

Adults with Additional Care Needs

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Adults with Additional Care Needs

- ▶ Aims and objectives:
 - ▶ Discuss the spectrum of conditions which may lead to an adult requiring increased input with oral care
 - ▶ Discuss the impact some of these conditions have on an individual's ability to undertake oral care and therefore why Open Wide can help

Adults with Additional Care Needs

Definition:

- ▶ **Scottish Government** produced National Oral Health Improvement Strategy in 2012 which highlighted **Priority Groups**.
- ▶ **WHO:**
“a restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being”
- ▶ **Equality Act:**
You're disabled under the [Equality Act 2010](#) if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.
- ▶ **Curriculum for SCD:** ...unable to accept routine dental care because of some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these factors

Covers a breadth of conditions some of which may be transient

Open Wide - definition

Most people within this group who need help with their oral care fall into one of two categories:

- ▶ Physical impairments
- ▶ Cognitive impairments

Physical impairments

- ▶ people with conditions affecting swallowing, like advanced multiple sclerosis (MS) – this would include percutaneous endoscopic gastronomy (PEG)-fed patients
- ▶ people with arthritic-type conditions
- ▶ post-stroke patients
- ▶ people with cerebral palsy
- ▶ people with sensory impairments.
- ▶

This list is far from exhaustive

Cognitive impairments

- ▶ people with learning disabilities (mild to profound)
- ▶ people with cognitive impairment due to acquired brain injury (ABI)
- ▶ people with cognitive impairment from medical causes (such as a stroke or Huntington's disease)
- ▶ people with dementia.
- ▶

Again this list is far from exhaustive

Open Wide – why do we need it?

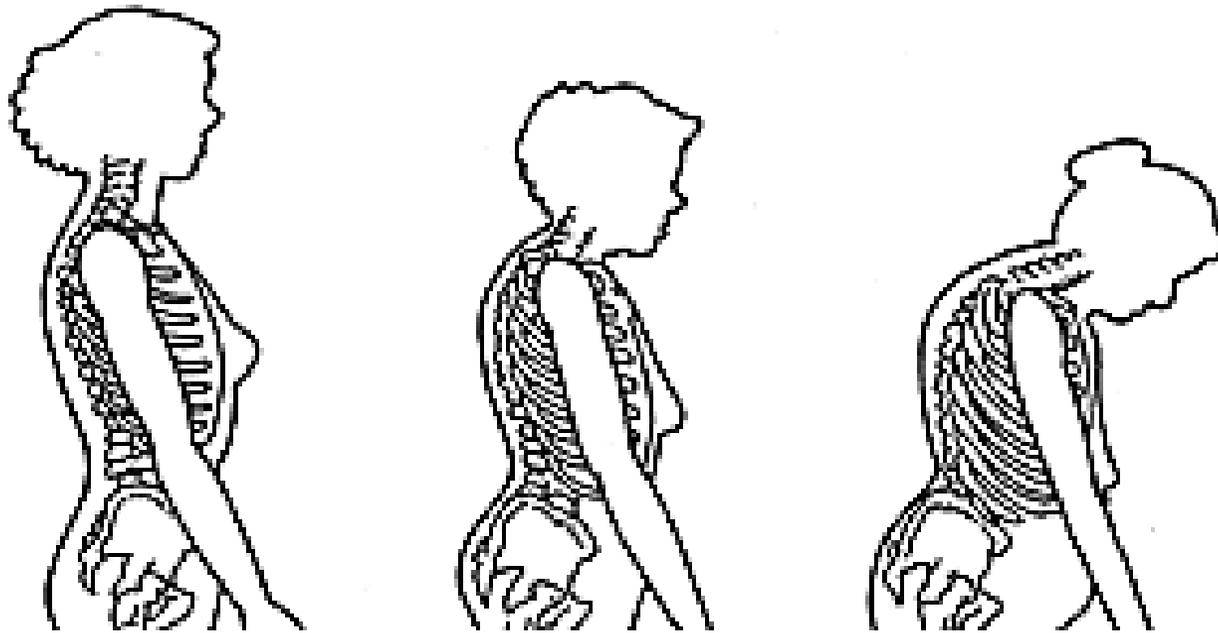
- ▶ Patients with physical impairments know how to perform oral care but are often dependent on others to assist
 - ▶ In progressive condition dependence on 3rd party increases with time
- ▶ Patients with cognitive impairments may not be able to understand the need for oral care or indeed be able to follow instruction as to how this should be undertaken
 - ▶ Varying dependence on 3rd party depending on extent of impairment but again may increase as condition progresses

Irrespective of the cause and the impairment, the same principles apply to the delivery of good daily oral care.

Rheumatoid Arthritis



Osteoporosis



Cerebral Palsy



Physical Impairments - Stroke

- ▶ Blockage to blood supply or hemorrhage in the brain:
 - ▶ Residual Physical deficit
 - ▶ Residual Cognitive deficit
 - ▶ Often both

- ▶ Broad spectrum from little or no function to little or no impairment
 - ▶ Insufficient muscle control to adequately carry out oral care
 - ▶ Insufficient cognitive ability to adequately carry out oral care

Reliance on 3rd party

Cognitive Impairments

- ▶ Spectrum of impairment:
 - ▶ Little or no impairment e.g mild learning disability requiring little assistance with oral care other than prompting
 - ▶ Moderate impairment e.g early dementia or progressive neurological condition requiring more hands on assistance to supplement individual's ability
 - ▶ Severe impairment e.g profound learning disability or severe dementia leading to total reliance on 3rd party for oral care

Often a continuum of care

Roles within Oral Care for Adults with Additional Care Needs

- ▶ Patient:
 - ▶ Undertake regular oral care to the extent condition allows
 - ▶ Recognise when help necessary (if appropriate)
- ▶ Carer:
 - ▶ Encourage and assist with regular oral care to the extent required by patient's condition.
- ▶ Dental professional :
 - ▶ Advice and treatment when required

Open Wide

Resource designed to help both patients with additional care needs and their carers optimise and maintain good oral health