

The modern day dental nurse: education and prevention (part two)

In the second of a two-part series, Rachel Hughes discusses how nurses can take the lead in oral health education and prevention in relation to adults' oral health and those with long-term health conditions

For some dental nurses, getting our adult patients to become compliant with an effective oral health regime can seem like a constant ongoing battle. Appointment after appointment, the need for better brushing habits and interdental cleaning are reinforced and demonstrated. For the patient, it can be an ongoing negative experience.

Patient compliance can be increased by having an effective system of referral to the oral health educator. There are two ways to do this:

- Having built-in oral health preventative advice for every new patient treatment plan—this sets out expectations from the very beginning
- Referral by hygiene or therapist.

When I see adult patients, one of the biggest benefits I can give them is time. My role is not to carry out any active treatment—unlike the hygienist—so I do not have to struggle with the balance of providing scaling treatment and motivating better oral hygiene habits.

Back to basics

What I find works well with my patients is to take them back to basics. I will ask them what they know and what is their understanding of the reasons why we need to brush our teeth. I will then take them through the process of gum inflammation (gingivitis) and how it progresses to gum disease

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Figure 1. Showing how to use toothbrushes effectively will increase compliance and the patient's oral health

using a flip chart, as the visuals are very effective at helping to communicate my message. I also explain the examination the dentist/hygienist carries out to assess their gum health (basic periodontal examination scores). I will then relate these scores to the corresponding visual on the flip chart.

If I have a patient with code 3 or 4 pocketing, the visual representation on the flip chart can cause quite a reality check as it encourages them to take ownership for their own condition. From here, we then go on to establish a home care routine that suits them, discussing the ideal features of a toothbrush, but concentrating more on how to use it effectively and co-discovery as to which form of interdental cleaning aid they can use, we have to of course be mindful of varying degrees of dexterity in individuals. The purpose is to motivate change—improving their oral hygiene with minimal interventions. It will make future hygiene appointments much easier and comfortable and a more positive experience not only for the patient, but also for the hygienist.

Supporting long-term health conditions

A long-term condition is defined as a condition that cannot, at present, be cured but can be controlled by medication and other therapies. Examples of long-term conditions are diabetes, heart disease and chronic obstructive pulmonary disease.

There are 15.4 million people living with a long-term condition in England. Numbers are expected to rise due to an aging population and unhealthy lifestyle choices (Department of Health (DH), 2010). Access to a dedicated oral health education service can be hugely beneficial to patients who are struggling to maintain good oral hygiene while trying to cope with a long-term health condition. Some of the common oral conditions are:

- Dental caries
- Periodontal disease
- Xerostomia (dry mouth)
- Halitosis
- Denture problems
- Burning mouth syndrome
- Dysphagia and drooling.

Diabetes

The Public Health England document, *Delivering Better Oral Health: An Evidence-based Toolkit for Prevention* (Public Health England, 2014), states that 'patients with diabetes should try to maintain good control of their diabetes as they are at greater risk of developing periodontal disease and less likely to benefit from periodontal treatment if the diabetes is uncontrolled'.

For these patients, we should be concentrating on ensuring they understand their increased risk and looking at their health from a holistic point of view, guiding them in dietary choices that aid their diabetes control without compromising oral health and how to maintain adequate plaque control, as uncontrolled blood sugar can cause an increase in plaque.

Heart disease

Patients suffering with heart disease are often placed on a medication regime including nifedipine or amlodipine, which can affect gum health.

It is very difficult for a patient to manage drug-induced gingival hyperplasia, but with careful instruction and guidance for plaque control, we, as oral health educators, can help them to help themselves.

Parkinson's

Parkinson's is a condition affecting 1 in 500 people in the UK. The main symptoms include tremors, rigidity or stiffness and slowness of movement. With regards to oral health, people with Parkinson's may find it difficult to swallow, or they may drool a lot. They may suffer with dry mouth and be at increased risk of tooth decay.

Providing advice and guidance on how they can maintain their own oral hygiene, such as adapting toothbrushes for better grip or how to use an electric toothbrush so that these patients can still retain that independence will be greatly appreciated. They may also benefit from fluoride application on a regular basis or be guided towards a toothpaste that contains a higher concentration of fluoride or toothpaste specifically for dry mouth.

Dry mouth

Dry mouth can be extremely painful and frustrating for those affected, they will drink glass after glass of water but with little or no relief. As we know, saliva plays a huge role in a healthy mouth, keeping the soft tissues lubricated, aids chewing, taste and swallowing. It neutralises plaque acids, helping protect enamel from tooth decay and can even aid in retention of dentures.

Dry mouth can be caused by:

- Medications
- Chemotherapy or radiotherapy
- Sjogren syndrome
- Mouth breathing
- Menopause.

As well as effective plaque control, we can also advise these patients on products. Advising them to reduce caffeine intake will help prevent dehydration. Toothpaste choice is important, ideally dry mouth sufferers should use a toothpaste that is free from sodium lauryl sulphate (SLS). SLS can actually contribute further to dry mouth, so products such as Sensodyne Pronamel are a good recommendation as it is readily available in supermarkets and chemists. Biotene and OraNurse are also designed for dry mouth but are not so easy to come by. AloeDent toothpaste has also been reported to be successful in managing painful oral conditions, such as dry mouth and Lichen planus, however, it does not contain fluoride.

Mouth washes containing alcohol should also be discouraged, as again, they will dry the mouth

further. Difflam mouthwash, however, can provide relief for a sore mouth and its use should be encouraged particularly for oncology patients.

Chewing sugar free gum can also help with the production of saliva—Biotene also have their own brand available.

If you have any further concerns about recommending products for dry mouth, you can refer back to the dentist, who can prescribe sprays or gels that can give artificial lubrication.

Dependent on how dry and fragile the soft tissues are, these patients will of course benefit from regular topical fluoride application at three or six-monthly intervals as indicated by their level of risk.

Oral health educators really do need to know their products as patients often ask for recommendations, and I often find that the dentists and hygienists come for advice also. Therefore, developing good relationships with representatives from pharmaceutical companies is very important

in order to absorb as much product information as possible.

Conclusion

The role of the oral health educator in delivering preventative advice to patients is an integral role for any dental setting. It is a skill that more dental nurses are looking to develop, and is instrumental in the changing face of dentistry.

For any dental nurse looking to expand their role, oral health education gives you a fantastic grounding—you will further develop underpinning knowledge and communication skills, which are essential skills for nurse-led clinics.

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Department of Health (2010) Improving the health and well-being of people with long term conditions. World class services for people with long term conditions: information tool for commissioners. DH, Leeds

Public Health England (2014) *Delivering Better Oral Health: An Evidence-based Toolkit for Prevention*. PHE, London



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