

MANUAL  
FOR  
ORAL CARE

*The Japanese Society of Oral Care*

Nagato Natsume

# Manual for oral care

The Japanese Society of Oral Care

Name of the editor : **NAGATO NATSUME**

The first edition, the edition of 1  
Quintessence Publishing Co., Ltd.  
3-2-6, Hongo, Bunkyo-ku  
Tokyo, 113-0033, JAPAN  
Tel: +81-(0)3-5842-2285  
Fax: +81-(0)3-5800-7598  
E-mail: sasaki@quint-j.co.jp  
Printed by Neomedix Co., Ltd.  
5-22-28 Chiyoda, Naka-ku Nagoya 460-0012 Japan  
Tel: +81-(0)52-241-7428  
Fax: +81-(0)52-241-7959  
ISBN 978-4-7812-0198-6 C3047 ¥7,700  
28 February 2011

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## 6. Main points of observation in the oral cavity

To provide sufficient and safe oral care, we must gain an understanding of the condition of the oral cavity by making initial observations. The condition of the oral cavity is a result of and changes due to factors such as disease and progression, sequelae, and medicines being administered. Moreover, lifestyle and the degree of interest and understanding of the patient regarding health of the oral cavity are also important factors.

Oral functional changes generated by aging, disease progression or sequelae, and previous treatments of the teeth (including fillings, dental prostheses, crowns, etc.) often create a state of damage, or Omission, and incompatibility with fillings or dental crowns.

Furthermore, as patients who cannot accomplish sufficient self-care depend on nursing attendants and caregivers, their oral condition will also depend on the interest, knowledge, skill and sense of responsibility of these individuals. A firm grasp of not only the patient, but also their surrounding environment is therefore necessary.

Based on these factors, various perspectives for making oral observations can be suggested, as follows.

### 1. Condition of the oral cavity

#### 1) Visible features

- ① Absence of teeth, region and condition
- ② Tooth mobility
- ③ Sharp edges in decayed and treated teeth
- ④ Size and condition of dental prostheses: records of the prosthesis (It is necessary for verification of damage, loss, and swallowing by mistake), use of stabilizers and cleaners
- ⑤ Gingiva bleeding
- ⑥ Pathological and abnormal changes of the oral mucosa: keratin; ulceration; swelling; bleeding; Candida; fur coating of the tongue, etc.
- ⑦ Degree of oral dryness
- ⑧ Oral hygiene: residual food; ability for self-care

#### 2) Invisible features

- ① Pain
- ② Halitosis (foul-smelling breath)
- ③ Dysphagia
- ④ Lack of appetite and difficulties with ingestion
- ⑤ Speech difficulties

### 2. Changes in the oral tissue and function with age

Various changes occur in the oral cavity with age, in the same way as in other organs. Specifically the following changes are suggested:

- 1) Teeth: wear; shortening; yellowing; cracking; weakening
- 2) Gingiva: atrophy, decreased elasticity, relative lengthening of the dental crown
  - ① Food is easily caught between teeth
  - ② Teeth is easily decayed
  - ③ Dental prostheses easily cause wounds

- ④ Stability and compatibility of dental prostheses are inferior due to decreased flexibility of the oral mucous compare to young age
- 3) Lips: atrophy and decreased elasticity
  - ① Mouth-opening becomes more limited, wearing of dental prostheses becomes difficult
  - ② Angular stomatitis occurs more easily
- 4) Jawbone: general decreases in size and thickness (maxilla shows outside absorption, mandible shows inside absorption)
  - ① Mandibular protraction appears
  - ② Even if fracture occurs, subjective symptoms may not develop
  - ③ Dementia may delay reports of symptoms
- 5) Temporomandibular joint: flattened, transformation by chewing motions
  - ① The mandible appears to take a more forward position and is more easily dislocated
  - ② Dislocation easily becomes habitual, but treatment is difficult when the patient does not comprehend the problem
- 6) Salivary glands: show atrophy and decreased production of saliva
  - ① Depression of self-purification, unsteadiness of dental prostheses, dry mouth, diseases of the oral mucosa
  - ② Frequent oral care is required when the oral cavity dries and production of sputum is difficult
  - ③ Bolus formation, chewing and swallowing become difficult
  - ④ Movement of oral mucous membranes and tongue are limited, speech is more difficult
  - ⑤ When secretion of saliva is excessive in a patient dysphagia and/or disturbance of consciousness, aspiration may result
- 7) Involuntary movements of the lower jaw and tongue
  - ① Manufacture of dental prostheses becomes difficult
  - ② Dental prostheses become unstable
- 8) Soft tissue disease arise more easily
  - ① Endermosis arises more readily
  - ② Candidacies spreads easily
- 9) Increased pain threshold due to sensory depression
  - ① Few complaints may be made, and pathologies may thus go undetected
  - ② Symptoms easily become exacerbated due to reduced awareness
- 10) Gustatory changes: caused by medications, atrophy of the taste buds, dry mouth, etc.

### **3. Factors affecting oral care**

- 1) Overall status
  - ① Specific diseases such as brain infarction and muscular dystrophy (a target disease for nursing care insurance), disease progression affecting activities of daily living (ADL), range of mobility of the arms and fingers
  - ② State of advance of dementia and psychopathologies
  - ③ Temporomandibular joint disorder due to rheumatic diseases
  - ④ Trismus due to facial muscle disorders and disorders of consciousness
  - ⑤ Respiratory failure in patients with impaired pulmonary function
  - ⑥ Terminal care of patients with malignant tumor in or outside the oral cavity

2) Patient environment

- ① Characteristics for comprehension of and collaboration with nursing and care (including by the family), role of the attending physician
- ② Abilities available from nursing personnel and caregivers
- ③ Cost and financial burdens
- ④ Collaboration and cooperation with care managers

(Toshio Suzuki, Satoshi Suzuki)

MEMO 1 External observations suggesting oral conditions

1. From the perspective of weight loss: jaw and gingival atrophy and regression, ill-fitting dental prostheses, pain
2. From the perspective of speech, eating/swallowing, reduced appetite and difficulties with ingestion: alterations to the oral cavity with age; loss of teeth; ill-fitting dental prostheses; dry mouth

## 120. Eating disorders

### 1. What are eating disorders?

Eating can be considered “enjoying delicious food in a friendly atmosphere with pleasant conversation”, and eating disorders indicates a problem with some part of this process.

Eating disorders must be learned in nutrition education, school, industry, lunch and administration are and be used on a daily basis. There is no opportunity to learn about eating disorder in dental education and medical care or education will not be as well. When they see a patient, meaning of the words differ in the relationship between job. And the meanings of words are delicately different, therefore it is difficult to plan enough mutual understanding.

In this chapter, feeding refers to the process of ingesting nutrients as a means of supporting life, whereas “eating” refers to enjoying a meal and the associated processes. Cause of eating disorders can include toothache, malfunction of false teeth, cardiac stress, and dysphagia. The multidisciplinary team (doctor, dentist, nurse, administrative dietitian, etc.) concerned with planning treatment for the patient must therefore cooperate to prevent disorders arising and improve any impediments to eating.

### 2. Factors causing eating disorders

Physical factors can involve the oral cavity and jaws. Typical causes include:

- 1) Factors associated with the intraoral environment: toothache, significantly mobile tooth, the incompatibility denture and or broken, dry mouth, etc.
- 2) Factors associated with function in the maxillofacial region facial paralysis, involuntary, trismus etc.
- 3) Physical factors ..... diseases and sequelae such as stroke and Parkinson’s disease, dementia etc .
- 4) Mental factors ..... depression, discord in family relationships, various stress such as the misfortune etc.
- 5) Eating environment ... lonely, cold and dark atmosphere, noise, smell etc.
- 6) Status eating ..... training-for speech, mealtime, amount eating etc.
- 7) Menu etc ..... chilled meals, hate food, looks bad cooking etc.

On the other hand, the work of an administrative dietitian and the kitchen person concerned influences a body as nourishment with a meal greatly to accept you. It is not possible to be enough with a splendid cooking ingredient, a first-class cook. The maintenance of the system which the type of job concerned performs cooperation and information exchange thickly, and can support an obstacle immediately is expected.

In addition, improvement of the eating disorder wants to expect what is planned because it seems that NST is active at more hospitals so that I grasp a cause to wake up the eating disorder with care perception Juarez, and eating is performed smoothly by the information because I carry out assessment monitoring when an administrative dietitian devises a nourishment care plan from 2005.

### 3 For improvement of the eating disorder

I improve the obstacles such as pains in the oral cavity and artificial tooth problems, and anyone tends to be able to wrestle anywhere even from where even in when such as one flower arrangement, a warm meal, plain words. It becomes the route to the countermeasure to improve an obstacle to plan cooperation without medical personnel, a person concerned with nourishment forgetting gentleness.

(Toshio Suzuki, Satoshi Suzuki)