

Quality Resource Guide

The Dental Patient with Dementia Part One

An Introduction to Dementia for the Oral Healthcare Team

Author Acknowledgements

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Educational Objectives

Following this unit of instruction, the learner will be able to:

1. Identify the different types of dementia.
2. Discuss dementia awareness by the oral health care provider as a member of a professional collaborative team.
3. Describe the behavioral aspects of dementias.
4. Discuss the critical aspects of caring for a person with dementia.

This Quality Resource Guide is the first aspect of a two-part set on managing oral health care for a patient with dementia. It is suggested that Part Two by Drs. Sadowsky and Warner titled, *The Dental Patient with Dementia: Providing Oral Healthcare for Patients with Dementia* be read after completing this one.

MetLife designates this activity for **1.0 continuing education credits** for the review of this Quality Resource Guide and successful completion of the post test.

The following commentary highlights fundamental and commonly accepted practices on the subject matter. The information is intended as a general overview and is for educational purposes only. This information does not constitute legal advice, which can only be provided by an attorney.

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Introduction

Dementia is a group of symptoms affecting a person's cognitive functions, such as memory and reasoning. It is an umbrella term for a variety of conditions. Not only is there more than one type of dementia, but a person can also suffer from more than a single type.

The effects of dementia are well demonstrated and documented in William Charles Utermohlen's self-portraits (**Figure 1**). For over twelve years, William Utermohlen's mind slowly unraveled. He was diagnosed with Alzheimer's Disease in 1995. "Portraits from the Mind: The Works of William Utermohlen, 1955-2000" were initially displayed at the Chicago Cultural Center. After a successful showing in Chicago, his later works were shown in Utah at the inaugural Art and Brain Symposium. <https://www.youtube.com/watch?v=47wuLG79FDA> is a documentary about his life and art.¹

Dementia

Dementia is a group of symptoms describing deficiencies in mental cognitive tasks such as memory and reasoning. It relates to the decline of brain functions and the symptoms that arise. It is not a natural part of aging. As the person's reality diminishes, as with Utermohlen's pictures, their world becomes more surreal.

Dementia describes various neurological conditions and symptoms that worsen over time (**Figure 2**). Once, it was thought that dementia was becoming senile and was a normal part of growing old. It has been discovered that not all people get dementia, and sometimes, dementia develops at an earlier age. Different forms result in degenerative changes in specific brain expanses, causing brain pathways to malfunction. There are distinct changes in areas that cause discrete forms of dementia:

Alzheimer's disease (AD) is the most common dementia, with amyloid plaques and tau tangles disrupting nerve cell connections. This disease affects the ability to remember and think clearly and reduces the capacity to do the simplest tasks.

Frontotemporal dementia (FTD) also termed **Pick's disease**. It occurs at a younger age and is named for the affected parts of the brain. If the area is in the temporal lobe, the person will have problems with language and emotions. If the frontal lobe is involved, there are behavioral symptoms. The proteins tau and TDP-43 are affected, along with the loss of nerve cells.

Lewy body dementia symptoms include mood, behavior, movement and thinking. The protein deposits named Lewy bodies are alpha-synuclein deposits.

Vascular dementia occurs in people with vascular changes in the brain, such as those caused by injury or stroke, that interrupt the white matter, the connections between brain regions.

Mixed dementia refers to a combination of dementia-related changes.

Other dementias may be associated with Parkinson's disease, Human Immunodeficiency Virus, Huntington's and Creutzfeldt-Jakob disease. Dementia may also occur with thyroid, liver and kidney problems. Head injury, hydrocephalus, and brain infection are also known to cause dementia. Depression, delirium, alcohol abuse and vitamin deficiencies may lead to dementia-like symptoms.²

An essential component of understanding dementia is considering an afflicted individual's deficits and strengths. For example, a good memory is common with frontotemporal dementia, although not in Alzheimer's Disease. Social skills are expected in AD but not in FTD. Coping skills are typically preserved in FTD but not in AD.³

There are three stages of dementia: **early**, **moderate** and **advanced**.

Memory lapses, difficulty making decisions and mild depression are seen in the early stage. The person may continue to function independently and can easily hide the symptoms.

Figure 1



The Quality Resource Guide, designed for use by the entire dental office team, explores dementia and outlines the knowledge and understanding required of oral health care providers who care for individuals with dementia.

Memory loss is more prevalent and pronounced with moderate dementia. Social withdrawal and verbal struggles become apparent. The person may also become agitated, confused and in denial of symptoms. Daily activities become more difficult, and the individual may begin to experience hallucinations, which may be visual, auditory or olfactory. This stage lasts the longest.

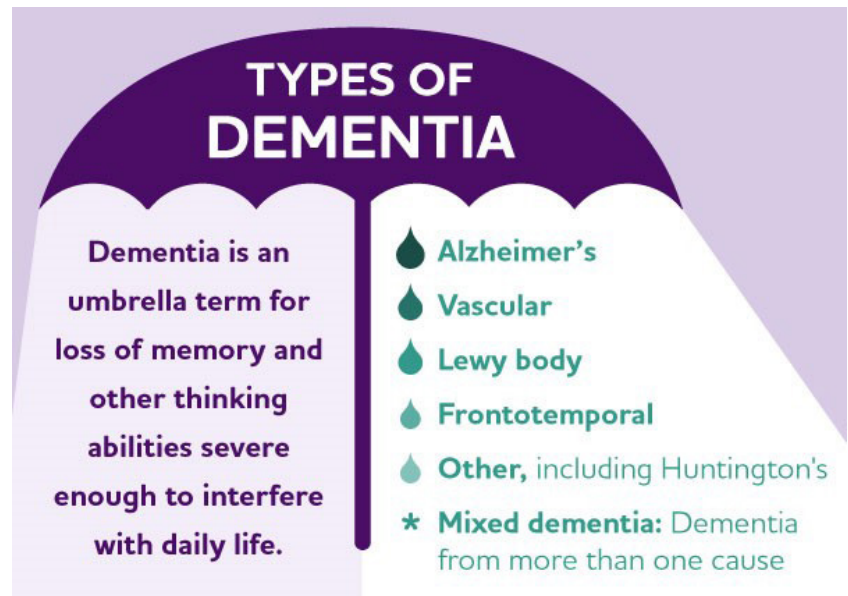
Advanced dementia becomes very noticeable to family and friends as the individual may become easily upset and verbally aggressive. Affected persons become unaware of familiar people and surroundings. The level of necessary care continues to increase until the person becomes totally dependent on others.⁴

Prevention of Dementias

Dementia has been described as one of the defining public health challenges of the 21st Century, but disease-modifying therapy remains elusive. Forty percent of late-onset dementia could potentially be prevented or delayed by addressing modifiable risk factors (MRFs), including optimizing vascular factors through changing behavior, such as engaging in physical activity and following a Mediterranean diet. Modifiable factors include low education in early life; hypertension, hearing impairment, traumatic brain injury, excessive alcohol use, smoking, and obesity in mid-life; and late-life factors such as depression, social isolation, lack of physical activity, air pollution, and diabetes. Prevention of dementia through lifestyle risk factor modification is an important concept and is being assessed by many groups. An integrated model of dementia risk reduction factors will influence the adoption and maintenance of relevant behavior patterns.⁵ Designing and testing specific interventions will help to answer the call for implementing effective dementia risk reduction strategies. Dementia-specific health and social care providers should have information on local, accessible dental services and how to access them and, ideally, actively support their clients in doing so.⁶

There are gaps in the critical areas of science currently being examined in Alzheimer's Disease

Figure 2



<https://www.alz.org/alzheimers-dementia/what-is-dementia.c>

and Related Dementia (ADRDs). Specifically, most of the science conducted addresses one question at a time without the end in mind (a comprehensive understanding of the full complexity of ADRDs, including ethn racial factors). To advance the knowledge of ethn racial factors in ADRDs, the field needs to not only directly test the importance of ethn racial factors but also test these constructs within the context of the “big picture,” including, but not limited to, factors such as gender, neuropathology, molecular biology, environmental factors, and more.⁷

Providing Oral Health Care for Older Patients, Including Those with Dementia

While being older does not automatically imply that a patient will have dementia, older patients are seen more often in U.S. general dental practices, and complete dentures are fabricated less frequently. The presentation of the oral cavity in an older person is much different than it was decades ago. The older generation keeps their teeth longer, and complete edentulism is much reduced. A general dentist's office will likely see several geriatric patients daily, each with complex

medical conditions that will influence the approach to their oral health care. Collaborative care among all members of each patient's health care team (within the dental office, as well as the patient's physicians and other health care providers) will help improve care outcomes.

A patient's overall health demands that dental professionals establish an identity as a collaborative care provider and a partner in person-centered care. Some oral health care providers may need assistance through interprofessional education (IPE) training to become comfortable participating in collaborative patient care and sharing their valuable knowledge and skills as contributors to the patient health care team.⁸

Current dental students are preparing to work within a collaborative care model. Accreditation Standard 2-20 of the Commission on Dental Accreditation states: graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Medicine and Nursing have similar standards. Physicians and nurses focusing on the geriatric population have been ahead of the curve in

IPE. Dental professionals should consider communicating with geriatricians and learning from their approach to collaborative healthcare.

The roles of the team members must be defined. Flexibility is necessary with changing circumstances. To improve the team's function, a means to receive feedback regarding outcomes and provide performance reviews should be established. Feedback can be a successful way to recognize successes and identify improvement opportunities, making the team-based approach to care more efficacious.⁹

Managing Dental Patients with Dementia

General dental practices often see the same patients over long periods of time. This continuity allows the office team to observe memory, behavior, or communication concerns that may indicate dementia changes since the last visit. Since the primary oral healthcare provider may be among the first to recognize changes in a patient's cognitive function, they must be vigilant in discussing these changes with other healthcare team members.

The entire dental office team may require training concerning dementia to improve the knowledge and skills to actively engage patients with dementia and their caregiver(s) to improve their office encounters. Items the office team needs to be aware of include:^{10,11,12}

- Team members will help achieve familiarity with a person by greeting them by name on arrival.
- Each office team member should be an advocate for early diagnosis of dementia.
- Reminders are essential and should be given in a manner understood by the patient (and the caregivers).
- Longer appointments may be deemed appropriate to allow time to explain activities thoroughly.
- Avoid noisy communal areas or have a separate space for patients with dementia.
- Maximize lighting, particularly in hallways, with a matte finish on walls and floors.
- Provide clear signage for all areas the patient will encounter.
- The font size of text shared with the patient should be large, as older adults with dementia often have visual impairment. A fourteen-point font is ideal. Arial or Verdana is recommended as a font as they are uncluttered and do not have serifs.
- The office should create a relationship with a geriatric-trained healthcare professional. They should utilize their knowledge and make their name available to patients for referrals and resources.
- Toileting assistance may be required in the middle stages of dementia. It is helpful if office toilets are clearly identified and include grab rails and toilet paper in distinct colors.
- The entire office team should provide assistance and comfort to patients and their families/caregivers - dementia diagnosis can be a significant emotional issue.
- Be aware if the patient becomes upset or angry with little provocation, as this may be an early symptom of dementia. Encouraging patients to seek consultation in a sensitive manner is essential, as early treatment can slow down disease progression.
- The dental team might notice confusion and agitation in a patient who was previously happy in the dental setting. The patient may not recognize dental team members and repeatedly ask the same question, forgetting the answers given. It is essential to stay calm and allow time for the patient to remember without jumping in and answering for them.
- In later stages, the patient typically progresses from difficulty walking to using a wheelchair.
- In later stages, dementia may cause difficulty in eating and swallowing. The dental team may be asked to perform an examination to rule out a dental cause for these difficulties.
- The dental team needs to be aware of the early signs of dementia and know how to manage patients in the middle and late stages of the disease. Oral health providers may see a patient with apparent confusion but no diagnosis of dementia or be asked by a caregiver for advice on what to do. The office may need to contact the patient's primary medical provider, highlight the concerns and request an assessment.
- Be aware that a previously reliable patient may forget appointments, not come in, or turn up on the wrong day.
- Another early sign is difficulty making decisions, perhaps about oral health therapy.

Because dementia makes it difficult to think clearly, a comprehensive oral health assessment should be done as early as possible after a diagnosis of dementia is made. An inclusive treatment plan allows the patient to communicate their desires for long-term care, end-of-life decisions, and financial planning to family members.

Consistent dental evaluations in the early stage are especially beneficial since a decline in oral and general health will likely occur. Treatment at this point should be based on all patient factors, including dental, medical, and social. Proactive planning allows treatment to be comprehensive, manage active disease and restore, as much as possible, for the long term.

In the middle stage of dementia, support from the formal and informal caregiving teams is needed. Caregivers should support and maintain oral home care and ensure that periodic professional assessment and control of oral pain are received.

Three main themes are generally present in a home with a person having dementia and their caregivers:

- Oral health is often not prioritized
- The increasing disability hinders access to oral healthcare

- The time, knowledge, skills and clear pathways needed to understand how to access and navigate healthcare services may be inadequate. The dental office may need to guide caregivers to dementia-specific health and social care providers for information and assistance accessing appropriate health care.⁶

Summary

Dementia is a group of symptoms describing deficiencies in mental cognitive tasks. The older generation keeps their teeth longer, and a general dentist's office sees more geriatric patients, including some within a stage of dementia. Collaborative care among all members of each

dementia patient's healthcare team is required to optimize care outcomes. Some dental office teams may need training concerning dementia to improve the ability to engage patients with dementia and become comfortable participating in collaborative patient care for individuals with dementia.

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POST-TEST

Internet Users: This page is intended to assist you in fast and accurate testing when completing the "Online Exam." We suggest reviewing the questions and then circling your answers on this page prior to completing the online exam.

(1.0 CE Credit Contact Hour) Please circle the correct answer. 70% equals passing grade.

1. Which of the following demonstrates dementia symptoms:
 - a. Alzheimer's disease
 - b. Huntington's disease
 - c. Korsakoff syndrome
 - d. All of the above
2. A grasp of social skills is generally present in:
 - a. Frontotemporal dementia
 - b. Lewy Body dementia
 - c. Alzheimer's dementia
 - d. None of the above
3. Of the following, the best reason that a dentist may see more older patients today than in the past is:
 - a. Change in demographics of practice area
 - b. Older people are keeping their teeth longer
 - c. Patients are covered by insurance
 - d. Word of mouth
4. Prevalence of Lewy Body dementia is approximately:
 - a. 0-10%
 - b. 15-25%
 - c. 30-40%
 - d. 45-60%
5. Alzheimer's disease is characterized by:
 - a. Frontal and temporal lobe deterioration
 - b. Presence of Lewy bodies
 - c. Vessel disease of the brain
 - d. Amyloid plaques
6. What improves the clinical outcome of dental care for dementia patients?
 - a. More rigorous accreditation standards for dental schools
 - b. Accepting older dental students into training
 - c. Referring all patients with dementia to physicians
 - d. Collaborative healthcare
7. A general dentist needs to establish himself as:
 - a. captain of the ship.
 - b. a partner in collaborative person-centered care.
 - c. willing to follow the patient's lead.
 - d. primarily a cosmetic provider.
8. Standard 2-20 of the Commission on Dental Accreditation (CODA) states: dental graduates must be competent in:
 - a. more than one language skill.
 - b. providing good oral hygiene instructions.
 - c. communicating with other healthcare team members.
 - d. surgical hand skills.
9. In treating patients with dementia, the following statements are true, except one. Which one is the exception?
 - a. Importance of patient reminders
 - b. Patient familiarity when greeting incoming patients
 - c. Possible need for longer appointments
 - d. Dim lighting for a relaxing environment.
10. Common symptom(s) that first occur in the late stage of dementia is (are):
 - I. Becomes angry with little provocation
 - II. Difficulty in making decisions
 - III. Difficulty in swallowing
 - a. I. only
 - b. II. only
 - c. II. and III.
 - d. I., II. and III

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Evaluation - The Dental Patient with Dementia - Part 1

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Please respond to the statements below by checking the appropriate box, using the scale on the right.

1 = POOR

5 = EXCELLENT

	1	2	3	4	5	
1. How well did this course meet its stated educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. How would you rate the quality of the content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Please rate the effectiveness of the author.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Please rate the written materials and visual aids used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The use of evidence-based dentistry on the topic when applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
6. How relevant was the course material to your practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. The extent to which the course enhanced your current knowledge or skill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The level to which your personal objectives were satisfied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Please rate the administrative arrangements for this course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. How likely are you to recommend MetLife's CE program to a friend or colleague? *(please circle one number below:)*

10
9
8
7
6
5
4
3
2
1
0

extremely likely
neutral
not likely at all

What is the primary reason for your 0-10 recommendation rating above?

11. Please identify future topics that you would like to see:

Thank you for your time and feedback.



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