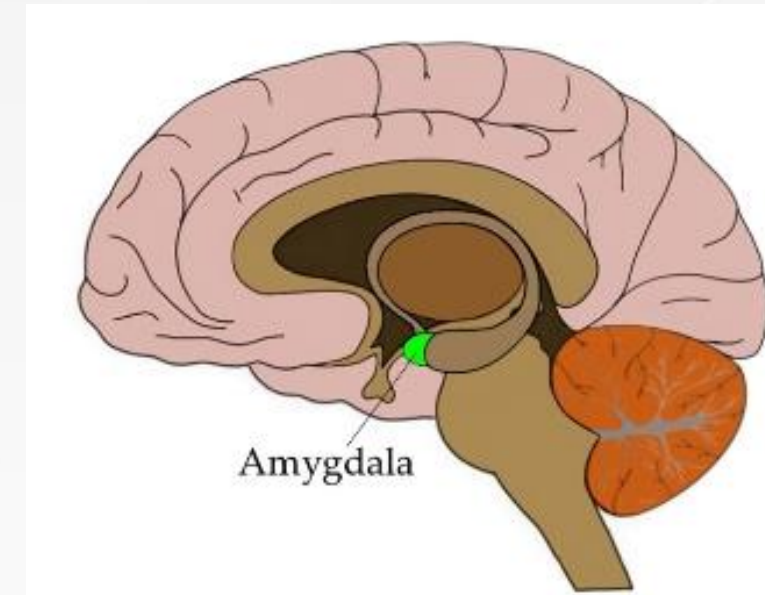
Why do people resist?

It is a fear- evoked response to mouth care

- There are particular structures [amygdala pathway] that deteriorate which affects the control of fear responses causing them to become 'threatened to low or nonthreatening situations'. (LaBar et al., 2005).
- **Protecting themselves** when exhibiting behaviour such as shouting, pushing, hitting, biting, spitting.

Facial expressions can provoke fear

- People with dementia lose the ability to differentiate facial expressions, this means that neutral, sad, angry, frustrated, and surprised faces are typically categorized as fearful.
- If the caregiver is **relaxed and smiling** people with dementia are less likely to evoke problematic behaviour (Burnham & Hogervorst; [Luzzi, Piccirilli, & Provinciali, 2007](#))



TRIGGERS TO CAUSE ASSAULT

Highest trigger to cause assault

- **Calling the person by name** was among the highest ranked caregiver behaviour to trigger physical assault. ([Somboontanont et al., 2004](#)).
- **Do not use 'baby talk'** using infantilizing terms such as baby, honey, dearie. It is a dehumanizing approach and is documented to trigger resistant behaviour.



Other triggers of mouth care resistant behaviour include

- attempting to forcefully insert the toothbrush into resident's mouth without alerting them
- lack of praise or encouragement
- unsmiling or negative facial cues from caregiver
- attempting to provide mouth care without prompts or gestures
- giving multiple commands rather than simple step commands

CONSIDER

- Work with what residents will allow you to do without creating a negative emotion. Being right and doing what you ought to do isn't necessarily going to end in a good outcome.
- What works for one person may not work for another.
- What works one day may not work the next.
- Think about your tone of voice, expression and grip.
- They may not be able to tell you their needs or **follow directions**.
- Brushing teeth at a sink helps cue the person regarding the purpose of the interaction – memory prompt [priming] (Harrison, Son, Kim, & Whall 2007; Son, Therrien, & Whall, 2002).



BASIC APPROACH

- **Know the person** Try to figure out why the person is refusing (e.g., bad time, pain, fear) and change approach accordingly
- **Use visual cues** such as hand gestures and demonstration and less talking.
- **Gradually build up trust** to having their teeth brushed. Break the task down. Brush the front of the teeth one day and the back of the teeth another day.
- **Give positive feedback** and encouragement
- **Speak** clearly using simple vocabulary. Be patient and repeat yourself as appropriate
- **Explain each step.** Talk to the person at eye level and within his or her visual field.
- **Approach the person side-on** People with dementia will have diminished peripheral vision, in later stages sight becomes monocular. Approaching someone face-on may appear confrontational.
- **Reassuring touch** Spatial disorientation is one of the first symptoms of dementia. Place your hand on their shoulder or knee so they can establish where you are before brushing the teeth.

HELPING SOMEONE WITH DEMENTIA BRUSH THEIR TEETH

1. Stand to the dominant side of the resident as this is where all the brain history is for fine motor skills and automatic behaviour. The person will also look and pay more attention if you are on their dominant side.
2. You will be holding the toothbrush and brushing the teeth using the hand under hand technique.
3. Stand to the side of the resident as they will think they are brushing their own teeth.
4. Place your other hand on their shoulder closest to you, applying downward pressure.
This technique is tricking the person into not paying as much attention to their mouth.
5. You are going to be doing the brushing with the person. With you standing to the side of the person they will be thinking that they are brushing their own teeth.



HAVING A SENSE OF CONTROL

Try to get people to brush their own teeth or make it feel as if they are brushing themselves as it gives them a sense of control.


If we start exerting ourselves such as forcefully attempting to insert the toothbrush the person is more likely to refuse and resist.

- **BRIDGING** [copy you] Watching you and copying what you are doing might be enough. Give them a toothbrush and you have one, they mirror your behaviour. It's a type of distraction technique.
- **CHAINING** Bring the toothbrush to their mouth whilst explaining what you are doing and then get the person to take over and brush by themselves if they are able to.
- **HAND OVER HAND** is similar to chaining, except the carer places their hand over the residents' hand guiding their hand to complete the task. This is particularly useful when removing dentures. ([Jablonski et al., 2011](#)).
- **DISTRACTING** Proven distraction techniques include singing, talking, or providing a stuffed animal ([Chalmers, 2000](#)).
- **RESCUING** If the attempts are not going well have another staff member take over – may have a different approach or different manner.



IF SOMEONE REFUSES TO OPEN

They may not understand you or may not want to have their teeth brushed

- **Tell and show** technique to promote understanding.
- **Get the person to sing** as this helps open the mouth 
- **Stroke the side of the cheek**, this helps relax the jaw and encourages them to open their mouth
- **Touch the mouth**, or teeth gently with the bristles to prompt opening.
- **Place the back of the toothbrush** against the lips and gently twist it so it opens the lips and touches the front teeth. Slide the brush in. When they have opened their mouth they will usually keep it open. Start by cleaning the outer surfaces of the front teeth. Then move to the outer surfaces of the back teeth
- Or **if they will not open** then with a smile, say that you'll come back later.



BITING THE TOOTHBRUSH

Biting down on a toothbrush is a reflex. If this happens whilst brushing, have another brush handy and continue brushing. This gives you access to the inside of the teeth.

Releasing the toothbrush – Gently rub the cheek and jaw – This is a reflex, the mouth will relax and open.



IF SOMEONE SHOWS PHYSICAL AGGRESSION

- Try someone the person is more familiar and relaxed with.
- Be patient, take time and be reassuring.
- Do not talk about the person but always to the person.
- Explain what you are going to do and why you are going to do it. Provide a reason (e.g., let me get the food out of your teeth so you'll be more comfortable)
- Phase in mouth care (e.g., do front of teeth one day and the back the next)
- Stay calm and quiet yourself.
- At a later time - Look in the mouth for any signs of soreness, infection, broken teeth etc



IF SOMEONE KEEPS REFUSING MOUTH CARE

- Make notes, ensure that the next of kin know and encourage them to intervene and help if they can.
- If a resident who doesn't have capacity continues to decline mouth care, this needs to be escalated to a healthcare professional.



THANK YOU FOR YOUR INTEREST IN ORAL HEALTHCARE

Want to know how to improve the overall standard of mouth care in your care home?

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