



Department
of Health

Aspiring to Prevent Aspiration Pneumonia for the Disabled Population Through Optimal Oral Care

November 2019

Individuals with Disabilities are at a Greater Risk for Dental Diseases Secondary to:

Oral Conditions

- Some Genetic disorders can cause enamel defects
- Congenitally missing teeth, malocclusion and cleft palate
- Dry mouth secondary to medical conditions and medications
- Destructive Oral Habits

Physical Limitations

- Inability to chew, move tongue or tube-fed which interferes with natural cleaning action of mastication and the tongue
- Poor motor coordination; unable to clean their own teeth
- Trauma / Injury to mouth from falls or accidents

Special Diets

- Pureed foods or use of thickening agents in the diet tend to stick to their teeth
- Those who need help drinking may drink less fluids, so they do not have enough fluids in their mouth to help wash away food particles

Medications

- Some anti-seizure medications may cause bleeding or enlarged gums
- Sedatives, barbiturates, antihistamines, and drugs used for muscle control may reduce saliva flow

Microorganisms in the Oral Cavity

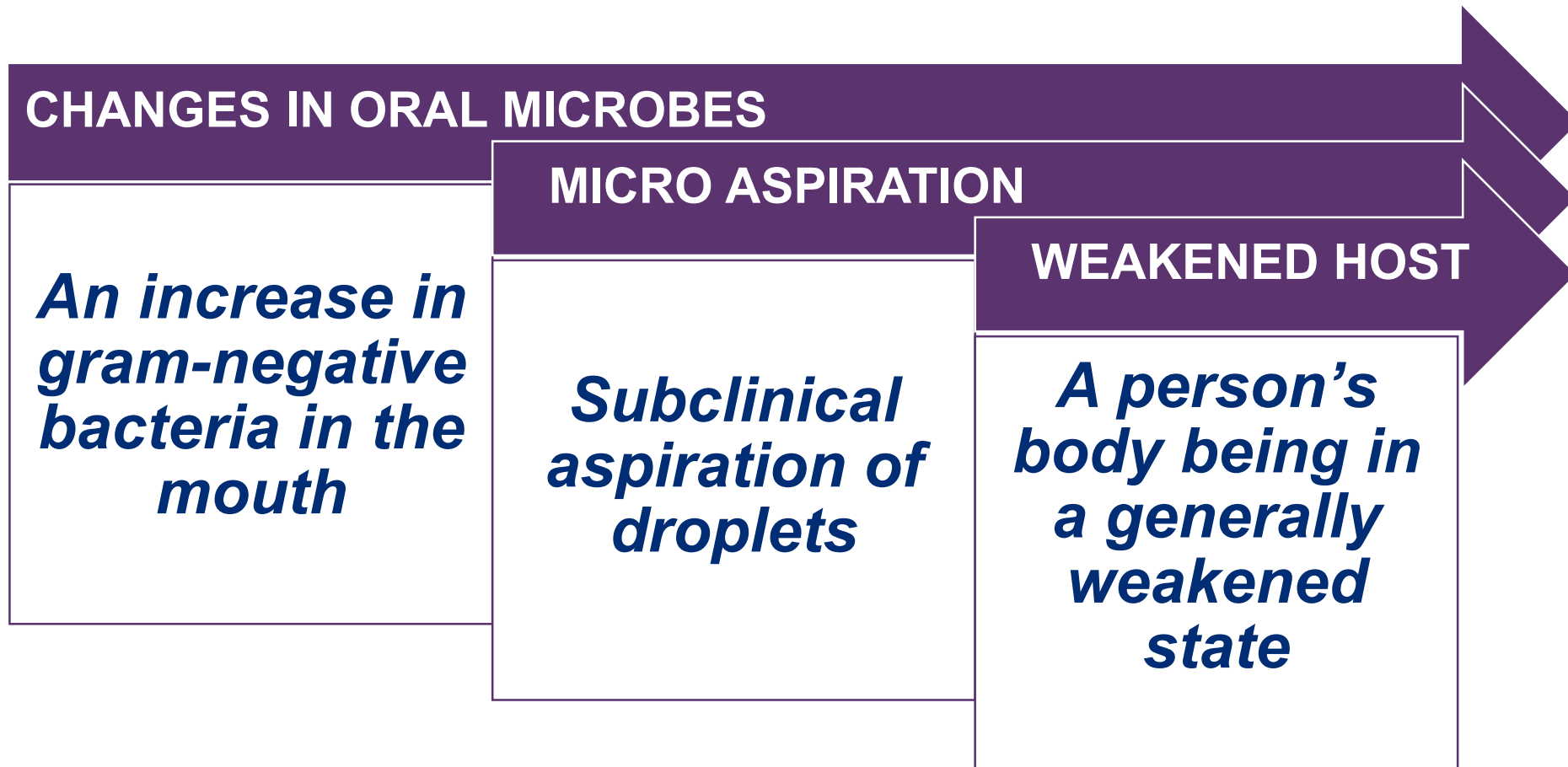


700 different bacterial species make up the oral microflora

Microbes in our mouths replicate every 4 to 6 hours

Oral bacteria colonization including more virulent gram-negative bacteria can occur within 48 hours of no oral care

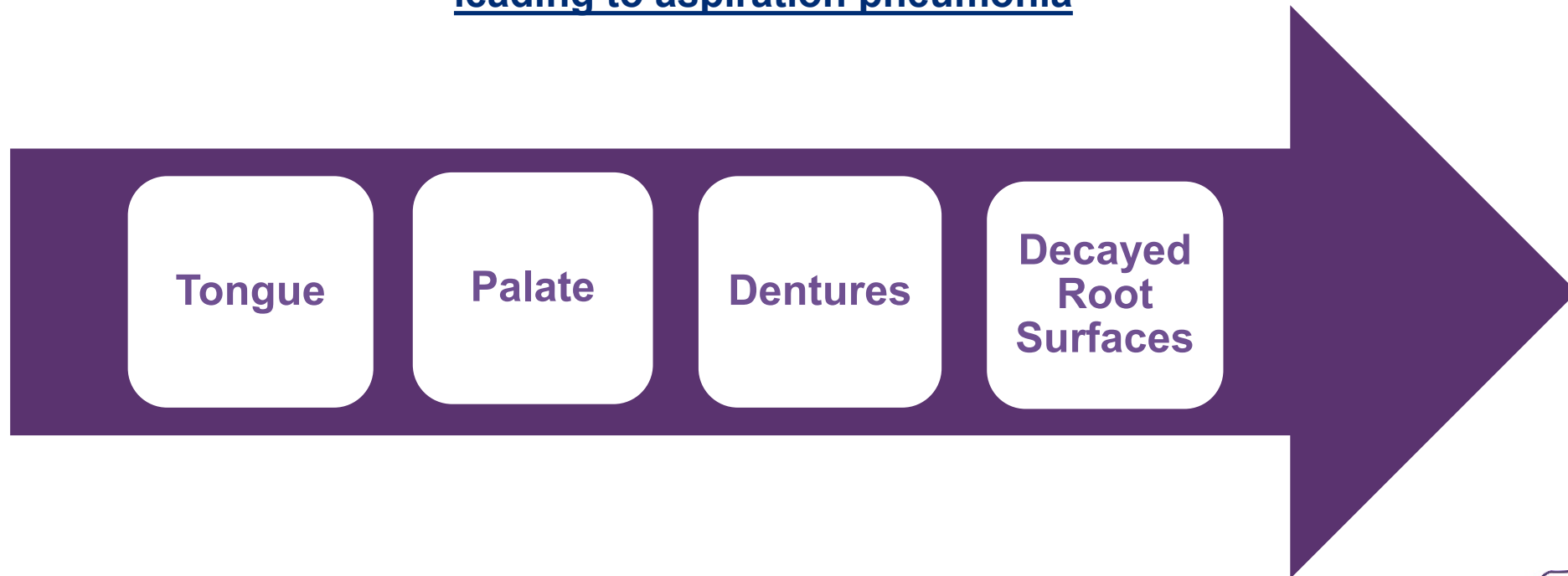
Predisposing Factors of Aspiration Pneumonia



What Happens in the Mouth doesn't Stay in the Mouth!

The Importance of Regular and Effective Oral Care

Harboring ground for gram negative anaerobic bacteria which can cause micro-aspiration leading to aspiration pneumonia



Barriers and Solutions to Effective Oral Care:

Resistive Behavior

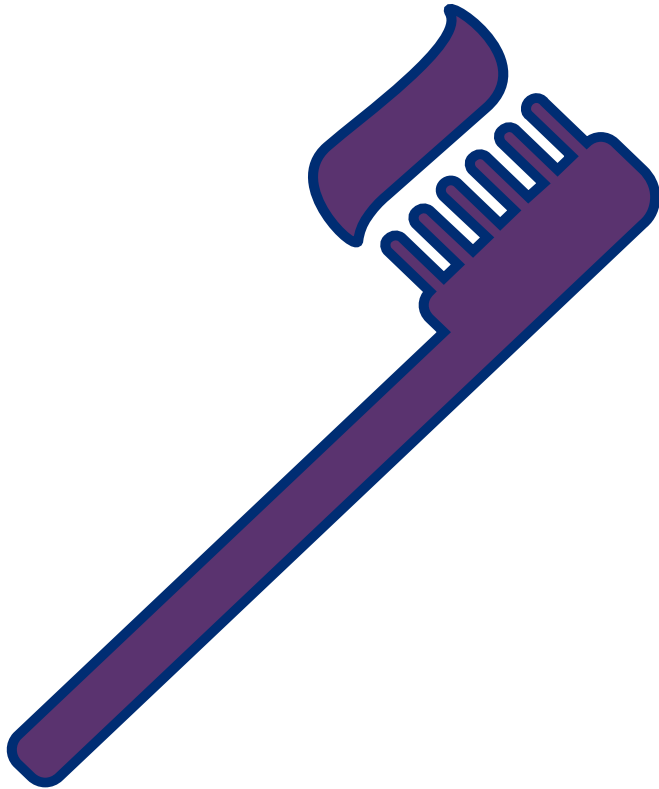
- Task centered cycle of instruction e.g. Tell, Show, Do
- Desensitization Techniques to gradually introduce oral care tools
- Engage the individual, structure the environment, provide reinforcements, partial participation
- Use of mouth props

Lack of Education

- Multi-disciplinary approach between dental and non-dental staff
- Train the trainer
- Training Resources: Overcoming Obstacles, Mouth Care Without a Battle

Lack of Accountability

- Development and implementation of preventive protocols
- Make oral health care training mandatory
- Buy-in from administrators regarding the value of good oral health



Tools for Effective Oral Care

Mouth care routines must become a key part of an individual's daily oral care plan



Toothbrushes:

- 🦷 Manual / Electric
- 🦷 Three Sided
- 🦷 Denture
- 🦷 Adaptive handles

Additional Oral Care Aids:

- 🦷 Interdental brushes
- 🦷 Water pik
- 🦷 Flossers
- 🦷 Floss Holders
- 🦷 Oral Swabs
- 🦷 Mouth Rinse
- 🦷 Dry Mouth Products



Other Services

Fixed Prosthetic
considered in cases with documented
physical disorder
neurological disorder
Cleft Palate

**Translator
or
Sign language interpreter**

**General Anesthesia
&
IV Sedation**

Full or Partial Dentures
replaced < 8 yrs. if medically
necessary

Orthodontia
under 21 exhibiting a severe
physically handicapping
malocclusion



Contact Us:

Dental Policy Team

Bureau of Medical, Dental, and Pharmacy Policy

Division of Program Development and Management

New York State Department of Health

Office of Health Insurance Programs

One Commerce Plaza Rm. 720

Albany, NY 12210

518-473-2160

Dentalpolicy@health.ny.gov