Patients with a Disability
Wheelchair, Homebound, Nursing Home & Terminally Ill

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Objectives
- Motivate patient/caregiver in establishing and maintaining oral health
- Make appointments to better fit patient needs
- Determine level of functioning of patient
- Transfer patient on wheelchairs
- Properly positioning patient for treatment
- Identify common oral manifestations and the reasons for occurrence.
- Identify barriers to dental care
- Prepare for home visit

Disability Definitions & Classifications
- Americans with Disabilities Act (ADA)-
  Prohibits discrimination on the basis of a disability and requires places of public accommodation by removing architectural, transportation, and communication barriers.
- The World Health Organization, International Classification of Functioning, Disability & Health (ICF)-
  A universal classification of disability and health that provides a standard language and framework for description of health and health-related states.

Pre-treatment Planning
- Basic Information
  - Does patient have a legal guardian or caregiver?
  - Will anyone accompany patient to appointments?
  - Does the patient give consent to discuss care with caregivers?
  - Degree of independence, self-care, way of communication
- Medical History
- Dental History

Supplemental information for Pretreatment Planning
- Muscular coordination, mobility, or walking
- Sitting tolerance
- Sitting position
- Ability to cooperate or involuntary movements
- Communication
- Breathing
- Swallowing or control of saliva
- Bowel/bladder control
- Mental capabilities
- Dexterity
- Ability to chew or eat

Appointment Scheduling
- Transportation
  - Availability may be limited due to relying on caregiver or another source for transportation
- Time of Appointment
  - Patient’s daily schedule and routines are important and should not to be disturbed
Barriers To Access For Dental Care

Type of Barriers                  Patient                Family, Caregivers, Guardian                      Dental Professional

Attitude Barriers
- May not comprehend importance of dental health care, may not be aware of needing dental care, may not want to be able to cooperate
- May not feel confident that oral health care is more important than dental or other priority health care
- May not feel confident that oral health care could be provided safely and effectively
- May not feel confident that oral health care could be provided effectively

Health Literacy Barriers
- May not understand the relationship of oral health to systemic health
- May have difficulty understanding insurance coverage, locating a provider, making appointments, or completing paperwork
- May not understand that the patient has many barriers to accessing dental care
- May not understand that the patient has many barriers to accessing dental care

Physical Barriers
- Fear of not being able to manage dental health care due to architectural barriers, fear of falling, or fear of attracting attention
- May not be able to transport patient to appointment
- May not be able to transport patient to appointment
- May not be able to transport patient to appointment

Financial Barriers
- May have limited income, may not have adequate dental insurance, or may not have adequate financial resources to cover the cost of longer appointment times
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Environment Barriers
- External Features
  - Parking, Walkways
  - Entrance, Door
- Internal Features
  - Passageways, Floors
  - Reception Area
- Treatment Room
  - Dimensions, Wheelchair
  - Dimensions, Wheelchair
- Patient Instruction
  - Dimensions, Wheelchair, Mirror

Oral Manifestations
- Congenital Malformations
  - Cleft lip or cleft palate
  - Malformed jaws/malocclusion
  - Malformed teeth
  - Dentigenesis Imperfecta
  - Amelogenesis Imperfecta
  - Enamel Hyperplasia
- Facial weakness or paralysis
  - Heavy biofilm (affected side)
- Therapy-Related
  - Drug-induced gingival overgrowth
- Chemotherapy
  - Ulcerations, mucositis, susceptibility to infections
- Radiation
  - Caries

Homebound Patients

Limitation in ≥ 1 (ADL/IADL) ≥ 2 ASA III
Functionally dependent on caregivers

Common oral problems
- Need for routine dental check-ups
- Losing weight / not eating
- Toothache / pain and abscess or swelling
- Trauma / fractured teeth
- Loose teeth
- Lost fillings or crowns
- Dental caries
- Loose, uncomfortable, or lost dentures

Measures of Patient Functioning

<table>
<thead>
<tr>
<th>Levels</th>
<th>Example of activities of daily living</th>
<th>Example of instrumental activities of daily living</th>
<th>Level 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Ability to perform task with partial assistance</td>
<td>Ability to perform task with partial assistance</td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td>Ability to perform task with partial assistance</td>
<td>Ability to perform task with partial assistance</td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td>Requires full assistance to perform the task, totally dependent</td>
<td>Requires full assistance to perform the task, totally dependent</td>
<td></td>
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</tbody>
</table>
Barriers to dental services:
• Limited ambulation
• Transportation not available
• Cost
• Fear
• Patient’s health attitudes and beliefs
• Patient’s daily pain/discomfort levels
• Ageism or other negative attitudes for practitioners
• Limited availability of practitioners who provide home based services

What is being done to eliminate these barriers?

Objectives of dental hygiene care for homebound patients
• Provide routine screenings
• Identify oral infections/problems
• Provide dental hygiene treatment and education interventions
• Encourage daily personal oral care
• Provide palliative care for pt with a short-term lifespan
• Contribute to patient’s general well-being and quality of life

Preparation for homebound visits
➢ Provide MDHX form
➢ Review Medications
➢ Contact pt./caregiver for clarifications and to inform items needed
➢ Consider special characteristics/problems
➢ Determine necessary precautions
➢ Contact dentist/physician for premedication or other Rx
➢ Arrangements for local anesthesia (if necessary)

Other Factors to consider prior to homebound visits
• Appointments scheduling
  • Based on patient and caregiver
  • Around nursing care and mealtime
• Patient’s attitude
  • Demonstrate empathy and understanding
• Location of treatment
  • Free of distractions

Terminally-ill Patients
• Terminal illness is NO excuse for neglect of oral hygiene
• Focus is on short term palliative care rather than long-term preventive care

Common Oral Lesion
➢ Candidiasis infection
  • Candida albicans have been found in 79% of terminally ill patients
  • Life-threatening
➢ Xerostomia
  • Due to medication, dehydration, or mouth breathing

Changes in oral mucosa
➢ Extensive discomfort due to active lesions
➢ Secondary infections
➢ Denture problems
  • Poor fitting
  • Difficulty chewing and talking
  • Development of intraoral lesions

Unconscious Patient
➢ Personal oral care procedures are accomplished by the caregiver.

Objectives of care
• Providing routine screenings to detect pathological lesions
• Preventing aspiration of debris and microorganisms
• Minimizing possibilities of oral infections
• Providing comfort by maintaining clean/healthy oral cavity
• Relieving xerostomia
Patient/Caregiver Education

- Brushing/Flossing/Rinsing
- Removable denture/partial care
- Prostheses care
- Balancing patient nutrition
- Detection of lesions
- Suction toothbrush, power brush, or other devices

Resources