



CNA HealthPro

Treating the Older Patient

The number of older patients seen in dental practices continues to grow for two primary reasons: the aging of the U.S. population coupled with advances in health care. Individuals over 65 represent a growing demographic segment, constituting about one-eighth of the population. And seniors are retaining more of their teeth than ever before, with the proportion of edentulous older people dropping from approximately 60 percent in 1957 to roughly 40 percent today.

Due to the life-extending benefits of modern medicine, Americans are living longer than ever. 2002 statistics indicated an American's life expectancy at birth was 76.9 years. Tens of millions of seniors have relatively intact dentition and a need for long-term, continuing dental care. Centers for Disease Control and Prevention statistics indicate that one third of adults aged 65 years and over have untreated dental caries, while slightly over 40 percent have periodontal disease. Additionally, persons over 65 are seven times more likely to develop oral cancer than those under 65.

This patient population is far from homogenous, yet it shares the need for good dental health. Studies show that, for older patients, poor dental health is an important factor behind involuntary weight loss and hospital readmissions. Dentistry plays a very important part in helping people make their post-retirement years active and healthy ones.

As the patient base ages, treatment and risk management issues change focus. By making the necessary adjustments, you can improve the quality of care, strengthen your relationships with older patients and reduce risk factors.

Central Issues

Factors to consider when treating older patients include

Physiological changes. By some estimates, at least 80 percent of elderly people have one or more chronic conditions. The most common are arthritis, hypertension, hearing loss, heart disease and visual impairment. These conditions may require modifications of standard treatment and medication strategies.

Other common physiological changes with dental consequences include

- Changes in drug absorption and metabolism (this includes your selection and dosage of local anesthetic agents)
- Altered pain perception
- Decreased salivation, resulting in heightened risk of oral infection

Most older patients are relatively healthy and independent. Moreover, most infirmities experienced by the elderly are the result of disease rather than the aging process itself. But dentists must be aware of signs of decreased coping ability and the effect this might have on treatment and dental hygiene.

Prostheses. Many older patients have one or more prosthetic joints, usually a hip or knee. The need for antibiotic premedication must be determined prior to treatment. Your decision should consider the recommendations issued by the American Dental Association and the American Academy of Orthopaedic Surgeons, published in an advisory statement titled “Antibiotic Prophylaxis for Dental Patients With Total Joint Replacements” (JADA, Vol. 128, July 1997, pp. 1004-1008; also available on the Internet at the American Dental Association’s Web site at <http://www.ada.org>).

Drug intake. On average, the elderly consume more drugs than the population as a whole. Furthermore, drugs tend to have a longer half-life in older patients’ systems. Together, these factors produce a significantly higher risk of adverse drug interactions.

Also, the complexity of many older patients’ drug regimens may lead to medication errors, while the fear of side effects (and the high cost of pharmaceuticals) can result in intentional or “intelligent” noncompliance.

Chronic illnesses suffered by many older Americans require medications that can have detrimental side effects on their oral health. These include antihistamines, diuretics, and antidepressants.

Communication. The potential for hearing and vision impairment and short-term memory deficits means that dentists must take particular care in explaining treatment options, obtaining informed consent, and documenting discussions and decisions. For more dependent patients, dentists must consider the role of third parties in decision-making. Despite contrary stereotypes, most elderly patients are competent. Dentists must take care to avoid patronizing older patients and to respect their valid treatment choices.

Access. Older patients may be prevented from enjoying necessary dental care by a variety of obstacles, physical, social, and financial. Only 22 percent of older persons are covered by dental insurance; most elderly dental expenses are paid out-of-pocket.

The dental office may present potential obstructions and hazards, while dental staff may not be trained to deal with patients’ special needs. Elderly patients may be confronted with transportation and scheduling constraints as well as severe financial limitations.

Care Guidelines

In the face of these challenges, practices will need to develop policies and protocols for treating older patients. The following guidelines are a starting point.

Get the best medical history you can. Patients may not be readily able to provide a complete picture. Be patient and phrase important questions in different ways. It’s good policy to ask patients to bring all the drugs they’re taking – including over-the-counter medications and dietary supplements – to appointments.

Consult with patients’ physicians. To get full value from physician consultations, provide the full details of your intended treatment. Discuss medication questions with physicians and promptly report any problems that you observe.

Obtain informed consent. Advanced age does not negate the legal and ethical necessity of obtaining informed consent from competent patients. To facilitate communication, family members or other third parties may take part in the decision-making process. But the patient, if capable, must make the actual decision. Document all informed consent discussions and decisions thoroughly. If the patient makes what you consider an unwise choice, document your attempts to persuade the patient otherwise. If the patient asks you to practice below the standard of care, you should refuse.

Prescribe with care. Your regimen should be conservative, clearly explained, compatible with the patient’s established schedule and continually reviewed. Remember that recommended adult dosages must frequently be reduced for older patients. Large-type labels and information leaflets are available and

should be used for patients with vision problems. Check compliance at every visit and stay alert for signs of premature drug discontinuation or adverse drug interaction.

Compensate for vision and hearing impairments. Determine how best to communicate with patients who seem to have hearing or vision problems. Your office should be illuminated adequately, with large-type dental literature and other reading material at hand.

Examine your office for potential dangers or sources of discomfort. Follow the patient's path through your facility, from parking lot to dental chair, with an eye for the safety and convenience of patients with physical limitations.

Provide necessary staff training. Staff may need education in such areas as communication, helping older patients get into and out of dental chairs safely and comfortably, and wheelchair transfer techniques.

The fundamentals of dentistry remain the same no matter the age of the patient. But dealing with older patients may call for an extra measure of awareness, sensitivity and commitment to clear communication. By making these adjustments, you can provide the safe, high-quality care that this large and growing group of patients needs.

This publication is for educational purposes only. It is not legal or dental advice. CNA makes no representations as to its correctness or completeness and accepts no liability for any injury or damage that may arise from its use. Specific legal or dental questions should be referred to a competent attorney or dental professional. This material may address and discuss matters for which your policy does not provide coverage, and the material does not create or imply the existence of coverage. Please consult your insurance policy for the specific terms and conditions of coverage.

CNA policies are underwritten by the property/casualty companies of CNA, Chicago, IL. CNA is a registered service mark of CNA Financial Corporation. ©2005 Continental Casualty Company. All rights reserved.