

Special Care Dentistry

**Evidence Update
June 2018 (Quarterly)**



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Lunchtime Drop-in Sessions

June (12.00-13.00)

20th (Wed) **Interpreting Statistics**

28th (Thurs) **Literature Searching**

July (13.00-14.00)

5th (Thu) **Critical Appraisal**

9th (Mon) **Statistics**

19th (Thu) **Literature Searching**

23rd (Mon) **Critical Appraisal**

August (12.00-13.00)

1st (Wed) **Statistics**

6th (Mon) **Literature Searching**

16th (Thu) **Critical Appraisal**

22nd (Wed) **Statistics**

30th (Thu) **Literature Searching**

Your Outreach Librarian Jo Hooper

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Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk



Library Clinic

**Stop by and find out more about our services.
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may have!**

June 19th: **Welcome Centre, BRI 10.00-16.00**

July 3rd: **Welcome Centre, BRI 10.00-16.00**

July 4th: **Canteen (Level 9, BRI) 12.00-14.00**

August 8th: **Foyer, Education Centre 12.00-14.00**

August 29th: **Foyer, St Michael's Hospital 12.00-14.00**

September 5th: **Canteen (Level 9, BRI) 12.00-14.00**

September 11th: **Welcome Centre, BRI 10.00-16.00**

October 3rd: **Terrace (Level 4, Education Centre) 12.00-14.00**

November 7th: **Canteen (Level 9, BRI) 12.00-14.00**

December 5th: **Foyer, Education Centre 12.00-14.00**

December 11th: **Welcome Centre, BRI 10.00-16.00**

Current Journals: Tables of Contents

Click on journal title (+ Ctrl) for hyperlink

Journal	Month	Volume	Issue
British Dental Journal	June	224	11
Journal of Disability and Oral Health	April	19	1
Community Dental Health	June	35	2


If you require full articles please email: library@uhbristol.nhs.uk

Latest Evidence

NICE National Institute for
Health and Care Excellence

[Factors affecting access to daily oral and dental care among adults with intellectual disabilities](#) Source: [Social Care Collection](#) - 01 May 2018 - Publisher: Journal of Applied Research in Intellectual Disabilities

[The impact of demographic, health-related and social factors on dental services utilization: Systematic review and meta-analysis](#) Source: [PubMed](#) - 16 April 2018 - Publisher: Journal Of Dentistry [Read Summary](#)

[Care and support of people growing older with learning disabilities : guidance \(NG96\)](#)
 Source: [National Institute for Health and Care Excellence - NICE](#) - 11 April 2018 [Read Summary](#)

[Healthcare In Prison Factsheet](#) Source: [Rethink Mental Illness](#) - 25 May 2018

[Poor oral health in patients with schizophrenia: A systematic review and meta-analysis](#)

Source: [PubMed](#) - 11 May 2018 - Publisher: Schizophrenia Research [Read Summary](#)

[US FDA approves avatrombopag \(Doptelet\) for treatment of thrombocytopenia in patients with chronic liver scheduled to undergo a medical or dental procedure](#) 21 May 2018 -

Publisher: Biospace Inc. [Read Summary](#)



No relevant evidence

UpToDate®

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[Risk factors and prevention of peritonitis in peritoneal dialysis](#)

- [Compromised host defenses](#)
- [Dental procedures](#)
- [Summary and recommendations](#)

Literature review current through: May 2018. | **This topic last updated:** Mar 21, 2018.

[Treatment of specific phobias of clinical procedures in adults](#)

- [Dental phobia](#)
- [Summary and recommendations](#)

Literature review current through: May 2018. | **This topic last updated:** Mar 23, 2018.

[Primary care of the adult with intellectual and developmental disabilities](#)

- [Oral hygiene](#)
- [Routine health care](#)
- [Summary and recommendations](#)

Literature review current through: May 2018. | **This topic last updated:** Jan 16, 2018.

Current Awareness Database Articles

Below is a selection of articles added to the healthcare databases grouped into the following categories:

- Physical Disabilities
- Learning Disabilities
- Mental Health
- Medically compromised

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk

Physical Disabilities

Fear of pain and dental care-related fear: Associations with the MC1R gene

Author(s): Randall, Cameron L.

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2018; 78 (10)

Publication Type(s): Dissertation Abstract Dissertation

Abstract: Fear of pain is experienced in acute and chronic pain populations, as well as generally, and impacts numerous aspects of the pain experience, including pain intensity, pain-related disability, and pain behavior (e.g., avoidance). A related but separate construct, dental care-related fear, also is experienced in the general population, and impacts dental treatment-seeking behavior and oral and systemic health. Very minimal work has addressed the role of genetics in the etiologies of fear of pain and dental care-related fear. Limited available data suggest that variants of the melanocortin-1 receptor (MC1R) gene may predict greater levels of dental care-related fear. The MC1R gene also may be important in the etiology of fear of pain. This study aimed to confirm that MC1R variant status predicts dental care-related fear and to determine, for the first time, whether MC1R variant status predicts general fear of pain. Participants were 817 Caucasian adults (62.5% female, M age = 34.7 years, SD = 8.7) who were part of a larger, cross-sectional project that sought to identify determinants of oral diseases at the community-, family-, and individual levels (Center for Oral Health Research in Appalachia, cohort 1; COHRA1). Participants were genotyped for SNPs on MC1R and completed self-report measures of fear of pain and dental care-related fear. Variation on MC1R predicted higher levels of dental care-related fear and fear of pain. Importantly, fear of pain mediated the relation between MC1R variant status and dental care-related fear, $B = 1.60$, 95% CI [0.281, 3.056]. MC1R variants may influence orofacial pain and, in turn, predispose individuals to develop fears about pain. Such fears influence the pain experience and associated pain behaviors, as well as fears about dental treatment. This study provides support for small genetic contributions to the development/maintenance of fear of pain and dental care-related fear. These findings suggest directions for future research to identify potential targets for intervention in the treatment of fear of pain and dental care-related fear. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Oral care after stroke: Where are we now?

Author(s): Lyons M.; Boaden E.; Dickinson H.; Lightbody C.; Watkins D.C.; Smith C.; Brady M.C.

Source: European Stroke Journal; 2018

Publication Type(s): Article In Press

Abstract: Purpose: There appears to be an association between poor oral hygiene and increased risk of aspiration pneumonia - a leading cause of mortality post-stroke. We aim to synthesise what is known about oral care after stroke, identify knowledge gaps and outline priorities for research that will provide evidence to inform best practice. Methods: A narrative review from a multidisciplinary perspective, drawing on evidence from systematic reviews, literature, expert and lay opinion to scrutinise current practice in oral care after a stroke and seek consensus on research priorities. Findings: Oral care tends to be of poor quality and delegated to the least qualified members of the caring team. Nursing staff often work in a pressured environment where other aspects of clinical care take priority. Guidelines that exist are based on weak evidence and lack detail about how best to provide oral care. Discussion: Oral health after a stroke is important from a social as well as physical health perspective, yet tends to be neglected. Multidisciplinary research is needed to improve understanding of the complexities associated with delivering good oral care for stroke patients. Also to provide the evidence for practice that will improve wellbeing and may reduce risk of aspiration pneumonia and other serious sequelae. Conclusion: Although there is evidence of an association, there is only weak evidence about whether improving oral care reduces risk of pneumonia or mortality after a stroke. Clinically relevant, feasible, cost-effective, evidence-based oral care interventions to improve patient outcomes in stroke care are urgently needed. Copyright © 2018, European Stroke Organisation 2018.

Using focus groups to design systems science models that promote oral health equity.

Author(s): Kum, Susan S; Northridge, Mary E; Metcalf, Sara S

Source: BMC oral health; Jun 2018; vol. 18 (no. 1); p. 99

Publication Type(s): Journal Article

Available at [BMC oral health](#) - from Europe PubMed Central - Open Access

Abstract: BACKGROUND While the US population overall has experienced improvements in oral health over the past 60 years, oral diseases remain among the most common chronic conditions across the life course. Further, lack of access to oral health care contributes to profound and enduring oral health inequities worldwide. Vulnerable and underserved populations who commonly lack access to oral health care include racial/ethnic minority older adults living in urban environments. The aim of this study was to use a systematic approach to explicate cause and effect relationships in creating a causal map, a type of concept map in which the links between nodes represent causality or influence. METHOD To improve our mental models of the real world and devise strategies to promote oral health equity, methods including system dynamics, agent-based modeling, geographic information science, and social network simulation have been leveraged by the research team. The practice of systems science modeling is situated amidst an ongoing modeling process of observing the real world, formulating mental models of how it works, setting decision rules to guide behavior, and from these heuristics, making decisions that in turn affect the state of the real world. Qualitative data were obtained from focus groups conducted with community-dwelling older adults who self-identify as African American, Dominican, or Puerto Rican to elicit their lived experiences in accessing oral health care in their northern Manhattan neighborhoods. RESULTS The findings of this study support the multi-dimensional and multi-level perspective of access to oral health care and affirm a theorized discrepancy in fit between available dental providers and patients. The lack of information about oral health at the community level may be compromising the use and quality of oral health care among racial/ethnic minority older adults. CONCLUSIONS Well-informed community members may fill critical roles in oral health promotion, as they are viewed as highly credible sources of information and recommendations for dental providers. The next phase of this research will involve incorporating the knowledge gained

from this study into simulation models that will be used to explore alternative paths toward improving oral health and health care for racial/ethnic minority older adults.

Benefits of implementing pain-related disability and psychological assessment in dental practice for patients with temporomandibular pain and other oral health conditions.

Author(s): Visscher, Corine M; Baad-Hansen, Lene; Durham, Justin; Goulet, Jean-Paul;

Source: Journal of the American Dental Association (1939); Jun 2018; vol. 149 (no. 6); p. 422-431

Publication Type(s): Journal Article

Abstract:BACKGROUND Evidence in the field of dentistry has demonstrated the importance of pain-related disability and psychological assessment in the development of chronic symptoms. The Diagnostic Criteria for Temporomandibular Disorders offer a brief assessment for the diagnostic process in patients with orofacial pain (Axis II). The authors describe relevant outcomes that may guide general oral health care practitioners toward tailored treatment decisions and improved treatment outcomes and provide recommendations for the primary care setting. METHODSThe authors conducted a review of the literature to provide an overview of knowledge about Axis II assessment relevant for the general oral health care practitioner. RESULTSThe authors propose 3 domains of the Axis II assessment to be used in general oral health care: pain location (pain drawing), pain intensity and related disability (Graded Chronic Pain Scale [GCPS]), and psychological distress (Patient Health Questionnaire-4 [PHQ-4]). In the case of localized pain, low GCPS scores (0-II), and low PHQ-4 scores (0-5), patients preferably receive treatment in primary care. In the case of widespread pain, high GCPS scores (III-IV), and high PHQ-4 scores (6-12), the authors recommend referral to a multidisciplinary team, especially for patients with temporomandibular disorder (TMD) pain. CONCLUSIONSThe authors recommend psychological assessment at first intake of a new adult patient or for patients with persistent TMD pain. The authors recommend the pain-related disability screening tools for all TMD pain symptoms and for dental pain symptoms that persist beyond the normal healing period. PRACTICAL IMPLICATIONSA brief psychological and pain-related disability assessment for patients in primary care may help the general oral health care practitioner make tailored treatment decisions.

Does providing dental services reduce overall health care costs? : A systematic review of the literature.

Author(s): Elani, Hawazin W; Simon, Lisa; Ticku, Shenam; Bain, Paul A; Barrow, Jane

Source: Journal of the American Dental Association (1939); Jun 2018

Publication Type(s): Journal Article Review

Abstract:BACKGROUND The authors conducted a systematic review of the literature to assess the impact of dental treatment on overall health care costs for patients with chronic health conditions and patients who were pregnant. TYPES OF STUDIES REVIEWED The authors searched multiple databases including MEDLINE, Embase, Web of Science, and Dentistry & Oral Sciences Source from the earliest date available through May 2017. Two reviewers conducted the initial screening of all retrieved titles and abstracts, read the full text of the eligible studies, and conducted data extraction and quality assessment of included studies. RESULTSThe authors found only 3 published studies that examined the effect of periodontal treatment on health care costs using medical and dental claims data from different insurance databases. Findings from the qualitative synthesis of those studies were inconclusive as 1 of the 3 studies showed a cost increase, whereas 2 studies showed a decrease. CONCLUSIONS AND PRACTICAL IMPLICATIONSThe small number of studies and their mixed outcomes demonstrate the need for high-quality studies to evaluate the effect of periodontal intervention on overall health care costs.

Differences in the oral health status and oral hygiene practices according to the extent of post-stroke sequelae.

Author(s): Kim, H T; Park, J B; Lee, W C; Kim, Y J; Lee, Y

Source: Journal of oral rehabilitation; Jun 2018; vol. 45 (no. 6); p. 476-484

Publication Type(s): Journal Article

Abstract: Oral health and hygiene are crucial parameters in stroke patients. However, few studies have evaluated the oral health status and oral hygiene practices according to the level of function in stroke patients. The aim of this study was to evaluate the oral health status and oral hygiene practices according to ambulation and personal hygiene levels in patients with stroke. Data from the fifth (2010-2012) and sixth (2013-2015) editions of the Korea National Health and Nutrition Examination Survey (KNHANES) for 6 years were combined. A total of 700 stroke patients were enrolled in our study. Subjective oral health was significantly poorer in patients who experienced a moderate problem with walking (adjusted OR [AOR], 1.68; 95% CI, 1.21-2.33) and bed-bound patients (AOR, 2.92; 95% CI, 1.01-8.44) than in patients who could walk without difficulty. Patients who were unable to bathe or dress independently exhibited a significantly higher risk of dental caries than did those who could perform the same activities unassisted. The probability of brushing teeth ≥ 2 times daily was 69% lower in bed-bound patients (AOR, 0.31; 95% CI, 0.11-0.87) than in patients who could walk without difficulty and 76% lower in patients who were unable to bathe or dress independently (AOR, 0.24; 95% CI, 0.09-0.62) than in those who could perform the same activities without difficulty. There were differences in oral health status and oral hygiene practices, according to ambulation level and functional independence, in the stroke patient group. These results indicate the need for oral care for stroke patients who exhibit ambulatory and functional limitations.

Oral Health-related quality of life and clinical outcomes of immediately or delayed loaded implants in the rehabilitation of edentulous jaws: a retrospective comparative study.

Author(s): Cosola, Saverio; Marconcini, Simone; Giammarinaro, Enrica; Poli, Gian L; Covani, Ugo;

Source: Minerva stomatologica; Apr 2018

Publication Type(s): Journal Article

Abstract: BACKGROUND Patient-centred outcomes are being given great attention by the dental scientific community. The Oral Health Impact Profile -14 questionnaire (OHIP-14) has been introduced to address patients' success criteria when describing the impact of oral rehabilitations on quality of life (OHRqoL). METHOD Thirty-five patients wearing a full-arch implant-prosthesis being in place between 4 and 6 years before this analysis were considered eligible and then enrolled in the present retrospective study. According to their prosthetic anamnesis, two groups were defined: delayed loading group (DL-group) and immediate loading group (IL-group). At the moment of analysis, clinical and radiographic parameters were collected, and patients were asked to complete the Oral Health Impact Profile -14 questionnaire (OHIP-14) in order to measure their OHRqoL. RESULTS Independent t-test showed total OHIP-14 scores to be not significantly different between groups; however, the domains "Functional limitation" and "physical disability" resulted significantly higher in patients within the DL-group. On the contrary, social disability was higher in the IL-group. When the comparison was performed taking sex into account, no significant differences between groups were highlighted. Instead, the stratification for years of follow-up led to significant evidences. When the follow-up was shorter (less-than-5 years), the functional limitation reported scores were higher. CONCLUSIONS Within the limitations of this study, the analysis supports the absence of significant differences between immediate loading and delayed loading full-arch protocol in term of clinical, radiological parameters and OHRqoL.

Maxillofacial prosthetic treatment factors affecting oral health-related quality of life after surgery for patients with oral cancer.

Author(s): Hagio, Miki; Ishizaki, Ken; Ryu, Masahiro; Nomura, Takeshi; Takano, Nobuo;

Source: The Journal of prosthetic dentistry; Apr 2018; vol. 119 (no. 4); p. 663-670

Publication Type(s): Journal Article

Abstract:STATEMENT OF PROBLEMAfter oral cancer surgery, tissue defects can cause deformity and limited mobility, complicating many essential functions. For patients with mandibular, tongue, and oral floor defects, evidence regarding the effects of maxillofacial prosthetics on their oral health-related quality of life (OHRQoL) is lacking. Therefore, maxillofacial prosthetic reconstruction has been implemented with no clear treatment goals.PURPOSEThe purpose of this clinical study was to identify factors affecting the improvement of OHRQoL by using maxillofacial prosthetic treatment after surgery to repair maxillary, mandibular, tongue, and oral floor defects.MATERIAL AND METHODSAll individuals who agreed to maxillofacial prosthetics after surgery for oral cancer were enrolled. Oral function and OHRQoL were evaluated before maxillofacial prosthesis placement and 1 month after final adjustments. The oral functions evaluated included masticatory function, swallowing function, and articulatory function. The Oral Health Impact Profile (OHIP-J54) was used to evaluate OHRQoL. Factors affecting changes in the OHIP-J54 score for participants' background and oral functions before and after treatment were analyzed through logistic regression analysis (stepwise method).RESULTSParticipants included 34 men and 16 women with an average age of 72.4 ±8.7 years. "Psychological discomfort" was correlated with the patient's sex and masticatory function. "Physical disability" was related to articulatory function. "Handicap" was related to the swallowing function. "Additional Japanese questions" were related to the patient's sex.CONCLUSIONSParticipants' sex and their oral functions, including masticatory, swallowing, and articulatory functions, were associated with improved OHRQoL because of maxillofacial prosthetics after surgery for oral cancer.

Oral Care Assessment Tools and Interventions After Stroke.

Author(s): Prendergast, Virginia; Hinkle, Janice L

Source: Stroke; Apr 2018; vol. 49 (no. 4); p. e153

Publication Type(s): Journal Article Review

Access to dental care

Is compromised oral health associated with a greater risk of mortality among nursing home residents? A controlled clinical study.

Author(s): Klotz, Anna-Luisa; Hassel, Alexander Jochen; Schröder, Johannes; Rammelsberg, Peter;

Source: Aging clinical and experimental research; Jun 2018; vol. 30 (no. 6); p. 581-588

Publication Type(s): Journal Article

Abstract:AIMThe objective of this controlled clinical study was to evaluate the association between oral health and 1-year mortality among nursing home residents with or without oral health intervention.METHODSThis research was part of a multidisciplinary intervention study (EVI-P) performed in 14 nursing homes in Germany. Two-hundred and nineteen nursing home residents were included in the study and assigned to an intervention group, for which dental health education was offered and ultrasonic baths were used for denture cleaning (n = 144), or to a control group (n = 75). Before the intervention, each participant was examined, and dental status, plaque control record (PCR), Denture Hygiene Index, and results from the Revised Oral Assessment Guide were

recorded. Amount of care needed and dementia were also assessed, by use of the Barthel Index and the Mini Mental State Examination, respectively. Participant mortality was determined after 12 months, and bivariate analysis and logistic regression models were used to evaluate possible factors affecting mortality. RESULTS Bivariate analysis detected a direct association between greater mortality and being in the control group ($p = .038$). Participants with higher PCR were also more likely to die during the study period ($p = .049$). For dentate participants, the protective effect of being in the intervention group was confirmed by multivariate analysis in which covariates such as age and gender were considered. CONCLUSION Oral hygiene and oral health seem to affect the risk of mortality of nursing home residents. Dental intervention programs seem to reduce the risk of 1-year mortality among nursing home residents having remaining natural teeth. Further studies, with larger sample sizes and evaluation of the causes of death, are necessary to investigate the reasons for these associations.

Supporting first-line managers in implementing oral care guidelines in nursing homes.

Author(s): Eldh, Ann Catrine; Olai, Lena; Jönsson, Birgitta; Wallin, Laris; Denti, Leif; Elf, Marie

Source: Nordic Journal of Nursing Research; Jun 2018; vol. 38 (no. 2); p. 87-95

Available at [Nordic Journal of Nursing Research](#) - from ProQuest (Hospital Premium Collection)

Abstract: This study investigated first-line managers' experience of and responses to a concise leadership intervention to facilitate the implementation of oral care clinical practice guidelines (CPGs) in nursing homes. Leadership is known to be an important element in knowledge implementation but little is known as to what supports managers to facilitate the process. By means of a process evaluation with mixed methods, the context and a three-month leadership program was explored, including activities during and in relation to the program, and the effects in terms of oral care CPG implementation plans. While the managers appreciated the intervention and considered improved oral care to be a priority, their implementation plans mainly focused the dissemination of an oral care checklist. The findings suggest that extended implementation interventions engaging both managers and clinical staff are needed, and that a concise intervention does not facilitate first-line managers to adopt behaviors known to facilitate knowledge implementation.

Efficacy and acceptance of professional dental cleaning among nursing home residents.

Author(s): Barbe, Anna Greta; Kottmann, Hannah Elisa; Hamacher, Stefanie

Source: Clinical oral investigations; May 2018

Publication Type(s): Journal Article

Abstract: OBJECTIVE To determine the impact of general and oral health status of nursing home residents in Germany on efficacy and acceptance of professional dental cleaning performed by a dental nurse. MATERIALS AND METHODS Participants ($N = 41$; mean age 83 ± 8 years) living in a nursing home were included. Personal and general health, oral health, oral hygiene habits, and needs were investigated. Individual acceptance regarding professional dental cleaning via different devices (scaler, interdental brushes, ultrasonic cleaning) was assessed, as was the efficacy of this method using after-cleaning indices. RESULTS Oral health among nursing home residents was impaired and independent from dementia status. Most residents (33/41) performed oral hygiene procedures independently and showed better index values than those in need of external help. Residents requiring help with oral hygiene showed increased risk profiles (higher age, more often immobile, demented, more xerostomia). The dental cleaning procedure required a mean time of 37 ± 11 min, was widely accepted (36/41), and achieved clean results (plaque index 0.1 ± 0.5 , oral hygiene index 0.2 ± 1.6 , Volpe-Manhold index 0.4 ± 1.6); food residues were reduced to 0 independent from cognitive status. Regarding the cleaning methods, scalers were accepted best

without difference between demented and non-demented residents. **CONCLUSIONS** Professional dental cleaning in nursing homes is an accepted and efficacious oral hygiene procedure among nursing home residents. **CLINICAL RELEVANCE** Professional dental cleaning is an efficacious and accepted method as a first step in line with strategies to improve oral health and should be considered in nursing home residents.

Anterior tooth wear and quality of life in a nursing home population.

Author(s): Al-Allaq, Tumouh; Feng, Changyong; Saunders, Ralph H

Source: Special care in dentistry : official publication of the American Association of Hospital Dentists, the Academy of Dentistry for the Handicapped, and the American Society for Geriatric Dentistry; May 2018

Publication Type(s): Journal Article

Abstract: **AIMS** The aim of the study was to assess the extent to which a relationship may exist between the wear of the anterior teeth and quality of life in a population of nursing home residents. **METHODS AND RESULTS** A population (n = 100) of nursing home residents (mean age 75.7 years) was recruited all members of which had at least 4 upper and 4 lower anterior teeth and were assessed as cognitively intact by nursing personnel who were familiar with their behavior. The investigator evaluated the level of tooth wear of each subject according to the Tooth Wear Index of Donachie and Walls (Adapted) and then verbally administered the Geriatric Oral Health Assessment Index (GOHAI) of Atchison and Dolan. Analyses did not reveal significant differences in tooth wear between males and females nor between age and GOHAI score; however, tooth wear was positively related to age and inversely related to quality of life. **CONCLUSIONS** Results suggest that tooth wear is negatively related to quality of life.

A preliminary report on dental implant condition among dependent elderly based on the survey among Japanese dental practitioners.

Author(s): Sato, Yuji; Koyama, Shigeto; Ohkubo, Chikahiro; Ogura, Shin; Kamijo, Ryutaro; Sato, Soh

Source: International journal of implant dentistry; May 2018; vol. 4 (no. 1); p. 14

Publication Type(s): Journal Article Review

Available at [International Journal of Implant Dentistry](#) - from PubMed Central

Abstract: **BACKGROUND** The objective of this study was to ascertain the situation relevant to implants, the status of oral self-care, the status of aftercare provided by the dentist who placed the implant, and the usage status of the implant card, in homebound or institutionalized older adults who are receiving home-visit dental care due to the inability to visit a dental clinic on their own. **METHODS** A survey questionnaire was sent by post mail to 2339 people who are representative members or dental specialists belonging to any of the following three academic societies: Japanese Society of Oral Implantology, Japanese Society of Gerodontology, and Japan Prosthodontic Society. The survey questions asked were about provision/no provision of implant treatment, provision/no provision of home-visit dental care, the situation of patients after implant treatment, the situation of implants in the context of home-visit dental care, and the usage status and recognition of the implant card. **RESULTS** No less than 30% of the dentists had patients who were admitted to the hospital or became homebound after receiving implant treatment at their clinic. Twenty-two percent of the dentists had been consulted about the implants. Dentists who continued to provide post-operative implant care through home-visit dental care accounted for approximately 80%. On the other hand, however, 40% of the dentists did not know the post-implantation status of their implant patients. Of the patients receiving home-visit dental care, approximately 3% had implants (identified mainly by visual inspection). It was found that more than 50% of the dentists offering

implant treatment did not use the implant card, and even in cases where it was used, most of the cards were not in the standardized format. **CONCLUSIONS** Within the limitation of low response rate to the questionnaire in this preliminary study, we concluded that many of practitioners including specialists indicated the need of universal record of implant for dependent elderly cares.

Community-based preventive activities in the Public Dental Service in Norway.

Author(s): Widström, E; Tillberg, A; Byrkjeflot, L I; Stein, L; Skudutyte-Rysstad, R

Source: International journal of dental hygiene; May 2018; vol. 16 (no. 2); p. e112

Publication Type(s): Journal Article

Abstract: **OBJECTIVE** The purpose of this study was to describe community-based preventive interventions undertaken by the dental team outside the dental clinics in Norway, from the dental hygienists' and the dentists' perspective, with the main focus on target groups and existing guidelines and routines for these activities. A secondary aim was to identify the personnel responsible for developing the local guidelines and the knowledge sources for the guidelines. **METHODS** With the assistance of the Chief Dental Officers in 15 Public Dental Service (PDS) regions, questionnaires were emailed to the local clinics (n = 421). In each, the most experienced dental hygienist and dentist were asked to respond; 215 dentists and 166 dental hygienists responded (60%). **RESULTS** Almost 40% of the respondents reported that their clinic had guidelines on community-based activities conducted outside the clinics. Dental hygienists and local chief dentists were responsible for planning them. The main target groups were young children and the dependent elderly; the majority of the activities were carried out at child welfare centres and for personnel at nursing homes or for home care nurses. **CONCLUSION** At the regional and local level, a more strategic and coordinated approach to the provision of community-based activities is needed, including assessment of oral health needs among population groups. Continuous documentation and evaluation of results are necessary for optimal use of available resources and to facilitate an evidence-based approach.

A 1-year follow-up of a randomized clinical trial with focus on manual and electric toothbrushes' effect on dental hygiene in nursing homes.

Author(s): Fjeld, Katrine Gahre; Eide, Hilde; Mowe, Morten; Sandvik, Leiv; Willumsen, Tiril

Source: Acta odontologica Scandinavica; May 2018; vol. 76 (no. 4); p. 257-261

Publication Type(s): Journal Article

Abstract: **OBJECTIVE** A 2-month randomized clinical trial (RCT) study comparing electric and manual toothbrushes used by residents in nursing homes showed significant reduction in plaque score for both groups. The aim of this follow up study was to study if the effect sustained in a longer perspective when toothbrushes were used according to resident's own preference. **MATERIALS AND METHODS** One year after baseline of the RCT-study, 100 participants were re-examined. The simplified oral hygiene index (OHI-S) was used as outcome measure on dental plaque. **RESULTS** The mean age was 86.6, 78.1% had three or more medical diagnoses and 52.2% had moderate to severe cognitive impairment. The mean number of natural teeth was 18.8. After 1 year, mean plaque scores was significantly reduced within the population, from 1.2 to 0.7 (p < .001). A total of 46 participants preferred to use an electric toothbrush and 54 preferred manual. No significant difference in plaque score was found between electric and manual toothbrushes. **CONCLUSION** After 1 year, the improvement in dental hygiene from the RCT study sustained for users of both electric and manual toothbrush. Focus upon tooth brushing seems to be efficient and both manual and electric toothbrushes should be available in nursing homes.

Theoretical and hands-on guidance from dental hygienists promotes good oral health in elderly people living in nursing homes, a pilot study.

Author(s): Seleskog, B; Lindqvist, L; Wårdh, I; Engström, A; von Bültzingslöwen, I

Source: International journal of dental hygiene; Apr 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVES Oral health in nursing homes for elderly is often unsatisfactory, and oral health education to nursing staff has not shown sufficient results why there is need for novel approaches. The aim of the study was to trial a new oral healthcare educational programme and to evaluate the effects on residents' oral health. In addition, attitudes among the nursing staff in the intervention nursing home were explored. METHODS In a controlled clinical trial, two comparable nursing homes were randomly assigned for intervention or control. Interventions included weekly theoretical and hands-on guidance from dental hygienists on oral hygiene procedures and discussions on oral care routines. The residents' oral health, measured by the Revised Oral Assessment Guide (ROAG), dental plaque and gingival bleeding were evaluated at baseline and after 3 months. Attitudes among the staff to oral health care were measured at the intervention nursing home. RESULTS Revised Oral Assessment Guide gums and lips scores showed a tendency to decrease in the intervention group, but remained high in the control group. Plaque levels improved significantly after intervention, and a trend towards less gingival bleeding was observed. The intervention nursing staff seemed to be more aware of their own limitations concerning oral health care after intervention and valued more frequent contact with dental services to a greater extent. CONCLUSION The oral healthcare situation for elderly people today is so complex that theoretical education at the group level regarding different aspects of oral health is not sufficient. Individual hands-on guidance by dental hygienists on a regular basis in everyday care may be a new approach.

Long-term success of oral health intervention among care-dependent institutionalized seniors: Findings from a controlled clinical trial.

Author(s): Schwindling, Franz Sebastian; Krisam, Johannes; Hassel, Alexander J; Rammelsberg, Peter; Zenthöfer, Andreas

Source: Community dentistry and oral epidemiology; Apr 2018; vol. 46 (no. 2); p. 109-117

Publication Type(s): Journal Article

Abstract:OBJECTIVE The purpose of this work was to investigate the long-term effectiveness of oral health education of caregivers in nursing homes with care-dependent and cognitively impaired residents. METHODS Fourteen nursing homes with a total of 269 residents were allocated to a control group, with continued normal care, or to an intervention group. Allocation was performed at nursing home level. In the intervention group, caregivers were given oral health education, and ultrasonic cleaning devices were provided to clean removable prostheses. Oral health was assessed at baseline and after 6 and 12 months by use of the Plaque Control Record (PCR), Gingival Bleeding Index (GBI), Community Periodontal Index of Treatment Needs (CPITN) and Denture Hygiene Index (DHI). Mixed models for repeated measures were performed for each target variable, with possible confounding factors (intervention/control group, age, sex, residence location and care-dependence). RESULTS In the control group, no changes of target variables were observed between baseline and the 6- and 12-month follow-ups. After 6 and 12 months, PCR and DHI were significantly improved in the intervention group. For PCR, the intergroup difference of improvements was -14.4 (95% CI: -21.8; -6.9) after 6 months. After 12 months, the difference was -16.2 (95% CI: -27.7; -4.7). For DHI, the intergroup difference compared to baseline was -15 (95% CI: -23.6; -6.5) after 6 months and -13.3 (95% CI: -24.9; -1.8) after 12 months. There was neither a statistically significant effect on GBI nor on CPITN. Care-dependency showed a substantial trend to smaller improvements in PCR ($P = .074$),

while an inverse effect was apparent for DHI ($P < .001$). **CONCLUSION** Education of caregivers improves and maintains the oral health of care-dependent nursing home residents over longer periods. Use of ultrasonic devices is a promising means of improving denture hygiene among the severely care-dependent. Such interventions can be easily and cheaply implemented in routine daily care.

Tooth loss and pneumonia mortality: A cohort study of Japanese dentists

Author(s): Suma S.; Naito M.; Wakai K.; Naito T.; Kojima M.; Umemura O.; Yokota M.; Hanada N.

Source: PLoS ONE; Apr 2018; vol. 13 (no. 4)

Publication Type(s): Article

Available at [PloS one](#) - from EBSCO (MEDLINE Complete)

Abstract: Although associations between oral health and pneumonia have been reported in previous studies, particularly in the institutionalized elderly, few prospective studies have investigated the association between oral condition and pneumonia among community-dwelling people and whether the findings among inpatients or patients in nursing homes are applicable to the general population is still unclear. The oral bacteria propagated in the periodontal regions may drop into the lung and increase the risk of pneumonia. We, therefore, investigated the association of tooth loss with mortality from pneumonia in a cohort study of Japanese dentists. Members of the Japan Dental Association (JDA) participated in the LEMONADE (Longitudinal Evaluation of Multi-phasic, Odontological and Nutritional Associations in Dentists) Study. From 2001 to 2006, they completed a baseline questionnaire on lifestyle and health factors including the number of teeth lost (excluding third molars). We followed 19,775 participants (mean age \pm standard deviation, 51.4 \pm 11.7 years; 1,573 women [8.0%] and 18,202 men [92.0%]) for mortality from pneumonia (ICD-10, J12-J18). Mortality data were collected via the fraternal insurance program of the JDA. The hazard ratios (HRs) were estimated with adjustment for sex, age, body mass index, smoking status, physical activity and diabetes history. During the median follow-up period of 9.5 years, we documented 68 deaths from pneumonia. Participants who were edentulous at baseline were at significantly increased risk of mortality from pneumonia. The multivariable-adjusted HRs were 2.07 (95% confidence interval [CI], 1.09-3.95) for the edentulous and 1.60 (95% CI, 0.83-3.10) for loss of 15-27 teeth relative to loss of 0-14 teeth (trend $p = 0.026$). The HR per one tooth loss was also significant; 1.031 (95% CI, 1.004-1.060). In conclusion, a large number of teeth lost may indicate an increased risk of mortality from pneumonia in community-dwelling populations. Copyright © 2018 Suma et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Engaging with nursing homes: The experience can be sobering, but you can make inroads with caring for patients who need your touch.

Author(s): ISAACS, KYLE

Source: RDH; Apr 2018; vol. 38 (no. 4); p. 22-24

Publication Type(s): Periodical

Abstract: The author provides suggestions to dental hygienists on giving education and direct dental hygiene services to nursing homes in the U.S. Topics discussed include the author's first impression of nursing homes, ways to build a strong relationships with care providers, and minimal state and federal guidelines regarding dental care that are compounding the situation in the skilled nursing facilities.

Efficacy and acceptance of professional dental cleaning among nursing home residents.

Author(s): Barbe, Anna Greta; Kottmann, Hannah Elisa; Hamacher, Stefanie; Derman, Sonja Henny Maria; Noack, Michael Johannes

Source: Clinical oral investigations; May 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVE To determine the impact of general and oral health status of nursing home residents in Germany on efficacy and acceptance of professional dental cleaning performed by a dental nurse. MATERIALS AND METHODS Participants (N = 41; mean age 83 ± 8 years) living in a nursing home were included. Personal and general health, oral health, oral hygiene habits, and needs were investigated. Individual acceptance regarding professional dental cleaning via different devices (scaler, interdental brushes, ultrasonic cleaning) was assessed, as was the efficacy of this method using after-cleaning indices. RESULTS Oral health among nursing home residents was impaired and independent from dementia status. Most residents (33/41) performed oral hygiene procedures independently and showed better index values than those in need of external help. Residents requiring help with oral hygiene showed increased risk profiles (higher age, more often immobile, demented, more xerostomia). The dental cleaning procedure required a mean time of 37 ± 11 min, was widely accepted (36/41), and achieved clean results (plaque index 0.1 ± 0.5, oral hygiene index 0.2 ± 1.6, Volpe-Manhold index 0.4 ± 1.6); food residues were reduced to 0 independent from cognitive status. Regarding the cleaning methods, scalers were accepted best without difference between demented and non-demented residents. CONCLUSIONS Professional dental cleaning in nursing homes is an accepted and efficacious oral hygiene procedure among nursing home residents. CLINICAL RELEVANCE Professional dental cleaning is an efficacious and accepted method as a first step in line with strategies to improve oral health and should be considered in nursing home residents

Learning Disabilities/Behavioural Disorders

Specific Sensory Techniques and Sensory Environmental Modifications for Children and Youth With Sensory Integration Difficulties: A Systematic Review.

Author(s): Bodison, Stefanie C; Parham, L Diane

Source: The American journal of occupational therapy : official publication of the American Occupational Therapy Association; ; vol. 72 (no. 1); p. 7201190040p1

Publication Type(s): Journal Article Review

Available at [American Journal of Occupational Therapy](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: This systematic review examined the effectiveness of specific sensory techniques and sensory environmental modifications to improve participation of children with sensory integration (SI) difficulties. Abstracts of 11,436 articles published between January 2007 and May 2015 were examined. Studies were included if designs reflected high levels of evidence, participants demonstrated SI difficulties, and outcome measures addressed function or participation. Eight studies met inclusion criteria. Seven studies evaluated effects of specific sensory techniques for children with autism spectrum disorder (ASD) or attention deficit hyperactivity disorder: Qigong massage, weighted vests, slow swinging, and incorporation of multisensory activities into preschool routines. One study of sensory environmental modifications examined adaptations to a dental clinic for children with ASD. Strong evidence supported Qigong massage, moderate evidence supported sensory modifications to the dental care environment, and limited evidence supported weighted

vests. The evidence is insufficient to draw conclusions regarding slow linear swinging and incorporation of multisensory activities into preschool settings.

The Prevalence of ADHD Patients among Pediatric Dentists in Israel and Knowledge of Dental and Behavioral Aspects of Treating Them.

Author(s): Blumer, Sigalit; Khoury, Rula Shehadi; Peretz, Benjamin

Source: The Journal of clinical pediatric dentistry; 2018; vol. 42 (no. 3); p. 212-216

Publication Type(s): Journal Article

Available at [The Journal of clinical pediatric dentistry](#) - from ProQuest (Hospital Premium Collection)

Abstract:OBJECTIVE There are no clear guidelines for managing the dental treatment of children with attention deficit hyperactivity disorder (ADHD). The use of sedation in combination with chronic ADHD medication use is also not well defined. This study surveyed the prevalence of ADHD children, management techniques and knowledge of pharmacologic therapies of these children among Israeli dentists. STUDY DESIGN A specially designed questionnaire was distributed to all Israeli dentists attending a national conference in 2016. RESULTS Of the 160 dentists who attended the conference, 96 completed the survey (60% response rate), and they included 46 (51%) pediatric dental specialists and 50 (49%) general dental practitioners. The medications Ritalin and Concerta were most familiar to the respondents (98.9%). Eighty-seven (91.1%) of the practitioners responded that their ADHD patients take their usual doses of any drug for treating ADHD symptoms, regardless of whether or not the dentists intended to use sedatives. The practitioners invented their own behavior management techniques with varying degrees of success. CONCLUSION There are no specific guidelines for the most effective pharmacologic protocol (co-administration of ADHD drugs and dental sedatives) or behavior management techniques for the provision of optimal dental care to children with ADHD.

Dental utilization and expenditures by children and adolescents with autism spectrum disorders: A population-based cohort study.

Author(s): Chang, Kai-Chun; Wang, Ling-Yi; Wang, Jen-Hung; Shaw, Cheng-Kuang; Hwang, Ming-Jay;

Source: Ci ji yi xue za zhi = Tzu-chi medical journal; 2018; vol. 30 (no. 1); p. 15-19

Publication Type(s): Journal Article

Available at [Tzu Chi Medical Journal](#) - from tcmjmed.com

Abstract: Objectives It is understood that children and adolescents with autism spectrum disorders (ASDs) have difficulty in receiving dental treatment. This study explores the differences in dental utilization and expenditure between two groups: children and adolescents with and without ASD. Different conditions that affect these results will be examined, including area of residence, category of treatment, and preferences concerning type of dental institution in Taiwan. Materials and Methods The health service research database of the National Health Research Institutes, which features population-based, randomly selected samples collected from 2001 to 2010, was utilized in this study. In particular, we recruited samples from 2005 in accordance with the codes of the International Classification of Diseases, 9th revision, Clinical Modification from 299.0 to 299.9. The population-based cohort study measured mean expenditures and mean numbers of medical visits with regard to different dental institution classifications, areas of residence, and categories of dental treatment for children (under 18 years old) with and without ASD. Results The mean number of annual visits was 6.58 and 5.70 for children and adolescents with and without ASD, respectively, with mean annual visit expenditures of NT\$2401.20 and NT\$1817.99, respectively. A higher percentage of children (91.32%) and adolescents (72.66%) with ASD had experienced dental

treatment than those without ASD. Children (93.23%) and adolescents (90.83%) without ASD visited dental clinics more often than those with ASD. The percentage of dental visits to academic medical centers in Eastern Taiwan was significantly lower for the ASD group than visits to other types of dental institutions. The use of restorative treatment was significantly higher among all samples, with periodontology having the lowest percentage. **Conclusions** Children and adolescents with ASD had greater dental utilization, expenditures, and preferences for high-level dental institutions. The discrepancies in dental utilization indicate differences in the distribution of medical resources in different dental institution levels and residence areas in Taiwan.

Do Signs of Attention-Deficit/Hyperactivity Disorder Increase the Odds of Dental Caries? A Case-Control Study.

Author(s): Mota-Veloso, Isabella; Pordeus, Isabela Almeida; Homem, Márcio Alexandre;

Source: Caries research; 2018; vol. 52 (no. 3); p. 212-219

Publication Type(s): Journal Article

Abstract: Attention-deficit/hyperactivity disorder (ADHD) is a behavioural disorder that can affect one's performance in activities of daily living and can exert a negative impact on the oral health of children. **OBJECTIVE** The aim of this work was to determine the association between ADHD (signs and executive functions) and dental caries in children aged 7-12 years. **METHODS** A case-control study was conducted with 532 children in the city of Diamantina, Brazil. The case group was composed of children with caries and the control group was composed of children without caries. The children were submitted to a clinical oral examination for the determination of caries and neuropsychological evaluations of intellectual function and executive function. Other signs of attention deficit and hyperactivity were investigated using the Swanson, Nolan, and Pelham scale administered to parents/guardians and teachers. Socioeconomic and demographic characteristics were also evaluated. Statistical analysis involved the McNemar χ^2 test and conditional logistic regression. **RESULTS** The multivariate logistic regression model demonstrated that monthly household income and parental reports of signs of attention deficit were significantly associated with the occurrence of dental caries. **CONCLUSION** Children considered by their parents/guardians to have attention deficit have a greater chance of exhibiting dental caries, independently of household income.

Orofacial manifestations of adverse drug reactions: A review study

Author(s): Bakhtiari S.; Sehatpour M.; Mortazavi H.; Bakhshi M.

Source: Clujul Medical; 2018; vol. 91 (no. 1); p. 27-36

Publication Type(s): Review

Available at [Clujul medical \(1957\)](#) - from PubMed Central

Abstract: Background. Adverse reaction to medication is common and may have a variety of clinical manifestations in the oral cavity. The present review paper aimed to describe adverse drug reactions (ADRs) which might be encountered by dental practitioners in every discipline. Methods. In this narrative review article, the specialized databases such as PubMed, PubMed Central, MEDLINE, EBSCO, Science Direct, Scopus, and reference books from the years 2000-2016 were used to find relevant documents by using MeSH terms: Adverse Drug Reaction, Drug induced, Medication Related, Mouth, Oral Manifestation, Tooth, Hard Tissue, Soft Tissue. Results. The data were categorized in 4 groups as follows: saliva and salivary glands involvement, soft tissue (mucosal) involvement, hard tissue involvement, and non specific conditions (taste disorders, halitosis, neuropathies, movement disturbances, and infection). Most articles were about the adverse effect of drugs on the function of salivary glands, which often cause a decrease in saliva secretion. Other

reactions were less common; meanwhile, the side effect of bisphosphonate was increasing in the alveolar bone, because of its unlimited prescription. Conclusion. Oral health care providers should be familiar with such events, as they will be confronted with them in their practice.

Oral health challenges facing Dubai children with Autism Spectrum Disorder at home and in accessing oral health care.

Author(s): Mansoor, D; Al Halabi, M; Khamis, A H; Kowash, M

Source: European journal of paediatric dentistry : official journal of European Academy of Paediatric Dentistry; Jun 2018; vol. 19 (no. 2); p. 127-133

Publication Type(s): Journal Article

Abstract:AIM To investigate the challenges faced by Autism Spectrum Disorder (ASD) children and their families in Dubai from three different perspectives of dental care: oral care at home, oral care at the dentist and access to oral care, and to compare the results to their normally developing peers. MATERIALS AND METHODS A case-control comparative study of 84 ASD and 53 healthy children attending special needs centres and schools in Dubai including siblings of the autistic children. Data collection was by a survey questionnaire completed by parents or guardians. RESULTS More parents of ASD children compared to parents of healthy children reported difficulties across almost all oral care variables explored. The majority of ASD children's parents (83.3%) reported that their children need assistance in brushing their teeth compared with 15.4% of the healthy controls (p -value < 0.001). The ASD children's uncooperative behaviour increased during dental visits and significantly more parents (37%) rated their child's experience as negative compared with 9.5% among the parents of control children (p -value = 0.006). The autistic children had visited a dentist mostly for extractions. CONCLUSION This study indicates that autistic children in Dubai experience more challenges and barriers to oral care than their typically developing healthy peers.

Pharmacological behaviour support for adults with intellectual disabilities: Frequency and predictors in a national cross-sectional survey.

Author(s): Mac Giolla Phadraig, C; Griffiths, C; McCallion, P; McCarron, M; Donnelly-Swift, E; Nunn, J

Source: Community dentistry and oral epidemiology; Jun 2018; vol. 46 (no. 3); p. 231-237

Publication Type(s): Journal Article

Abstract:OBJECTIVE To report frequency and predictors of reported pharmacological behaviour support use among older adults with intellectual disabilities (ID) accessing dental care in Ireland. METHODS Data from a nationally representative cross-sectional survey of adults with ID over 40 years of age allowed identification of the reported frequency of pharmacological behaviour support use. Predictors of pharmacological support were identified using multiple logistic regression. RESULTS Most older adults with ID did not report the use of any pharmacological support to receive dental care: only 0.9% reported use of inhalation sedation; 2.4% intravenous (IV) sedation; 8.6% general anaesthesia (GA); and 16.0% oral sedation. Participants reporting challenging behaviour (OR = 1.9, 95% CI = 1.3-2.9), significant difficulty speaking (OR = 3.0, 95% CI = 1.8-4.8) and obvious oral problems (OR = 2.5, 95% CI = 1.6-4.1) had greater odds of reporting pharmacological, that is, GA or conscious sedation (CS), rather than nonpharmacological supports for dental care, compared to those who were not. CONCLUSIONS People with ID report a diverse range of support use, with many using GA or CS, particularly oral sedation, for dental treatment. This highlights a need for training and governance for dentists who provide this care. Patients who present with challenging behaviour, oral problems and, interestingly, difficulty with expressive communication

are more likely to report use of pharmacological supports. The above has implications for dental service design and delivery for this population.

Self-control and dental caries among elementary school children in Japan.

Author(s): Matsuyama, Yusuke; Fujiwara, Takeo; Ochi, Manami; Isumi, Aya; Kato, Tsuguhiko

Source: Community dentistry and oral epidemiology; Jun 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVES Children's self-control is associated with various behaviour-related health problems in childhood and later in life. However, studies on self-control and dental caries, strongly associated with toothbrushing or drinking and eating behaviour, are limited. We investigated the association between self-control and the number of decayed or filled primary teeth (dft) among first-grade children (6-7 years old) in Japan and evaluated the mediation effect of oral health behaviour on this association. METHODS A cross-sectional study of all first-grade elementary school children and their caregivers in Adachi ward (Tokyo) was conducted in 2015. Clinically determined dft status among children and caregiver-administered questionnaires on self-control was linked (n = 4291; valid response rate = 80.1%). Self-control was assessed by the following single question: "in the last month, was your child able to give up on things they want or do things that they do not like to do for better future outcomes?" Poisson regression analysis was conducted adjusting for age in months, sex, parental educational attainment and household income. Mediation analysis was performed to evaluate the mediation effects of toothbrushing frequency, frequency of drinking sugar-sweetened beverages and snack-eating habits on the association. RESULTS Lower self-control was associated with higher dft after adjusting for all covariates (mean ratio = 1.09; 95% CI: 1.06, 1.12). Toothbrushing frequency, frequency of drinking sugar-sweetened beverages and snack-eating habits mediated 18.1%, 36.1% and 38.3% of the association between self-control and dft, respectively. CONCLUSIONS Strengthening children's self-control might decrease their dental caries by improving their oral health behaviour.

Oral health and oral health risk behaviour in children with and without externalising behaviour problems.

Author(s): Staberg, M; Norén, J G; Gahnberg, L; Ghaderi, A; Kadesjö, C; Robertson, A

Publication Type(s): Journal Article

Available at [European Archives of Paediatric Dentistry](#) - from Publishers' website (via doi.org)

Abstract:AIM This was to study children with early detected externalising behaviour problems compared to matched controls regarding oral health, oral health risk behaviour and the parental evaluation of the child's oral health and dental care. METHODS Children aged 10-13 years and with externalising behaviour problems, were compared to matched controls. Behavioural characteristics were based on the Strength and Difficulties Questionnaire. The children and their parents completed questionnaires regarding dental fear, tooth brushing, dietary habits and evaluation of oral health and dental care. Data on dental caries risk assessments, caries, behaviour management problems and dental trauma were obtained from dental files. RESULTS There were no differences in caries prevalence in children with early detected externalising behaviour problems, compared to controls. However, the former group consumed more sweet drinks when thirsty and brushed their teeth fewer than twice daily; they also had more dental trauma in both dentitions and a higher risk range for dental fear, compared to controls. CONCLUSIONS This study points out potential oral health risk factors in children with early-detected externalising behaviour problems. Although no difference in caries prevalence was observed, externalising behaviour may affect oral health. Therefore, dental professionals should support the families and the children to preserve dental health by offering

increased prophylactic measures. There were no differences between children with externalising behaviour problems, compared with controls, regarding the parent evaluation of their child's dental health. However, more parents in the study group evaluated the dental care as poor or not functioning.

Factors affecting access to daily oral and dental care among adults with intellectual disabilities.

Author(s): Chadwick, Darren; Chapman, Melanie; Davies, Gill

Source: Journal of applied research in intellectual disabilities : JARID; May 2018; 31 (. 3); p. 379-394

Publication Type(s): Journal Article

Abstract:BACKGROUND/PURPOSE Accessing oral health care can be more difficult for adults with intellectual disabilities with reports of poorer levels of oral health. This investigation identifies factors influencing engagement in day-to-day oral and dental health care for adults with intellectual disabilities. METHOD A survey, containing questions about facilitators and barriers to maintaining oral health and hygiene, was completed with adults with intellectual disabilities and their caregivers (N = 372). RESULTS Data were analysed using thematic network analysis. Two global themes were identified; "Personal and lifestyle influences," mentioned more often as barriers to oral care, included physical, sensory, cognitive, behavioural and affective factors and "social and environmental factors," mentioned more as facilitators, included caregiver support, equipment and adaptations used and oral hygiene routine. CONCLUSIONS Numerous individual, social and environmental factors influence oral care. A coordinated organisational response is advocated involving collaboration between dental and intellectual disability services and training for caregivers and people with intellectual disabilities.

Mental Health/Dementia

Improving Oral Hygiene for Veterans With Dementia in Residential Long-term Care.

Author(s): McConnell, Eleanor S.; Kyung Hee Lee; Galkowski, Lorraine; Downey, Christine;

Source: Journal of Nursing Care Quality; Jul 2018; vol. 33 (no. 3); p. 229-237

Publication Type(s): Academic Journal

Abstract: Oral hygiene care is neglected in long-term care (LTC) due to patient-, staff-, and systems-level barriers. A dementia-specific oral hygiene program, implemented and evaluated in a Department of Veterans Affairs LTC unit, addressed barriers to oral care at multiple levels. Improved staff competency, access to oral care supplies, and standardized documentation systems were accompanied by reduced oral plaque and gingivitis, demonstrating the feasibility and benefits of direct care staff providing improved oral hygiene in LTC.

A Content Analysis of Nonprofit Hospital Community Health Needs Assessments and Community Benefit Implementation Strategies in Philadelphia.

Author(s): Powell, Rhea E.; Doty, Amanda M. B.; Rising, Kristin L.; Karp, David N.; Baehr, Avi;

Source: Journal of Public Health Management & Practice; Jul 2018; vol. 24 (no. 4); p. 326-334

Publication Type(s): Academic Journal

Abstract: Context: Nonprofit hospitals are mandated to perform a community health needs assessment, develop an implementation strategy to address community needs, and invest in improving community health through community benefit investments in order to maintain the tax exemptions afforded nonprofit hospitals. Objective: We sought to describe the regional health needs

identified across community health needs assessments and the portfolio of implementation strategies reported to address those needs. Design: The study provides a content analysis of community health needs assessments and implementation strategies for nonprofit hospitals in one urban region. Setting: The study focused on nonprofit hospitals in Philadelphia, Pennsylvania. Main Outcome Measures: Community benefit documents were coded to characterize health needs and intervention activities using the 4 health factor categories of the County Health Rankings framework: clinical care, health behaviors, social and economic factors, and physical environment. Results: Hospitals predominantly identified health needs related to access to care, especially mental health and dental care, and insurance coverage and costs of care. In many instances, there is little alignment between needs identified through the community health needs assessments and the reported implementation strategies. Specifically, dental care, behavioral health, substance abuse, social factors, and health care and prescription drug costs were all cited as important community needs but were infrequently targeted by implementation strategies. Conclusions: Nonprofit hospital community health needs assessments in Philadelphia predominantly identify needs related to access to care and to some extent health behaviors. There is incomplete alignment between the needs identified in hospital assessments and the needs targeted in implementation strategies, underscoring a need for regional coordination in community benefit investments. Improved regional coordination between hospitals serving the region may offer the opportunity to eliminate duplicative efforts and increase the amount of funds available to address unmet needs.

Oral health and orofacial pain in people with dementia admitted to acute hospital wards: observational cohort study.

Author(s): van de Rijt, Liza J. M.; Weijenberg, Roxane A. F.; Feast, Alexandra R.; Vickerstaff, Victoria

Source: BMC Geriatrics; May 2018; vol. 18 (no. 1)

Publication Type(s): Academic Journal

Available at [BMC Geriatrics](#) - from EBSCO (MEDLINE Complete)

Abstract:Background: Orofacial pain in people with dementia is difficult to detect, and often under-treated. Our aim was to investigate the prevalence of orofacial pain in people with dementia in acute hospitals in the UK. Secondary aims were to examine oral health status and explore associations between orofacial pain and oral health factors.Methods: This cross-sectional observational study was carried out in two UK hospitals. Using the Orofacial Pain Scale in Non-Verbal Individuals (OPS-NVI) to identify orofacial pain, 101 participants with dementia, admitted to acute medical wards, were observed for at least 3 min during rest and chewing. Verbal participants were then asked about presence of orofacial pain, using self-report pain scales. Finally, a brief oral assessment was performed.Results: Orofacial pain, assessed with the OPS-NVI, was present in 11.9% (95% C.I. 5.9, 18.8) of participants at rest and 21.9% (95% C.I. 14.6, 31.3) whilst chewing. Participants who were no longer able to self-report pain were significantly more likely to experience orofacial pain. Oral health in both dentate and edentate participants was poor. Brush frequency, indication of chewing quality, consistency of the food, presence of extra-oral abnormalities, person who performed mouth care, and oral hygiene in dentate participants were significant predictors for the presence of orofacial pain.Conclusion: Improving oral care in acute hospital patients with dementia, particularly those who cannot self-report pain, may significantly reduce pain and suffering in this population.

Perceptions of oral health by those living with mental illnesses in the Victorian Community - The consumer's perspective.

Author(s): Ho, H. D.; Satur, J.; Meldrum, R.

Source: International Journal of Dental Hygiene; May 2018; vol. 16 (no. 2)

Publication Type(s): Academic Journal

Abstract:Objective: To understand the way people living with mental illness in an Australian community experience and define oral health. Study population: People living with serious mental illness in the Victorian Community. Methods: Qualitative methodologies were used in this study. Two focus groups and four semi-structured interviews were conducted. The data were transcribed and thematically analysed. Results: Participants generally valued oral health and recognized that attending regular dental appointments played a key role in improving their oral health. Participants felt that their mental illness overwhelmed their ability to maintain good oral health. Coping, dental fear, stigma, financial barriers and communication were identified as issues around utilization and access to care. Discussion: Experiences of oral health were both positive and negative. Barriers and enablers, extending beyond participant oral health literacy for oral health, were identified from the data, and recommendations around personal, environmental and clinical supports were made. Conclusion: This is a valuable study that provides new insight into a complicated issue. Recommendations to create a supportive dental environment and direction to improve the dental experience have been made to make oral health more accessible for people living with mental illness. Recommendations have also been made for community-based mental health organizations to aid the improvements in oral health with this group of people, thus building a collaborative approach to support oral health for this vulnerable group.

Oral Health Status in Alzheimer's Disease Patients: A Descriptive Study in an Italian Population.

Author(s): D'Alessandro, Giovanni; Costi, Tommaso; Alkhamis, Nadia; Bagattoni, Simone;

Source: Journal of Contemporary Dental Practice; May 2018; vol. 19 (no. 5); p. 483-489

Publication Type(s): Academic Journal

Abstract:Aim: To evaluate the oral health status in Alzheimer's disease (AD) patients. Materials and Methods: A descriptive study was performed on 120 AD patients (60 institutionalized in a public institute and 60 attended a daytime center), from September 2013 to January 2014. About 103 subjects formed the control group. The following medical and dental data were collected: dementia severity, pharmacological therapy, physical status (American Society of Anesthesiologists [ASA]), decayed (D), filled (F), and remaining natural teeth (T), DF/T ratio, community periodontal index (CPI), and gingival index (GI). A t-test for independent samples and the Spearman's correlation test were used to evaluate all variables. The significance level was set at 0.05. Results: Statistically more AD patients (91.7%) were under pharmacological therapy and their physical status was more severe (ASA 2, ASA 3) compared with control subjects ($p < 0.001$). Moreover, they presented numbers of D, CPI, and GI significantly higher ($p \leq 0.005$). In the institutionalized subgroup, statistically more moderate and severe AD cases were detected and more patients were edentulous ($p < 0.001$). Noninstitutionalized patients presented DF/T ratio, CPI, and GI significantly lower ($p \leq 0.024$). A significant weak negative correlation ($r = -0.121$ to -0.372) between epidemiologic indices and AD severity was observed. Conclusion: Alzheimer's disease patients show a low oral health status that decreases progressively as the disease severity aggravates. Therefore, further studies are necessary to investigate oral health care interventions for AD patients. Clinical Significance: It would be beneficial to introduce trained professional figures in specialized elderly institutions for regular follow-up visits and professional oral hygiene procedures. This task has to be coordinated with the treating physician, family members, and/or caregivers. Knowing that the severity of AD has a negative effect on the oral health status and the type of institutionalization exacerbates it.

How do we incorporate patient views into the design of healthcare services for older people: a discussion paper.

Author(s): Brocklehurst, Paul R.; McKenna, Gerald; Schimmel, Martin; Kossioni, Anastassia

Source: BMC Oral Health; Apr 2018; vol. 18 (no. 1); p. 1-1

Publication Type(s): Academic Journal

Available at [BMC oral health](#) - from PubMed Central

Abstract:Background: Across the European Union costs for the treatment of oral disease is expected to rise to €93 Billion by 2020 and be higher than those for stroke and dementia combined. A significant proportion of these costs will relate to the provision of care for older people. Dental caries severity and experience is now a major public health issue in older people and periodontal disease disproportionately affects older adults. Poor oral health impacts on older people's quality of life, their self-esteem, general health and diet. Oral health care service provision for older people is often unavailable or poor, as is the standard of knowledge amongst formal and informal carers. The aim of this discussion paper is to explore some of the approaches that could be taken to improve the level of co-production in the design of healthcare services for older people. Main text: People's emotional and practical response to challenges in health and well-being and the responsiveness of systems to their needs is crucial to improve the quality of service provision. This is a particularly important aspect of care for older people as felt, expressed and normative needs may be fundamentally different and vary as they become increasingly dependent. Co-production shifts the design process away from the traditional 'top-down' medical model, where needs assessments are undertaken by someone external to a community and strategies are devised that encourage these communities to become passive recipients of services. Instead, an inductive paradigm of partnership working and shared leadership is actively encouraged to set priorities and ultimately helps improve the translational gap between research, health policy and health-service provision. Discussion: The four methodological approaches discussed in this paper (Priority Setting Partnerships, Discrete Choice Experiments, Core Outcome Sets and Experience Based Co-Design) represent an approach that seeks to better engage with older people and ensure an inductive, co-produced process to the research and design of healthcare services of the future. These methods facilitate partnerships between researchers, healthcare professionals and patients to produce more responsive and appropriate public services for older people.

Nursing Case Management Strategies for Adults with Serious Mental Illness Seeking Dental Services.

Author(s): Burgel, Barbara J.; Devito, Brianna; Collins-Bride, Gerri; Sullivan, Bethany; Retzlaff, Anne

Source: Issues in Mental Health Nursing; Apr 2018; vol. 39 (no. 4); p. 311-319

Publication Type(s): Academic Journal

Abstract:A university-community partnership initiated a dental screening and nursing case management program for Medicaid-insured adults with serious mental illness (SMI). Forty-three adults with SMI participated in dental screening; 72% participated in case management. Per client, an average of six case management contacts was made. After 6 months, 87% (27/31) had attended at least one dental appointment, with a 13% no-show rate; 8 completed treatment, 4 had ongoing treatment, 12 had interrupted care, and 3 were lost to follow-up. Adults with SMI experienced high unmet dental needs; nursing case management strategies aided clients to initiate and complete dental care.

The association between dental, general, and mental health status among underserved and vulnerable populations served at health centers in the US.

Author(s): Nguyen, Vy H.; Lin, Sue C.; Cappelli, David P.; Nair, Suma

Source: Journal of Public Health Dentistry; Mar 2018; vol. 78 (no. 1); p. 41-48

Publication Type(s): Academic Journal

Abstract: Objectives: Vulnerable populations in underserved communities are disproportionately at high risk for multiple medical, dental, and behavioral health conditions. This study aims to: a) examine the occurrence of acute dental needs and b) investigate the association of acute dental needs and self-rated general and mental health status among the adult dentate health center population. Methods: This cross-sectional study analyzed data on adult patients (n = 5,035) from the 2014 Health Center Patient Survey, a nationally representative survey of health center patients. Multivariate logistic regression was used to assess the association of acute dental needs and a) self-rated general health status and b) mental health status. Results: Approximately, two thirds of adult dentate health center patients reported having an acute dental need. After adjusting for confounding factors, not having or having had health insurance that pays for dental care, general health status of fair or poor, and ever having a mental illness were associated with higher odds of having an acute dental need. Conclusions: The results highlight the role of health centers in addressing oral health disparities among vulnerable populations and the importance of a team-based multidisciplinary approach to ensuring the integration and coordination of oral health services within a comprehensive primary care delivery system.

Is compromised oral health associated with a greater risk of mortality among nursing home residents? A controlled clinical study

Author(s): Klotz A.-L.; Hassel A.J.; Rammelsberg P.; Zenthofer A.; Schroder J.

Source: Aging Clinical and Experimental Research; Jun 2018; vol. 30 (no. 6); p. 581-588

Publication Type(s): Article

Abstract: Aim: The objective of this controlled clinical study was to evaluate the association between oral health and 1-year mortality among nursing home residents with or without oral health intervention. Methods: This research was part of a multidisciplinary intervention study (EVI-P) performed in 14 nursing homes in Germany. Two-hundred and nineteen nursing home residents were included in the study and assigned to an intervention group, for which dental health education was offered and ultrasonic baths were used for denture cleaning (n = 144), or to a control group (n = 75). Before the intervention, each participant was examined, and dental status, plaque control record (PCR), Denture Hygiene Index, and results from the Revised Oral Assessment Guide were recorded. Amount of care needed and dementia were also assessed, by use of the Barthel Index and the Mini Mental State Examination, respectively. Participant mortality was determined after 12 months, and bivariate analysis and logistic regression models were used to evaluate possible factors affecting mortality. Results: Bivariate analysis detected a direct association between greater mortality and being in the control group (p = .038). Participants with higher PCR were also more likely to die during the study period (p = .049). For dentate participants, the protective effect of being in the intervention group was confirmed by multivariate analysis in which covariates such as age and gender were considered. Conclusion: Oral hygiene and oral health seem to affect the risk of mortality of nursing home residents. Dental intervention programs seem to reduce the risk of 1-year mortality among nursing home residents having remaining natural teeth. Further studies, with larger sample sizes and evaluation of the causes of death, are necessary to investigate the reasons for these associations. Copyright © 2017, Springer International Publishing AG.

Oral health is a challenging problem for patients with schizophrenia: A narrative review

Author(s): Denis F.; Rude N.; Pelletier J.-F.; Chauvet-Gelinier J.-C.; Trojak B.

Source: Iranian Journal of Psychiatry and Behavioral Sciences; Mar 2018; vol. 12 (no. 1)

Publication Type(s): Article

Available at [Iranian Journal of Psychiatry and Behavioral Sciences](#) - from Europe PubMed Central -

Abstract:Context: Poor oral health is part of co-morbidities and exposes patients suffering from schizophrenia to excess mortality. The purpose of this review is to make an up-to-date assessment on the oral health of these patients and make suggestions for improvement. Evidence Acquisition: Based on a bibliographic search of Pub Med, we identified, using keywords, all the clinical studies up to 2015 conducted on the oral health of patients with schizophrenia. Results: From 81 articles chosen, we retained 23 clinical studies that met our inclusion criteria. These studies find higher dental and periodontal indexes in patients with schizophrenia than in the general population. Access to healthcare is a problem for these patients. The level of research is insufficiently considered compared to other chronic pathologies. Many factors contribute to poor oral health in these patients such as their mental illness, side effects of psychotropic drugs, and any psychosocial factors they might encounter. Conclusions: For these fragile patients with specific needs, simple measures can be implemented to improve their oral health. Better taken into account, the oral health of these patients should contribute to the overall improvement of quality of life and to the general health of these subjects. Copyright ©2018, Iranian Journal of Psychiatry and Behavioral Sciences.

Anhedonia and hopelessness/dysphoria associated with tooth loss in the old order amish: Gender differences and neopterin levels-mediator or confounder?

Author(s): Dagdag A.; Reynolds M.A.; Daue M.; Wadhawan A.; Nijjar G.; Ryan K.A.; Mitchell B.

Source: Biological Psychiatry; May 2018; vol. 83 (no. 9)

Publication Type(s): Conference Abstract

Abstract:Background: Tooth loss, marker of poor dental health, consequence of multiple causes including periodontal, endodontal, and traumatic etiologies, has been previously associated with mental illness. Proposed mediation of this link includes self-neglect secondary to depression and anhedonia. Yet, inflammation, a common consequence of poor dental health, has been previously predictively associated with depression (vicious cycle). As smoking and socioeconomically differences induce marked heterogeneity, we are now examining associations between tooth loss and symptoms of depression in the Old Order Amish (OOA) a more homogeneous adult population, largely nicotine free. Methods: We studied tooth loss self-reports from 2831 Amish (57.3% women). Ratings of dysphoria/hopelessness and anhedonia, current and ever, were obtained from PHQ-9 and PHQ-2. Neopterin, a marker of cellular inflammation, was measured with ELISA. Logistic regressions with adjustment for age and gender, and secondarily, stratified by gender and adjusted for neopterin were used. Results: Tooth loss was associated with current anhedonia but not hopelessness/dysphoria, past and ever either hopelessness/ dysphoria or anhedonia ($p < 0.05$). When stratified by gender, in men only, tooth loss was associated with past either hopelessness/dysphoria or anhedonia. Adjustment for neopterin rendered all associations in the entire sample not significant, yet strengthen the associations in men, specifically for past either and ever either symptoms ($p = 0.0062$ and 0.0098 , respectively). Conclusions: The associations of tooth loss with current anhedonia and both anhedonia and hopelessness/dysphoria seem mediated by inflammation, while the association with past symptoms in men is confounded by inflammation.

Relationship between the activities of daily living, oral health-related quality of life and dementia

Author(s): Cho M.-J.; Jung Y.-S.; Shin H.-E.; Choi Y.-H.; Song K.-B.; Jung E.-K.; Kim E.-K.; Kim H.-C.

Source: Geriatrics and Gerontology International; 2018

Publication Type(s): Article In Press

Abstract:Aim: The aim of the present study was to investigate the association between the activities of daily living and the oral health-related quality of life and dementia in older adults. Methods: Over a period of 18 months, we visited 12 elderly care facilities and recruited 375 participants, 345 of whom were selected to undergo oral health examinations and oral health-related surveys. Each investigation was carried out face-to-face by a professional worker. Results: Cognitive ability was found to be good when the results of the activities of daily living and the oral health-related quality of life examinations were good. If the results of the activities of daily living examination were bad, the odds ratio of dementia was 2.66, and adjusted odds ratio for age, sex, residence type, education level and denture was 2.99, representing a significant difference ($P < 0.05$). Conclusions: Most oral problems are not simply the outcome of aging, with oral hygiene management being the most important determining factor. Oral health problems can be prevented, and in order to improve the quality of life of older adults, attention must be paid to oral healthcare. Copyright © 2018 Japan Geriatrics Society.

Barriers to special care patients with mental illness receiving oral healthcare: A cross sectional study in the holy city of Makkah, Saudi Arabia

Author(s): Aljabri M.K.; Gadibalban I.Z.; Sadek H.S.; Kalboush A.M.; Abed H.H.

Source: Saudi Medical Journal; Apr 2018; vol. 39 (no. 4); p. 419-423

Publication Type(s): Article

Available at [Saudi medical journal](#) - from EBSCO (MEDLINE Complete)

Abstract:Objectives: To assess barriers to patients with mental illness receiving oral healthcare in Makkah city, Saudi Arabia. Methods: This was a 3-month cross-sectional study from the Department of Psychiatry at Al-Noor, Specialist Hospital in Makkah city, Saudi Arabia, between January 2017 and April 2017. A structured questionnaire with closed-ended questions was considered. A total of 161 psychiatric patients were recruited, made up of 81 male (50.3%) and 80 female (49.7%) participants. Simple descriptive statistics were used to define the characteristics of the study variables, through a form of counts and percentages. The chi-square test was also used to evaluate the distribution of the nominal variables. Results: Of the 161 psychiatric patients, 51 were aged 26-35 years old (31.7%). Most participants ($n=73$) had psychological development disorders (45.3%). Ninety-one (56.5%) were unemployed, and among them, 25 (15.5%) reported problems with access to oral health and dental care. Participants also suffered from dry mouth (64%) and dental anxiety (23%). Conclusions: This study suggested that dental anxiety is considered the major barrier to dental care, followed by the cost of dental treatments and accessibility. Most belonged to the group of psychological development disorder and reported having the most barriers to oral healthcare. Copyright © 2018, Saudi Arabian Armed Forces Hospital. All rights reserved.

Children in out-of-home care are at high risk of somatic, dental and mental ill health

Author(s): Randsalu L.S.; Laurell L.

Source: Acta Paediatrica, International Journal of Paediatrics; 2018; vol. 107 (no. 2); p. 301-306

Publication Type(s): Article

Abstract:Aim: The Swedish Social Board has implemented a support strategy to guide out-of-home care for children, which translates as children's needs in focus (CNIF) and includes a systematic health assessment. It was fully introduced into the Skane province in 2012 and our study covered the first four years of the CNIF health assessments, from 2012 to 2015. Methods: We studied children aged 0-17 years in out-of-home care who had been referred by social workers for a CNIF health

assessment, using their medical records to investigate both their health and the value of the health assessments. Result: From 2012 to 2015, only 409 (6%) of the 11 413 children in out-of-home care were referred for health assessments. Their health issues included depression and anxiety (29%), poor dental health (30%), seeking medical care for traumatic injuries (36%), previous contact with child psychiatry services (38%) and missed medical appointments (36%), dental appointments (36%) and child health programme appointments (39%). In addition, 10% of the girls and 9% of the boys were obese. Conclusion: This study found high levels of wide-ranging health issues. Despite national Swedish guidelines and policies, only 6% of the children in out-of-home care were referred by social workers for a CNIF health assessment. Copyright ©2017 Foundation Acta Paediatrica. Published by John Wiley & Sons Ltd

Chronic Oral Infection: An Emerging Risk Factor of Cerebral Small Vessel Disease?

Author(s): Aarabi, Ghazal; Thomalla, Götz; Heydecke, Guido; Seedorf, Udo

Source: Oral diseases; Jun 2018

Publication Type(s): Journal Article Review

Abstract:Chronic oral infections (gingivitis/periodontitis) have been associated with age-related diseases such as diabetes, coronary heart disease and acute ischemic stroke. In addition, imaging surrogates of cerebrovascular ischemia beyond acute ischemic stroke (i.e. silent strokes and brain white matter hyperintensities) may also be associated with chronic oral infections. The pathology underlying lacunar strokes and brain white matter hyperintensities relates to small vessel disease in the brain. In this review, we highlight recent progress in exploring potential associations of oral infections with cerebral small vessel disease and its surrogates (silent strokes, white matter hyperintensities) and clinical sequelae (i.e. vascular dementia). Recent evidence suggests that periodontitis aggravates cerebral small vessel disease and increases lacunar stroke risk. Moreover, periodontitis interacts with Alzheimer's disease to increase the severity of clinical dementia and to accelerate its manifestations. The results suggest that periodontitis may be an emerging risk factor of small vessel disease-associated cerebrovascular disorders, and that the risk increase may be mediated by the systemic inflammation resulting from chronic oral infections. Large cohort studies employing state-of-the-art magnetic resonance techniques to identify specific cerebral pathologies as a function of time, oral health status, and systemic inflammation are needed to further substantiate the hypothesis. This article is protected by copyright. All rights reserved.

The experience of adverse childhood experiences and dental care in childhood.

Author(s): Crouch, Elizabeth; Radcliff, Elizabeth; Nelson, Joni; Strompolis, Melissa; Martin, Amy

Source: Community dentistry and oral epidemiology; Jun 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVESRoutine preventive dental care is important to overall child health and well-being. However, the experience of adversity in childhood may prevent children from getting adequate preventive care. This study seeks to explore how the prevalence of adverse childhood experiences (ACEs) and the role of a protective adult may be associated with dental care utilization in childhood.METHODSData from the 2016 South Carolina Behavioral Risk Factor Surveillance System (SC BRFSS), which interviews adults eighteen year of age and older, were used in this study. Dental care utilization in childhood was measured as the adult retrospectively reported frequency of dental care in childhood: at least once every 2 years (adequate dental care) or less often than every 2 years (inadequate dental care). ACEs were determined by asking about each of respondent's childhood exposure to eleven childhood experiences, including divorce, parental incarceration, domestic violence, drug and alcohol abuse, mental illness and emotional, physical or sexual abuse.

The presence of a protective adult in childhood included respondents who had an adult who made them feel safe and protected during childhood. Descriptive and bivariate statistics explored differences in the adequacy of child dental care by ACE exposure, the presence of a protective adult and selected demographic characteristics. Multivariate regression models were used to examine the impact of counts and types of ACEs and the presence of a protective adult with inadequate childhood dental care. **RESULTS**The unweighted study sample included 7079 respondents ageing from 18 to 79 years of age Sampling weights were used for all analyses. Among all respondents, 71.7% reported receiving adequate dental care during childhood; 28.3% responded that they received inadequate dental care. Adjusting for sociodemographic characteristics, respondents who experienced four or more ACEs had a higher likelihood of inadequate dental care than respondents who reported no ACEs (aOR 2.79; 95% CI 2.77-2.82). The odds of reporting inadequate dental care were lower among those grew up with an adult who made them feel safe and protected (aOR 0.38; 95% CI 0.37-0.39). **CONCLUSION**The presence of protective factors may mitigate the effects of ACEs on paediatric dental care. This research contributes to the literature through the further identification of the role of dentists in identifying signs of abuse and neglect.

Depression and its effects on the success of resin-based restorations.

Author(s): Ravindramurthy, Shruti; Vieira, Alexandre R

Source: Special care in dentistry : official publication of the American Association of Hospital Dentists, the Academy of Dentistry for the Handicapped, and the American Society for Geriatric Dentistry; May 2018

Publication Type(s): Letter

Abstract: **AIMS**There are many factors that play into the success or failure of dental treatments, and mental health has been hypothesized to increase failure rates in treatment such as resin-based restorations. The goal of this work was to evaluate if composite resin dental restorations perform the same in individuals with depression in comparison to matched individuals without depression. **METHODS AND RESULTS**A total of 6,026 individuals from the University of Pittsburgh Dental Registry and DNA Repository project were evaluated and 326 patients with depression were selected for this study. They were matched by age, sex, ethnicity, and smoking history with 326 subjects without depression. Rates of failure of resin-based restorations were determined in both groups. Chi-square was used for all comparisons with alpha set at 0.05. We found significantly higher failure rates of resin-based restorations in patients diagnosed with clinical depression ($p < 0.00001$, OR = 1.89, 95% C.I. 1.6 to 2.23). **DISCUSSION**The significantly higher failure rates in patients with clinical depression suggests that clinical depression has an effect on the success of resin-based restorations. The results of this study suggest a need for more personalized dental care for patients, which includes taking into account their mental health and its subsequent effects on oral health and hygiene, and customized definitions of follow-up time intervals..

Exploring the relationship between adverse childhood experiences and oral health-related quality of life.

Author(s): Kabani, Faizan; Lykens, Kristine; Tak, Hyo Jung

Source: Journal of public health dentistry; May 2018

Publication Type(s): Journal Article

Abstract: **OBJECTIVES**Evidence indicates that adverse childhood experiences (ACEs) have destructive impacts on quality of life, health outcomes, and health-care expenditures. Studies further demonstrate a dose-response relationship between the number of ACEs and risk for experiencing chronic illness, such as oral diseases later in life. Research is scarce on the prioritization of

contextualized public health interventions addressing this important threat. **METHODS** Cross-sectional data from 2011 to 2012 National Survey of Children's Health (NSCH) provided a nationally representative sample of children in the United States, ages 1-17 for dentate status (n = 61,530). The dependent variables identified untreated oral health-care needs and preventive dental utilization. The key independent variables included exposure to parental death, parental divorce, parental incarceration, mental health illnesses, domestic violence, neighborhood violence, and racial discrimination. Exogenous variables included age, sex, race/ethnicity, number of children in household, socioeconomic status proxies, health insurance status, and special health needs. The data, when adjusted for complex survey design, proportionately represent children in the United States. **RESULTS** Unadjusted and adjusted logistic regressions revealed varying magnitudes of significance across diverse racial and ethnic profiles. Exposures to parental divorce and parental death particularly exhibited critical magnitudes of influence, compared to all other ACEs. **CONCLUSIONS** In keeping with the Pareto Principle, exposure to certain ACEs, namely parental divorce and parental death, potentially introduces more profound social and health-related consequences later in life. Therefore, contextualized interventions should prioritize public health efforts to address households burdened with exposure to parental divorce and/or parental death.

I Am A Pediatric Dentist: Why is Major Depression Among Adolescents my Concern?

Author(s): Waldman, H Barry; Perlman, Steven P; Wong, Allen

Source: The Journal of clinical pediatric dentistry; May 2018

Publication Type(s): Journal Article

Abstract: The question, "why a pediatric dentist should be concerned about major depression among teenagers" is considered in light of reports from the National Institute of Mental Health. The results of these studies indicate that there is a progressive increase in the proportion of adolescents with a history of major depressive episodes; ranging from 6.4% among 12 year olds to 15% and 16% for 15-17 year olds. There are great variations by gender, race and ethnicity in the proportion of teenagers experiencing major depressive episodes and receiving needed care. In addition, there is an increased proportion of teenagers with disabilities who experience major depressive episodes. This combined impact is a reality for youngsters with disabilities as they pass through the teenage years into adulthood. Listing of symptoms of depression are provided to facilitate dental treatment planning, as well as assisting parents/guardians in seeking the overall needed care for their youngsters.

Mastication and oral health-related quality of life in removable denture wearers with Alzheimer disease.

Author(s): Campos, Camila H; Ribeiro, Giselle R; Rodrigues Garcia, Renata C M

Source: The Journal of prosthetic dentistry; May 2018; vol. 119 (no. 5); p. 764-768

Publication Type(s): Journal Article

Abstract: STATEMENT OF PROBLEM Alzheimer disease (AD) can affect masticatory function, affecting oral health-related quality of life (OHRQoL). Whether oral rehabilitation with conventional removable prostheses can restore masticatory function and improve OHRQoL in these individuals is unknown. **PURPOSE** The purpose of this clinical study was to evaluate the influence of oral rehabilitation with removable prostheses on masticatory efficiency and OHRQoL in elders with and without AD. **MATERIAL AND METHODS** Thirty-two elders with mild AD (n=16, mean age=76.7 ±6.3 years) or without AD (n=16, mean age=75.2 ±4.4 years) were recruited. All participants first underwent masticatory efficiency and OHRQoL evaluations, and 2 months after insertion of new removable prostheses, the variables were reassessed. Masticatory efficiency was determined using the sieving method, and OHRQoL was measured by applying the Geriatric Oral Health Assessment

Index (GOHAI). The data from the baseline and after insertion of the new removable prostheses were compared by paired t test. Group differences at each time point were assessed by t test ($\alpha=.05$).RESULTSAfter insertion of the new removable prostheses, masticatory efficiency and OHRQoL improved in both the elders with AD and the control. At baseline, elders with AD had lower masticatory efficiency and higher OHRQoL than controls ($P<.05$). After removable prosthesis insertion, elders with AD continued to show lower masticatory efficiency values than controls, but their OHRQoL was similar.CONCLUSIONSOral rehabilitation with new removable prostheses improved the masticatory efficiency and OHRQoL of elders with and without AD, although masticatory efficiency did not reach control levels in elders with AD.

Psychometric evaluation of the Orofacial Pain Scale for Non-Verbal Individuals as a screening tool for orofacial pain in people with dementia.

Author(s): Delwel, Suzanne; Perez, Roberto S G M; Maier, Andrea B; Hertogh, Cees M P M;

Source: Gerodontology; Apr 2018

Publication Type(s): Journal Article

Abstract:OBJECTIVEThe aim of this study was to describe the psychometric evaluation of the Orofacial Pain Scale for Non-Verbal Individuals (OPS-NVI) as a screening tool for orofacial pain in people with dementia.BACKGROUNDThe OPS-NVI has recently been developed and needs psychometric evaluation for clinical use in people with dementia. The pain self-report is imperative as a reference standard and can be provided by people with mild-to-moderate cognitive impairment.METHODSThe presence of orofacial pain during rest, drinking, chewing and oral hygiene care was observed in people with mild cognitive impairment (MCI) and dementia using the OPS-NVI. Participants who were considered to present a reliable self-report were asked about pain presence, and in all participants, the oral health was examined by a dentist for the presence of potential painful conditions. After item-reduction, inter-rater reliability and criterion validity were determined.RESULTSThe presence of orofacial pain in this population was low (0%-10%), resulting in an average Positive Agreement of 0%-100%, an average Negative Agreement of 77%-100%, a sensitivity of 0%-100% and a specificity of 66%-100% for the individual items of the OPS-NVI. At the same time, the presence of oral problems, such as ulcers, tooth root remnants and caries was high (64.5%).CONCLUSIONThe orofacial pain presence in this MCI and dementia population was low, resulting in low scores for average Positive Agreement and sensitivity and high scores for average Negative Agreement and specificity. Therefore, the OPS-NVI in its current form cannot be recommended as a screening tool for orofacial pain in people with MCI and dementia. However, the inter-rater reliability and criterion validity of the individual items in this study provide more insight for the further adjustment of the OPS-NVI for diagnostic use. Notably, oral health problems were frequently present, although no pain was reported or observed, indicating that oral health problems cannot be used as a new reference standard for orofacial pain, and a regular oral examination by care providers and oral hygiene care professionals remains indispensable.

The role of community mental health services in supporting oral health outcomes among consumers.

Author(s): Meldrum, Rebecca; Ho, Hillary; Satur, Julie

Source: Australian journal of primary health; Apr 2018

Publication Type(s): Journal Article

Available at [Australian journal of primary health](#) - from EBSCO (MEDLINE Complete)

Abstract:People with a lived experience of mental illness are at a higher risk for developing oral diseases and having poorer oral health than the broader population. This paper explores the role of

Australian community mental health services in supporting the prevention and management of poor oral health among people living with mental illness. Through focus groups and semi-structured interviews, participants identified the value of receiving oral health support within a community mental health setting, in particular the delivery of basic education, preventive strategies, assistance with making or attending appointments and obtaining priority access to oral health services. Engagement with Community Health Services and referrals generated through the priority access system were identified as key enablers to addressing oral health issues. This study provides new insight into the importance of undertaking an integrated approach to reducing the oral health disparities experienced by those living with mental illness.

Medically Compromised

The use of omics profiling to improve outcomes of bone regeneration and osseointegration. How far are we from personalized medicine in dentistry?

Author(s): Calciolari E.; Donos N.

Source: Journal of Proteomics; 2018

Publication Type(s): Article In Press

Abstract: Increased life expectancy and broader restorative dental treatment alternatives for missing teeth have resulted in an increasing request of bone regeneration/augmentation procedures not only in healthy patients, but also in elderly and medically compromised ones. This is also combined with a growing demand for short implant loading protocols and for optimal aesthetic results. In order to meet these new dental needs, personalized treatment strategies tailored on each individual's characteristics and healing profile are warranted. Omics technologies are emerging as powerful tools to uncover molecules and signalling pathways involved in bone formation and osseointegration and to investigate differences in the molecular mechanisms between health and systemic diseases that could be targeted by future therapies. This review critically appraises the available knowledge on the application of omics technologies in the field of bone regeneration and osseointegration and explores their potential use for personalized medicine in the dento-maxillo-facial field. **Significance:** The use of omics in personalising dental maxillo-facial treatments emerges as a desirable diagnostic and treatment strategy. Omics represent, in fact, powerful tools not only to shed light on the cascade of events taking place during bone formation/osseointegration, but also to identify specific signalling pathways and molecules that can be targeted by future therapies with the aim to enhance clinical outcomes in patients with compromised healing conditions. Copyright © 2018 Elsevier B.V.

Oral health care during pregnancy: A strategies and considerations

Author(s): Shagana J.A.; Kumar R.P.

Source: Journal of Pharmacy Research; May 2018; vol. 12 (no. 5); p. 684-688

Publication Type(s): Review

Abstract: Pregnancy is a unique period during a woman's life. It is characterized by physiological and hormonal changes, which may adversely affect oral health. Oral health care during pregnancy cannot be dissociated from systemic health. It represents a comprehensive and multidisciplinary approach aiming to empower women's wellness, then allowing people to understand the importance of caring for their oral and systemic health, from educational measures to pain control and oral disease treatment. Preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining oral health. However, these patients are not medically compromised and should not be denied dental treatment because they are pregnant. This review

discusses the possible dental complications of pregnancy and their management. Copyright © 2018, JPR Solutions.

Implications of Parkinson disease in oral health

Author(s): Nogueira A.; Ferret-Sena V.; Joao Mendes J.; Godinho C.

Source: Annals of Medicine; 2018; vol. 50

Publication Type(s): Conference Abstract

Abstract: Introduction: Parkinson's disease (PD), described for the first time 200 years ago, is the second most prevalent neurodegenerative disorder [1] and is increasing in developed and developing countries due to the increase of life expectancy. This disease is characterized essentially by motor function disorders, such as resting tremor, muscular rigidity, bradykinesia and postural instability and has implications for performing daily life activities, namely, in oral hygiene [2]. Parkinson patients have dysphagia, sialorrhea, xerostomia, burning mouth syndrome, olfactory dysfunction and difficulty in using and adapting to dental prosthesis worsen by cognitive impairment and dementia. In order to treat them properly, the dentist should have the knowledge and competence to identify all signs and symptoms that these patients can develop in their oral cavity and be aware of the adverse effects of the medicines used for the treatment of the disease. The main objective of this study was to integrate and summarize the implications of Parkinson disease in oral health. Material and methods: Concerning the collection of data for this review, the PubMed database of the U.S. National Library of Medicine was used as the main electronic database. A systematic search of articles published up until May 2016 was performed for the subjects "Parkinsons Disease" AND "Oral health". Publications written in Portuguese, English or Spanish were included and Mendeley software was used for electronic title management. Seventy-three documents were carefully evaluated and the most important findings related to the oral health alterations in PD are summarized below. Results: About 9-77% of PD patients have dysphagia [2] which can result in 32-74% of PD patients [3] having sialorrhea due to an incapacity to maintain a closed mouth because of muscle hypotonia and oesophageal reflux enhancing dental erosion and angular cheilitis [4]. However xerostomia (dry mouth) is also frequent in PD patients, and facilitate dental caries, periodontal disease and oral discomfort [4]. The burning sensation is five times more prevalent in PD patients and is related to pharmacological treatment (levodopa). Others factors for bad oral hygiene is a loss of manual dexterity and cognitive dysfunction. Conclusion: The collaboration between the dentist and the caregiver (formal and/or non-formal) and his experience and skills is essential to obtain a cared supervision in oral and personal hygiene during the course of the disease and improve the patient's quality of life. It would be interesting to evaluate the effect of an early accompaniment and its consequences on the oral complications of these patients but for this, health professionals must be informed about the multiple alterations in oral health revised in this study.

Severe trismus and contraindicated exodontia in a patient with fibrodysplasia ossificans progressiva: case report

Author(s): Geddis-Regan A.

Source: British Journal of Oral and Maxillofacial Surgery; 2018

Publication Type(s): Article In Press

Abstract: Fibrodysplasia ossificans progressiva is a rare genetic disease of connective tissue in which muscles, ligaments, and tendons ossify either spontaneously or after trauma. Patients can develop physical disabilities and restriction of respiratory function. A patient attended a maxillofacial surgery outpatient clinic with severe trismus and mouth opening limited to 2 mm. The risks of intervention

were many from both anaesthetic and surgical perspectives, which prevented the extraction of carious teeth. The patient was referred to a special care dentistry team who provided endodontic stabilisation without local anaesthesia. In the case of severe infection, surgical intervention would be challenging to justify. Copyright © 2018 The British Association of Oral and Maxillofacial Surgeons

Mercury exposure and health impacts in dental personnel.

Author(s): Aaseth, Jan; Hilt, Bjørn; Bjørklund, Geir

Source: Environmental research; Jul 2018; vol. 164 ; p. 65-69

Publication Type(s): Journal Article Review

Abstract:Based on toxicological, clinical, and epidemiological knowledge, the present paper reviews the status regarding possible deleterious health effects from occupational exposure to metallic mercury (Hg) in dental practice. Symptoms from the central nervous system are among the health problems that most often are attributed to Hg exposure in dentists and dental nurses working with amalgam. Uncharacteristic symptoms of chronic low-level Hg vapor exposure including weakness, fatigue, and anorexia have been observed in numerous studies of dental personnel. It is crucial to protect both human health and the environment against negative effects of Hg. In line with this, the use of dental amalgam in industrial countries is about to be phased out. In Norway and Sweden, the use of the filling material is banned.

Setting up dental sedation services for special care and medically compromised patients.

Author(s): Abed, Hassan; Rahman, Aza

Source: The Saudi dental journal; Apr 2018; vol. 30 (no. 2); p. 105-106

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