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How dirty teeth and tongues are killing our geriatric population

In my 15 plus years working as a dental hygienist in long-term care facilities, I have seen the most reprehensible oral care imaginable. I have witnessed dentures that had not been removed or cleaned in years. I have seen tube-fed residents who had not had their teeth brushed in months because of the staff's failure to see the necessity of providing oral home care. I recently treated a patient who had so much tartar build up on his lower anterior teeth that he could not close his mouth or properly chew his food. I have listened to the countless, heart-wrenching accounts of elders so embarrassed by their dental condition that they were ashamed to smile or even let me examine their mouths. Dental health plays a significant role in mental and emotional health and well-being. Therefore, caregiver provision of proper oral homecare helps maintain the dignity of the geriatric community. Whether the neglect is due to caregivers' lack of knowledge or lack of compassion, the result is detrimental to the systemic health of the elderly. Uncontrolled oral bacteria can lead to pneumonia, diabetes, strokes, and heart attacks. It has even been linked to Alzheimer's disease. Frequently, cognitive impairment intensifies preexisting oral problems. For instance, elders with Alzheimer's typically have poor oral care and a higher incidence of oral diseases. The most deplorable aspect of this situation is the fact that it is readily preventable. The quality of life and systemic health of residents in long-term care facilities can be significantly improved by simple, consistent, and effective oral care practices.

Biography

Sonya Dunbar, also known as the Geriatric Tooth fairy is a registered Dental Hygienist she has and over 25 years of dental experience in private practice, skilled nursing facilities, academia and marketing and has proudly served her country in the United States Navy. For the last 15 years, she worked in long-term care facilities both as a Dental Hygienist providing clinical treatment and as a staff trainer providing in-services and hands-on training to the staff and we cannot forget her very entertaining seminars packed with valuable information on Geriatric oral care. That experience has afforded her the opportunity to learn the concerns, desires, needs, and expectations of patients and their families as well as those of facility staff and administration. Her experience also created a desire in her to do things better to improve the quality of care and level of customer service provided to residents, staff, and administration of long-term care facilities.

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