

Making the Case for Interprofessional Care of Older Adults

Judith Haber, PhD, APRN, FAAN

Executive Director, Oral Health Nursing Education and Practice (OHNEP)

Ursula Springer Leadership Professor

NYU Rory Meyers College of Nursing

Member, Santa Fe Group



NYU

**RORY MEYERS
COLLEGE OF NURSING**

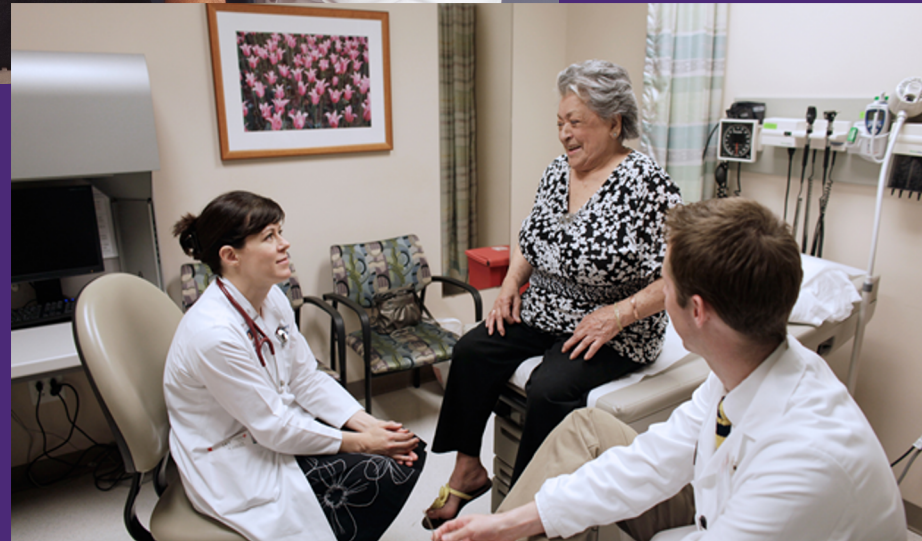
Management of Older Adults Calls for an *Interprofessional* Team



- 4.2 million RNs
- 300,000 NPs
- 11,800 MWs
- 1 million MD/DO
- 115,000 PAs
- 200,000 DDS/DMD
- 185,000 dental hygienists
- 150 dental therapists

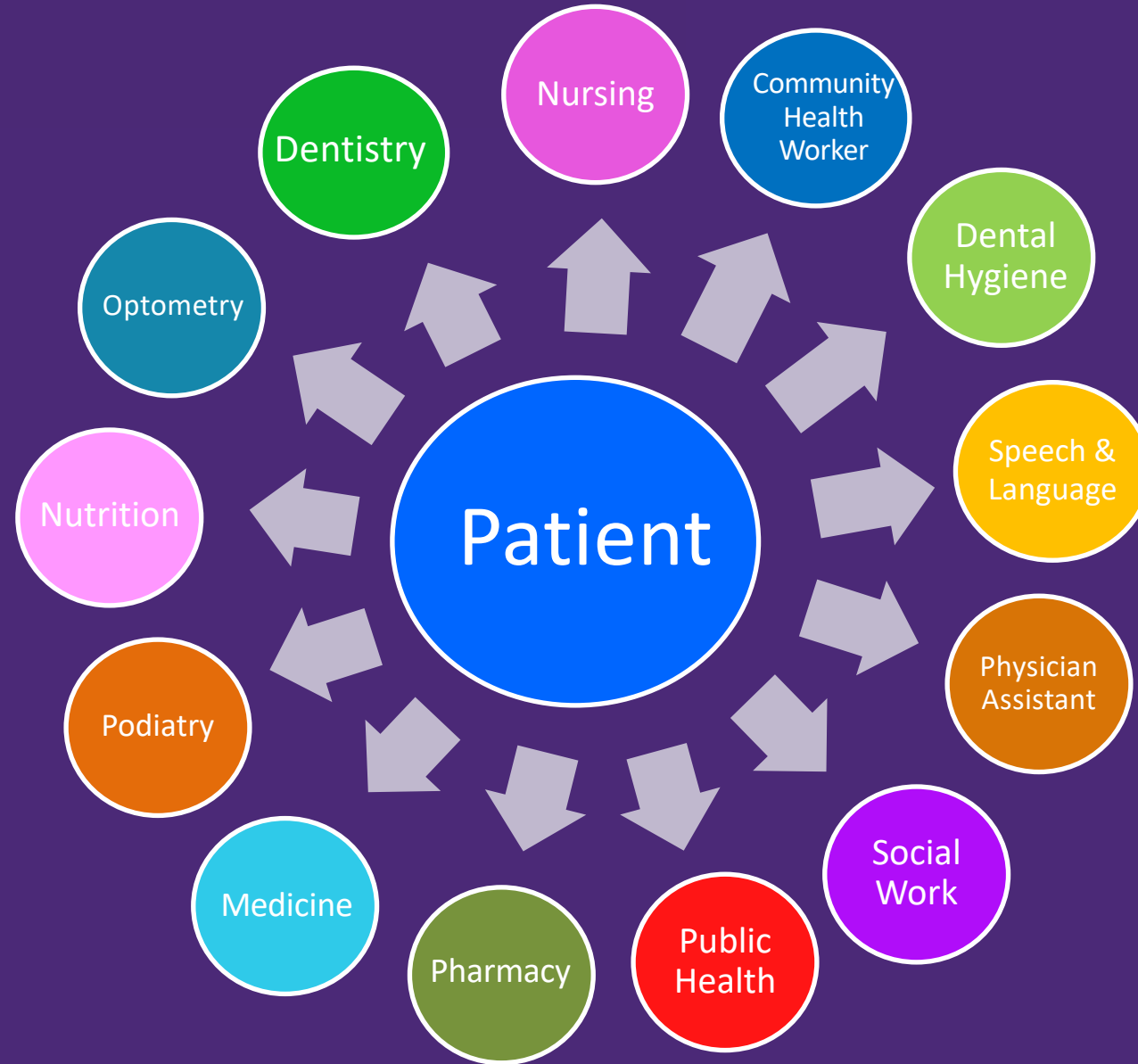


Why Do We Need the Whole IP Team?

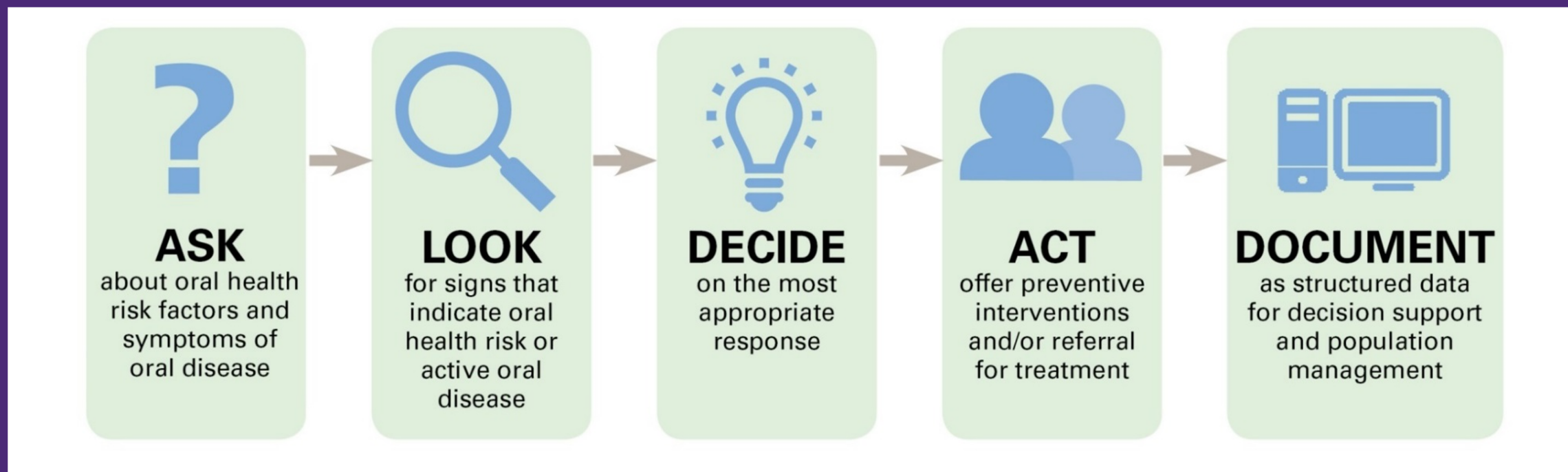


- On average, **84% of adults** visit their primary care provider at least annually
- On average **64% of adults** have an annual dental checkup
- The rate of visits to physicians' offices among the population **65 and older** is the highest
- **50% of adults** 65 and older have no dental insurance

Whole Person Care



Oral Health Delivery Framework (2015)



Available at: www.QualisHealth.org/white-paper

HEENT to HEENOT – Putting the Mouth Back in the Head



COMMENTARIES

attendance at health-care appointments. *Diabetes Diabetes Care* 2012;35:1507-1511.

74. Gay R, Harding J, Wood H, Sutt S, Akl H, Kibiki J. How effective are short message service reminders at increasing clinic attendance? A meta-analysis and systematic review. *Health Serv Res* 2012;47(2):614-632.

80. Liang X, Wang Q, Yang X, et al. Effect of mobile phone information for diabetes on glycosylated hemoglobin levels in a non-urban city. *Diabet Med* 2011;28(4):455-462.

81. Fren C, Knight R, Robinson S, et al. Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial. *Lancet* 2011;377(9770):949-55.

82. Potho JI, Mendonca-Venkatesh HJ, Wilson EC, Lange J, Fajardo R. Access to mobile communication technology and willingness to participate in automated telephone calls among the elderly in Jamaica. *Telemed J Health* 2010;14(10):1030-1041.

83. Potho JI, Mendonca-Venkatesh HJ, Ganes M, Mohamed M, Maitani N, Kothand S. A preliminary study of

a short-messaging model for chronic illness self-care support in an under-served country. *Am J Prev Med* 2011; 46(3):20-22.

Putting the Mouth Back in the Head: HEENT to HEENOT

Improving oral health is a leading population health goal; however, curricula preparing health professionals have a dearth of oral health content and clinical experiences. We detail an educational and clinical innovation transitioning the traditional head, ears, eyes, nose, and throat (HEENT) examination to the addition of the teeth, gums, mucosa, tongue, and palate examination (HEENOT) for assessment, diagnosis, and treatment of oral-systemic health. Many New York University nursing, dental, and medical faculty and students have been exposed to interprofessional oral health HEENOT classrooms, simulation, and clinical experiences. This was associated with increased dental-primary care referrals.

This innovation has potential to build interprofessional oral health workforce capacity that addresses a significant public health issue, increases oral health care access, and improves oral-systemic health across the lifespan. (*Am J Public Health*. 2015;105:K32-K41. doi:10.2196/AJPH.2014.300492)

Judith Haber, PhD, APRN, BC, Erin Harvett, DNP, CFNP, BC, Kenneth Allen, DDS, MBA, Doreen Hallak, PhD, CFNP, BC, Caroline Dorsen, MSN, FNP, BC, Julia Lange-Kessler, DNP, CM, RN, Macielene Lloyd, MS, FNP, BC, PMHNP, BC, Edelidge Thomas, DNP, ANP, BC, and Dorothy Wohlman, DNP, ANP, BC, PCNP, BC

DURING THE DECADE FOLLOWING publication of the Surgeon General's Report, *Oral Health in America*, health professionals, physicians (MDs), nurse practitioners (NPs), nurse-midwives (NMs), and physician assistants (PAs) began to align with the dental profession to heed Satcher's call to "view the mouth as a window to the body."¹ The most significant interprofessional movement that followed this report occurred with family practice and pediatric physicians coming together to work on preventive oral health initiatives for children in which those professionals would provide screenings, fluoride varnish, and referrals for children to find dental homes.

Mobilization of the overall health community to work collaboratively has been slower. Development of "Bridges for Life: A National Oral Health Curriculum"² represented an important interprofessional "tipping point" for engaging health professionals focused on treating populations across the lifespan in considering oral health and its relationship to overall health as an integral component of their practice.

Yet, evidence from national databases monitoring oral health data continue to reveal a high

incidence and prevalence of dental caries, especially in lower socioeconomic and minority group populations.^{3,4} Data from the 2009–2012 National Health and Nutrition Examination Survey⁵ reveal that approximately one in four children (1.9%) aged 3 to 5 years living at the poverty level have untreated dental caries. The survey data further reveal that 19% of non-Hispanic Black children aged 3 to 5 years and 20% of Hispanic children aged 6 to 9 years had untreated dental caries compared with non-Hispanic White children aged 3 to 5 years (1.1%) and 6 to 9 years (1.4%).⁶ Although national statistics show an improvement in access to oral health care for children aged 5 years and older, the data reveal significant disparities in access to care for children aged 2 to 4 years.⁷

In the adult population, oral cancer morbidity and mortality rates have not declined over the past 10 years, at least in part related to absent or inadequate oral examinations,⁸ and human papillomavirus is associated with the recent rise in the incidence of oropharyngeal cancer.⁹ Among adults aged 65 years and older, only 30% have a dental benefit.¹⁰ Primary care providers have been

challenged by the Institute of Medicine to play a significant role in improving those oral health disparities by building interprofessional oral health workforce capacity.¹¹

One important component of the problem is that the majority of curricula for preparing health professionals have a dearth of oral health content and clinical experiences. Approximately 70% of medical schools include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.¹² Similarly, NPs and NMs have also not had a defined oral health curricular knowledge base nor a set of oral health clinical competencies.^{13,14} The PA programs have generally followed medical school curricula and have not required dental oral health content or competencies.¹⁵

The recent publication of several important national reports, two oral health reports by the Institute of Medicine,^{16,17} the listing of oral health as one of the Healthy People 2020 Leading Health Indicators,¹⁸ the release of the Health Resources and Services Administration document "Integration of Oral Health and Primary Care Practice,"¹⁹ and the dissemination of "Oral Health Care During Pregnancy: A

Medical and Dental Teams Can Collaborate to Improve Oral Health Outcomes for Older Adults

- Prevention
- Screening
- Health Literacy
- Counseling
- Vaccination



Oral Health Equity Barriers Facing Older Adults



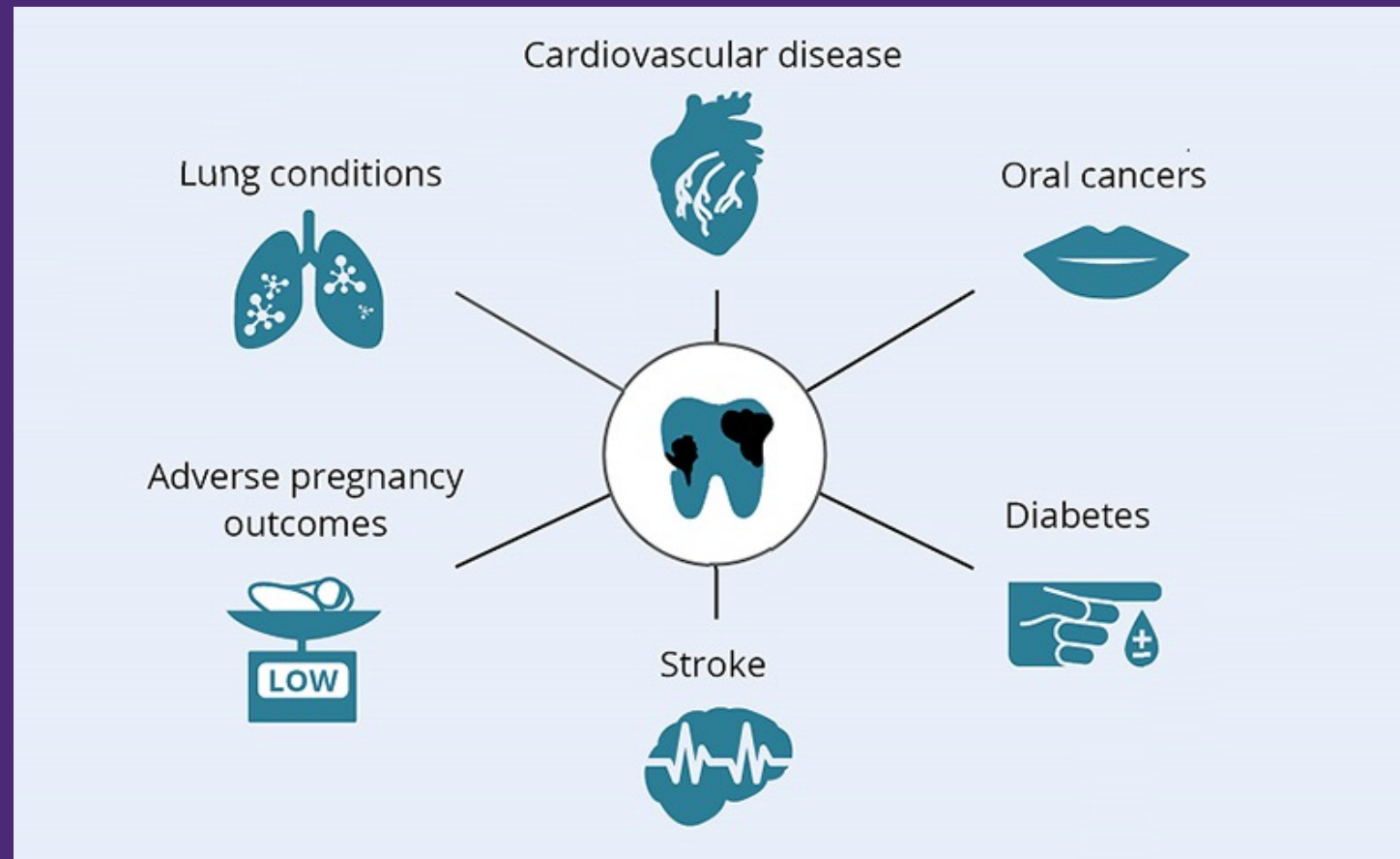
- Lack of Insurance Coverage
 - 53% of older adults lack dental coverage
 - Difficulty navigating insurance
 - Medicare does not cover preventive and outpatient dental treatment
 - Limited number of dentists trained in geriatric dentistry
- Lack of mobility/ transportation
- Food deserts
- Homelessness
- Poverty
- Disability
- Institutionalization
- Belief that they no longer need dental care



Oral Health Problems of Older Adults

- 1 in 5 older adults have untreated tooth decay
- 2 in 3 (68%) adults aged 65 years or older have gum disease
- Nearly 1 in 5 of adults aged 65 or older have lost all of their teeth
 - Complete tooth loss is twice as prevalent among adults aged 75 and older (26%) compared with adults aged 65-74 (13%)
 - Missing teeth or dentures can affect nutrition: people often prefer soft, easily chewed foods high in carbs, instead of foods such as fresh fruits and vegetables
- Oral and pharyngeal cancers are primarily diagnosed in older adults; median age at dx is 62
- People with 1 or more chronic conditions are at greater risk for developing periodontal disease, but less likely to get dental care than adults with no chronic condition(s)
- Most older adults take prescription and over-the-counter medications → reduced saliva flow & increased risk for xerostomia & caries

Oral Health & Overall Health: The Oral-Systemic Connection



Chronic Conditions with an Oral-Systemic Connection



- 80% of adults 65 and older have one chronic condition
- 68% have two or more chronic conditions

- Cardiovascular disease
 - Heart failure
 - Stroke
 - Hypertension
 - Dyslipidemia
- Kidney Disease
- Respiratory Conditions
 - Pneumonia
 - COPD
- Depression
- Dementia
- Cancer
- Pain
- Mobility conditions – Arthritis, Parkinson's, Osteoporosis, Frailty
- Diabetes

Diabetes in Older Adults

- Diabetes is the 7th leading cause of death nationwide
- 24 million adults 65 and older, have diagnosed or undiagnosed Type 2 Diabetes (T2D)
- Patients with poorly controlled diabetes have a 3-fold greater risk of developing gingivitis and periodontitis
- Patients with diabetes whose gum disease is treated, have improved glycemic control, fewer complications, and improved quality of life
- Underlying pathophysiology focuses on inflammation and infection



When Diabetes is the Diagnosis... Collaboration Among Primary Care and Dental Teams is Essential!



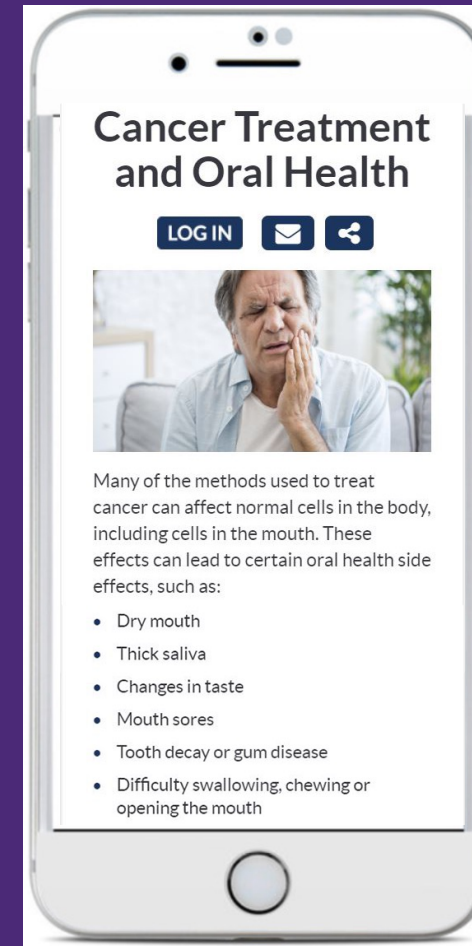
Include Comprehensive & Oral Health History Approach with ALL Older Patients

- Monitor HgbA1c
- BP Monitoring
- Assess Risk
- Explore Facilitators & Barriers to Diabetic and Oral Health Goals
- Partner with trusted community leaders & frontline team members (CHWs, PCAs)
- Symptom Management
- Oral Health Literacy Coaching
- Vaccine Advocacy and Administration
- Use Motivational Interviewing to Promote Lifestyle Change
 - Diet
 - Exercise
 - Weight Loss
 - Oral Hygiene
- Referral to Obtain or Continue with Usual Source of Dental or Primary Care & Other Referrals (Podiatrist, Ophthalmologist, SW, Meals on Wheels)

Collaborative Management of Oncology Patients



- All oncology patients, especially those with multiple co-morbidities having an oral-systemic connection, need to be referred to a usual source of dental care for dental assessment, treatment, and clearance prior to surgical and/or adjuvant therapy.
- Chief complaint of a dental problem presenting in a dental or primary care setting, like bleeding gums, adenitis, or sore in the oral cavity, may be the first potential assessment for a cancer diagnosis.
- Surgery, Chemotherapy, Radiation, bone-modifying agents (bisphosphonates) and Immunotherapy have multiple side effects that impact oral health and overall health.



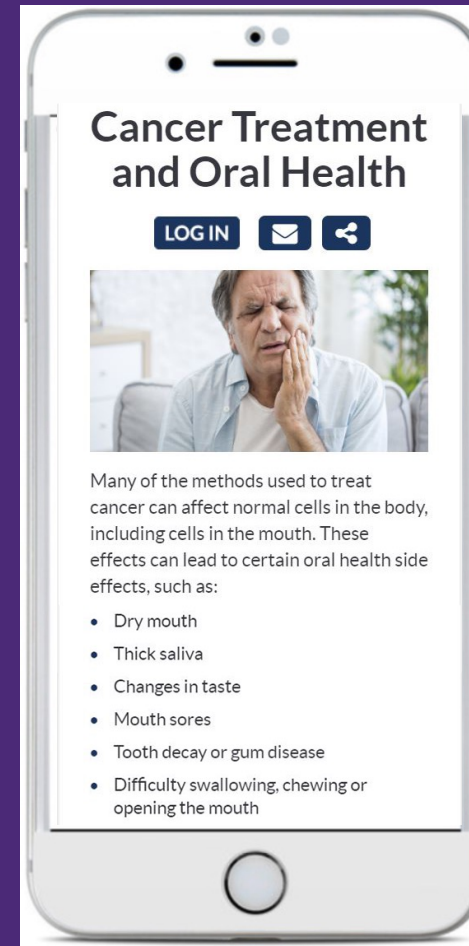
Collaborative Management of Oncology Patients



Treatments target the cancer, but can also affect normal tissues including oral mucosa, facial bones, and teeth

Side Effects-

- Suppression of immune system → risk of infection → sepsis
- Mucositis/Candida
- Dysphagia
- Osteonecrosis
- Taste Disorders
- Xerostomia
- Tooth decay/abscesses
- Pain
- Anorexia
- Nausea

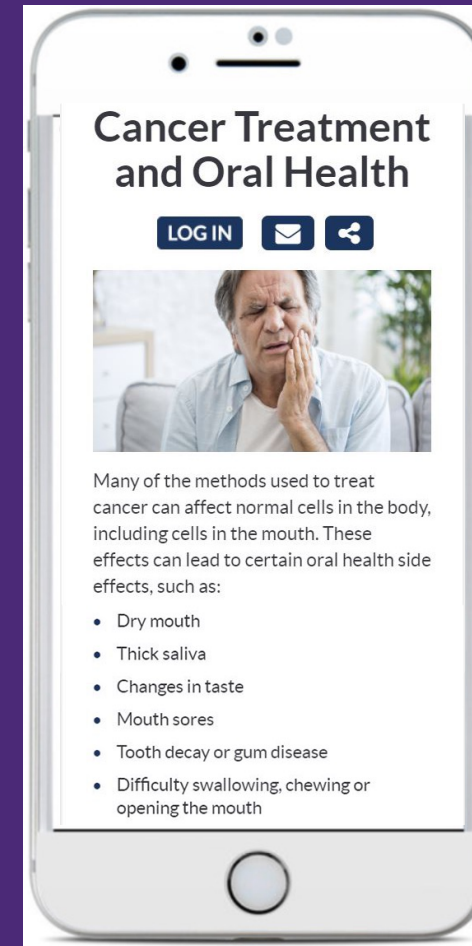


Collaborative Management of Oncology Patients



Collaborate to manage treatment-related symptoms-

- Use topical medications (Lidocaine, Fluconazole, Biotene Dry Mouth or Magic Mouthwash)
- Rinse mouth q. 4h & before and after meals with gentle mouth rinses- H₂O+1 tsp. salt+1 tsp. baking soda
- Diet Modifications – choose soft moist foods at room temperature
- Hydrating fluids 8-12 cups of H₂O/day
- Brush with a soft tooth brush & fluoride toothpaste made with baking soda
- Referrals for dysphagia, anorexia, oral pain



Non-ventilator Hospital Acquired Pneumonia



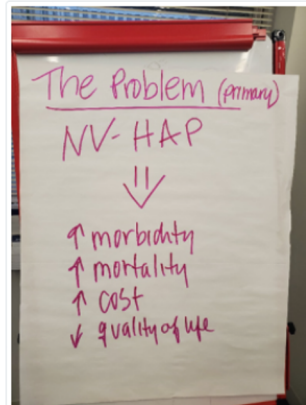
- 1st most common HAI in U.S
- Increased morbidity → 50% are not discharged back home
- Increased mortality → 18%-29%
- Extended LOS → 4-9 days
- Increased Cost → \$28K to \$109K
- 2x likely for readmission <30 day



National Organization for NV-HAP Prevention and Hospital-Acquired Pneumonia Prevention by Engaging Nurses (HAPPEN) Web Pages



National Organization for NV-HAP Prevention (NOHAP)



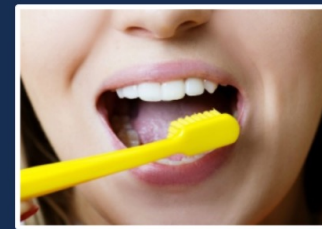
Saving lives by preventing Non-Ventilator Hospital-Acquired Pneumonia (NV-HAP)

Hospital-Acquired Pneumonia (HAP) is the #1 hospital-acquired infection in the U.S. and 60% of HAP cases occur among non-ventilated patients. Fortunately, we are discovering effective ways to prevent Non-Ventilator Hospital-Acquired Pneumonia (NV-HAP).

The National Organization for NV-HAP Prevention (NOHAP) is a network of healthcare leaders designing a national NV-HAP research agenda and developing policies to combat NV-HAP. The goal is to implement effective prevention strategies to improve patient safety, enhance quality of life, and save lives.

We are working to educate patients and health care providers on these prevention strategies, such as improving oral care for Veterans and the general public.

HAPPEN (Hospital-Acquired Pneumonia Prevention by Engaging Nurses)



Providing consistent oral care to hospitalized Veterans and long-term care residents cuts the risk of developing pneumonia in half.

The HAPPEN team is collaborating with VA leaders, the CDC, the Joint Commission, FDA, HRSA, insurers including Medicare and Medicaid, the Patient Safety Movement Foundation, academia, and private industry to develop a national research agenda, policy, and an implementation/marketing plan for the nation.

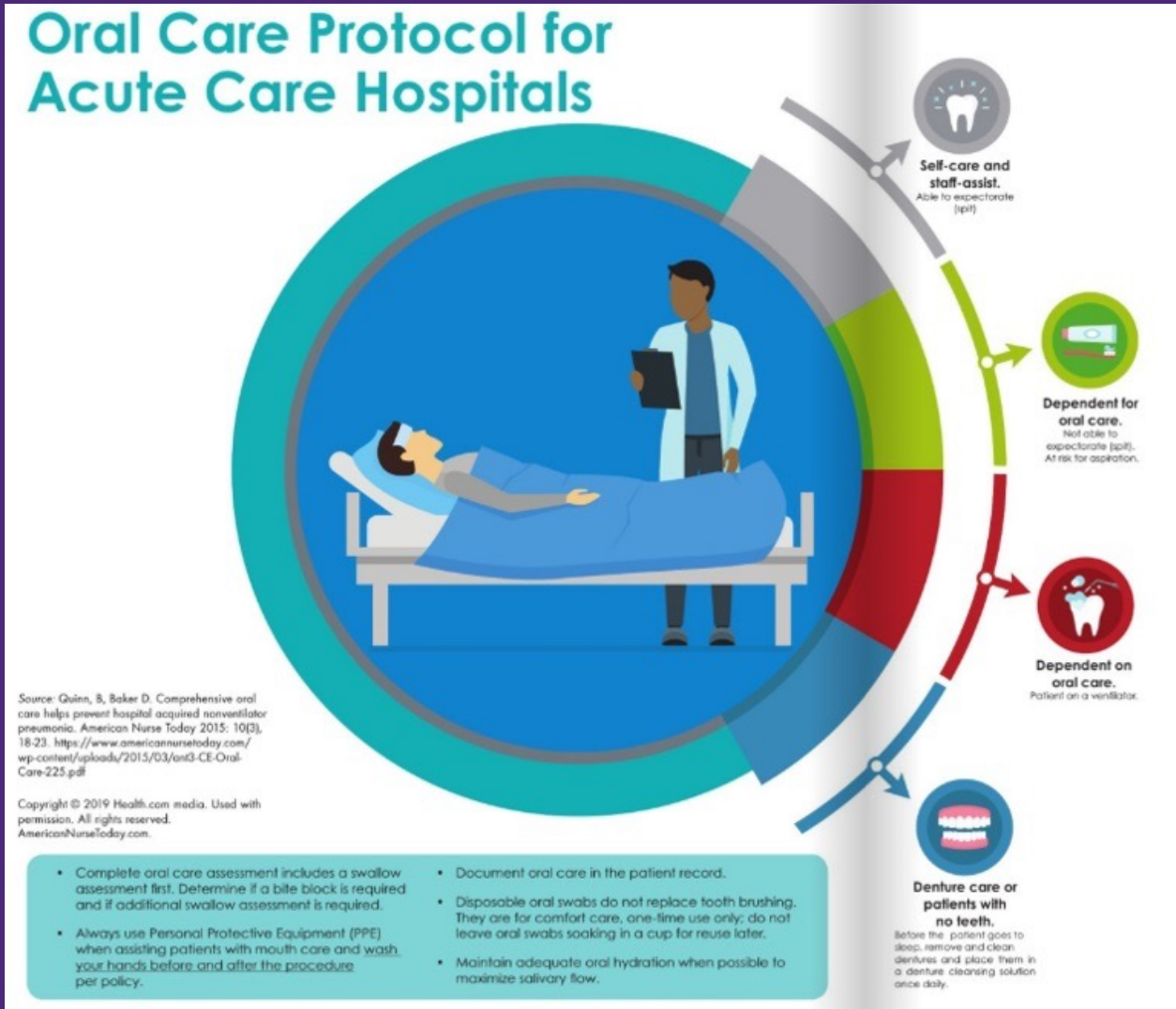
HAPPEN team members at each site include professionals in nursing, medicine, infection control, quality management, dental, speech and language pathology, and others.

VA hospitals that have implemented the program report a decrease in pneumonia rates of 40-60%. Implementation doesn't require a significant investment in either time or money.



More information available through the Veterans Health Administration (VHA) website <https://www.va.gov/health/>

Integrating Oral Health Care into Patient Management to Prevent Hospital-Acquired Pneumonia: A Team Approach

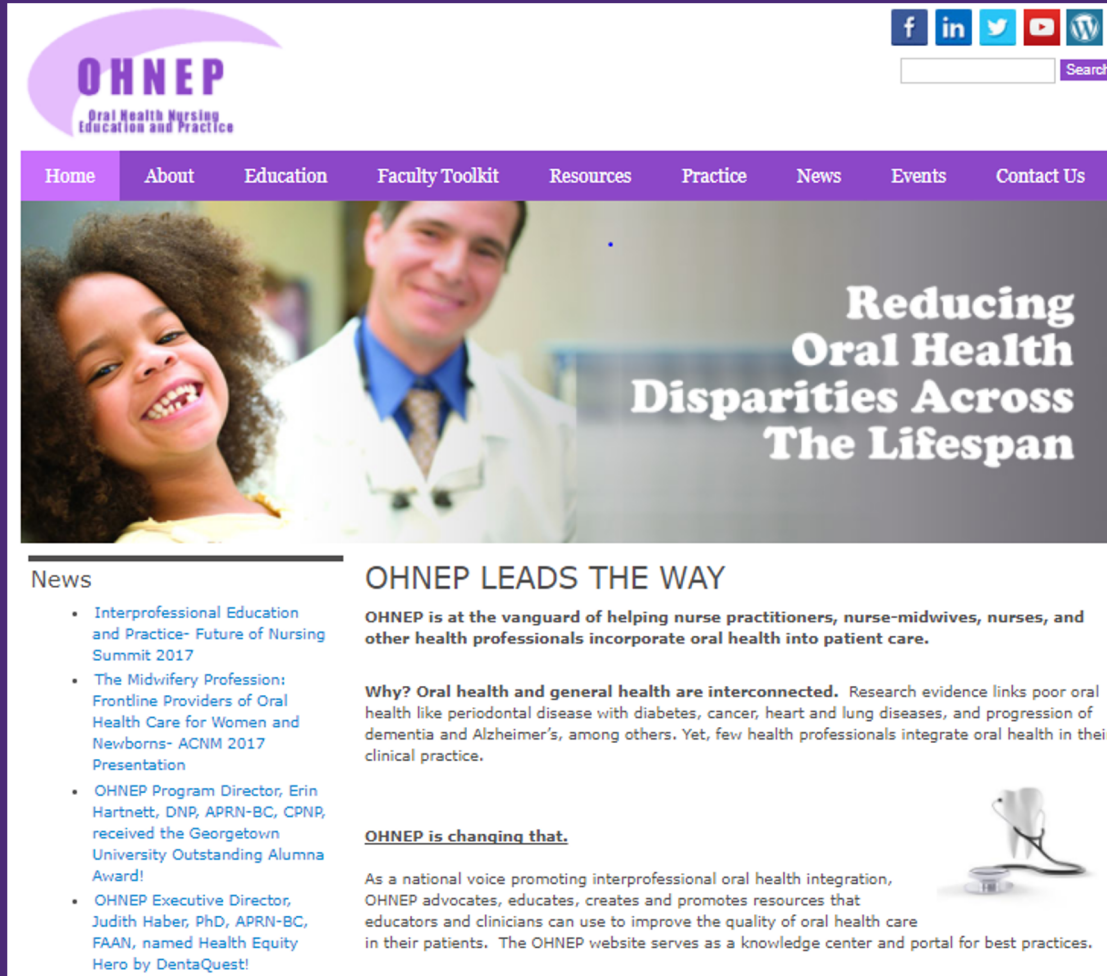


It Takes an *Interprofessional Team* to Promote Health Equity for Older Adults!



Tooth Decay, Trismus, Osteonecrosis	Dentist, Dental Hygienist, Medical Oncology Team (MD, NP, RN, PA)
Dysphagia, Taste & Smell Disorders	Speech & Language Therapist, Nutritionist, Psychologist
Burning Mouth Syndrome Xerostomia	Physician, Nurse, Nurse Practitioner, Pharmacist, Dentist, Dental Hygienist
Mucositis	Medical Oncology Team (MD, NP, RN, PA), Dentist, Dental Hygienist
Limited Hand Mobility	Physical & Occupational Therapists
Pain	Dentist, Pain Management Team
Periodontal Disease	Dentist, Dental Hygienist, Physician, Nurse Practitioner, Nurse, CDE, Social Worker

Oral Health Nursing Education and Practice (OHNEP)



OHNEP
Oral Health Nursing
Education and Practice

Home About Education Faculty Toolkit Resources Practice News Events Contact Us

Reducing Oral Health Disparities Across The Lifespan

News

- Interprofessional Education and Practice- Future of Nursing Summit 2017
- The Midwifery Profession: Frontline Providers of Oral Health Care for Women and Newborns- ACNM 2017 Presentation
- OHNEP Program Director, Erin Hartnett, DNP, APRN-BC, CPNP, received the Georgetown University Outstanding Alumna Award!
- OHNEP Executive Director, Judith Haber, PhD, APRN-BC, FAAN, named Health Equity Hero by DentaQuest!


OHNEP LEADS THE WAY

OHNEP is at the vanguard of helping nurse practitioners, nurse-midwives, nurses, and other health professionals incorporate oral health into patient care.

Why? Oral health and general health are interconnected. Research evidence links poor oral health like periodontal disease with diabetes, cancer, heart and lung diseases, and progression of dementia and Alzheimer's, among others. Yet, few health professionals integrate oral health in their clinical practice.

OHNEP is changing that.

As a national voice promoting interprofessional oral health integration, OHNEP advocates, educates, creates and promotes resources that educators and clinicians can use to improve the quality of oral health care in their patients. The OHNEP website serves as a knowledge center and portal for best practices.



www.ohnep.org

Smiles for Life: A National Oral Health Curriculum



Click a Course Below to Get Started

The Relationship of Oral and Systemic Health

See more...

0% COMPLETE

Child Oral Health

See more...

0% COMPLETE

Adult Oral Health

See more...

0% COMPLETE

www.smilesforlifeoralhealth.org

Geriatric Interprofessional Oral Health Webinar Series



NICHE Online Connect
NICHE Webinars

OHNEP
Oral Health Nursing Education and Practice

HARTFORD INSTITUTE FOR GERIATRIC NURSING
NEW YORK UNIVERSITY COLLEGE OF NURSING

NICHE Oral Health Series



“Oral Health: Overview of Older Adults”

NICHE Online Connect
NICHE Webinars

OHNEP
Oral Health Nursing Education and Practice

HARTFORD INSTITUTE FOR GERIATRIC NURSING
NEW YORK UNIVERSITY COLLEGE OF NURSING

NICHE Oral Health Series



“Oral Health: Dementia”

NICHE Online Connect
NICHE Webinars

OHNEP
Oral Health Nursing Education and Practice

HARTFORD INSTITUTE FOR GERIATRIC NURSING
NEW YORK UNIVERSITY COLLEGE OF NURSING

NICHE Oral Health Series



“Oral Health in Older Adults in Acute Care Settings”

NICHE Online Connect
NICHE Webinars

OHNEP
Oral Health Nursing Education and Practice

HARTFORD INSTITUTE FOR GERIATRIC NURSING
NEW YORK UNIVERSITY COLLEGE OF NURSING

NICHE Oral Health Series



“Oral Health: LTC”

Oral Health Literacy Modules



Oral Health and Diabetes
Linking Diabetic Health & Oral Health

The cover of the 'Oral Health and Diabetes' module features a white background with a decorative header bar consisting of orange, green, and blue segments. The title 'Oral Health and Diabetes' is in a blue, serif font, and the subtitle 'Linking Diabetic Health & Oral Health' is in an orange, italicized, serif font. A decorative footer bar with a purple-to-white gradient is at the bottom.

Linking Nutrition & Oral Health

HARTFORD INSTITUTE FOR GERIATRIC NURSING
THE NYU RORY MEYERS COLLEGE OF NURSING

OHNEP
Oral Health Nursing Education and Practice

NYU | RORY MEYERS COLLEGE OF NURSING

NYU | DENTISTRY

An illustration of a white, cartoonish tooth with a smiling face and a green apple with a smiling face, standing side-by-side on a light yellow background. The tooth has arms and legs, and the apple has a stem and a leaf.

Patient FACTS www.acponline.org/patient_ed

Oral Health and You

What Is Oral Health?
Oral health is not only about keeping teeth clean. It also refers to the jaw, lips, gums, teeth, tongue, and glands that make saliva. Good oral health is important to your overall health. Many health problems, like diabetes, heart disease, and other conditions, are linked with oral health. It's important to talk to both your dentist and primary health care professional (physician, nurse practitioner, physician assistant) about oral health.

What Are Some Common Oral Health Problems?

- A Cavity is a hole in your tooth caused by bacteria from plaque buildup. Eating sugary foods and drinks can make plaque worse. When plaque is not cleaned off the teeth, cavities can form.
- Gingivitis happens when plaque stays on your teeth for too long. Gingivitis can cause gums to be swollen and tender and bleed more easily. It can also cause bad breath. This is the beginning stage of gum disease.
- Gum Disease (Periodontitis) occurs when tartar builds up and contributes to infections deep in your gums. It can lead to loss of tissue, bone, and teeth and can increase your risk for other serious problems, like diabetes, heart attack, or stroke.
- Dry Mouth can be caused by medicines for high blood pressure, depression, or other health problems.

What Are the Warning Signs of Poor Oral Health?

- Red, swollen, tender, or bleeding gums
- Bad breath that won't go away
- Loose teeth
- Sensitive or sore teeth
- Receding gums (gums that pull away from the teeth)
- Dry mouth
- Long-lasting mouth sores



How Are Oral Health Problems Diagnosed?
Most oral health problems are diagnosed after your mouth, teeth, gums, and tongue are examined. Your dentist may also use X-rays to help diagnose oral health problems.

How Are Oral Health Problems Treated?

- Cavities can be treated by filling or covering the holes in teeth. If a cavity or tooth decay is more serious, nerves in the tooth or the entire tooth may need to be removed.
- Gingivitis can be treated by a professional cleaning at your dentist's office. Good oral hygiene will keep plaque and tartar from building up again.
- Gum disease is treated by removing tartar and bacteria from your teeth and gums. If gum disease is more serious, you may need prescription antibiotic medicines or dental surgery.




National *Interprofessional Initiative* on Oral Health

Patient FACTS www.acponline.org/patient_ed

Oral Health and HPV

What Is HPV?
Human papillomavirus (HPV) is a virus that can infect your skin, mouth, penis, vagina, cervix, and anus. If HPV infects your mouth, it could put you at risk for mouth or throat cancer. Some research suggest that smoking and heavy drinking can increase the risk that oral HPV will turn into cancer. It is important to discuss your risk of HPV and oral health with both your dentist and primary health care professional (physician, nurse practitioner, physician assistant).

How Are Oral Health and HPV Linked?

- HPV is spread through oral sex. If your partner is infected with genital HPV and you perform oral sex, you risk getting HPV.

How Can I Prevent Oral HPV?

- Having oral sex with many partners increases your risk for oral HPV.

What Are the Warning Signs of HPV?
Many times, the HPV virus does not cause any symptoms. The virus could cause warts or sores in the mouth. Mouth or throat cancer could also develop because of HPV infection. The symptoms of mouth or throat cancer can include:

- Ulcers or sores in the mouth that don't heal
- Difficult or painful swallowing
- Pain when chewing
- A sore throat or hoarse voice that doesn't go away
- A swelling or lump in the mouth or neck
- A numb feeling in the mouth or lips
- Constant coughing
- An earache on one side that lasts for more than a few days

How Are Oral Health and HPV Linked?

- HPV can be spread even when an infected person has no signs or symptoms. The best way to protect yourself is to always use condoms and dental dams with all partners. A dental dam is a small, thin piece of latex that can be used for protection during oral sex.
- The HPV vaccine protects you against several types of HPV. It is recommended for most people, both male and female, ages 11 through 26. Talk to your health care professional about the HPV vaccine.
- It's possible that the HPV vaccine will help protect you from oral HPV, but more studies need to be done. For more information on the HPV vaccine, go to: www.cdc.gov/vaccines/vpd-vac/hpv/





National *Interprofessional Initiative* on Oral Health

Patient FACTS www.acponline.org/patient_ed

Oral Health and Diabetes

How Are Diabetes and Oral Health Linked?
People with diabetes are at greater risk for oral health problems, like gum disease and tooth decay. Gum disease can also be a warning sign for diabetes. To lower risk for oral health problems, it is important to control blood sugar and practice good oral health habits. If you have diabetes, discuss any special care you may need with both your dentist and primary health care professional (physician, nurse practitioner, physician assistant).

What Are Common Oral Health Problems Related to Diabetes?
Diabetes can make it hard for your body to fight off infection. This means you may be at higher risk for some of these problems:

- Gum Disease (Periodontitis) occurs when tartar builds up and contributes to infections deep in your gums. It can lead to loss of tissue, bone, and teeth and increases your risk for other serious health problems, like heart attack or stroke.
- Oral Thrush can cause uncomfortable creamy white patches in your mouth or small white cracks at the corners of your mouth.
- Dry Mouth can cause soreness, ulcers, infections, and cavities. Dry mouth may be caused by medicines for high blood pressure, depression, or other health problems.

What Are Warning Signs of Oral Health Problems Related to Diabetes?

- Red, swollen, or tender gums or other pain in your mouth
- Bleeding while brushing, flossing, or eating
- Loose or separating teeth
- Sores in your mouth
- Bad breath, bad taste in mouth, or loss of taste
- White patches in the mouth
- A sticky, dry feeling in the mouth

How Are Oral Health Problems Diagnosed?
Oral health problems may be diagnosed after your mouth, teeth, gums, and tongue are examined. X-rays of your mouth may also help diagnose problems. If you are having any other problems related to your diabetes, talk with your primary health care professional.





National *Interprofessional Initiative* on Oral Health

Patient FACTS www.acponline.org/patient_ed

Oral Health and Older Adults

What Is Oral Health?
Oral health is not only about keeping teeth clean. It refers to the jaws, lips, gums, teeth, tongue, and glands that make saliva. As you age, you become more prone to certain oral health problems. Oral health is important to discuss with both your dentist and primary health care professional (physician, nurse practitioner, physician assistant).

What Are Common Oral Health Problems for Older Adults?




- Gum disease (periodontitis) occurs when tartar builds up and contributes to infections deep in your gums. This can lead to loss of tissue, bone, and teeth. It can also increase your risk for other serious health problems, like diabetes, heart attack, or stroke.
- Tooth decay
- Mouth and throat cancers
- Dry mouth, which can be caused by medicines for high blood pressure, depression, or other health problems

What Are the Warning Signs of Oral Health Problems?

- Red, swollen, or tender gums or other pain in your mouth or teeth
- Bleeding while brushing, flossing, or eating
- Loose or separating teeth
- Dry mouth
- Sores in your mouth
- Lasting bad breath
- A change in the way your teeth or dentures fit together when you bite
- A lump or thickening inside the mouth
- A sore throat or a feeling that something is caught in the throat that doesn't go away
- Trouble chewing, swallowing, or moving certain parts of your mouth

How Are These Problems Treated?

- Gum disease can be treated by removing all plaque and tartar buildup from your teeth and gums through a deep cleaning. If gum disease is more serious, surgery may be needed.
- Certain medicines may be used, including prescription mouthwash, gel, or oral antibiotics for infections.
- Medicines that cause dry mouth may be changed. Special mouthwashes and sugarless candies or gum may also help with dry mouth.
- Oral and throat cancers may require different types of treatment, including surgery, radiation, or chemotherapy.

National *Interprofessional Initiative* on Oral Health

Available at: <http://ohnep.org/interprofessional-resources>

