

A decorative graphic on the left side of the slide, consisting of two light blue, overlapping chevron shapes pointing to the right.

# ERO Plenary Session

## Accor Conference Center Bucharest

A large, stylized graphic on the left side of the slide, consisting of three overlapping, light blue chevron shapes pointing to the right, set against a dark blue background.

# Working group Ageing Population The ERO/CED Joint Workforce on AMR

Chair Dr. Henk Donker

Working group Ageing Population met online on  
September 1 2021 + February 3 2022



Topic: A toolkit as an instrument for the staff in  
nursing homes for support and guidance of the  
vulnerable patient.



Toolkit “ Don’t forget the mouth! Why oral hygiene is important”.

In English but can be translated while keeping the format.



# Don't forget the mouth!

## *Why oral hygiene is important*

A healthy and clean mouth is important to be able to eat, speak and laugh properly. And to be able to get comfortably close to other people. Proper chewing is also good for your mental capacities and memory because it stimulates the flow of blood to the brain. Poor oral hygiene also increases the risk of pneumonia and cardiovascular disease. Poor oral hygiene can disrupt the blood sugar levels of people with diabetes.

Proper brushing removes plaque. Plaque is a whitish/yellowish layer of a mixture of food particles, saliva and bacteria. It accumulates between and on the teeth and molars and along the gum line.

Removing plaque prevents cavities, inflammation, fungal infections, and pain. It also gives you a healthy appearance and fresh breath. Who doesn't want that?!

The toolkit is meant for those who are vulnerable, dependent on care, and have a reduced ability to maintain oral hygiene or undergo dental treatment.



## Oral hygiene products

### 1. Regular toothbrushes

Choose a small brush head with soft bristles. Replace the toothbrush when the bristles start to point in opposite directions, but at least once every three months.

### 2. Electric toothbrushes

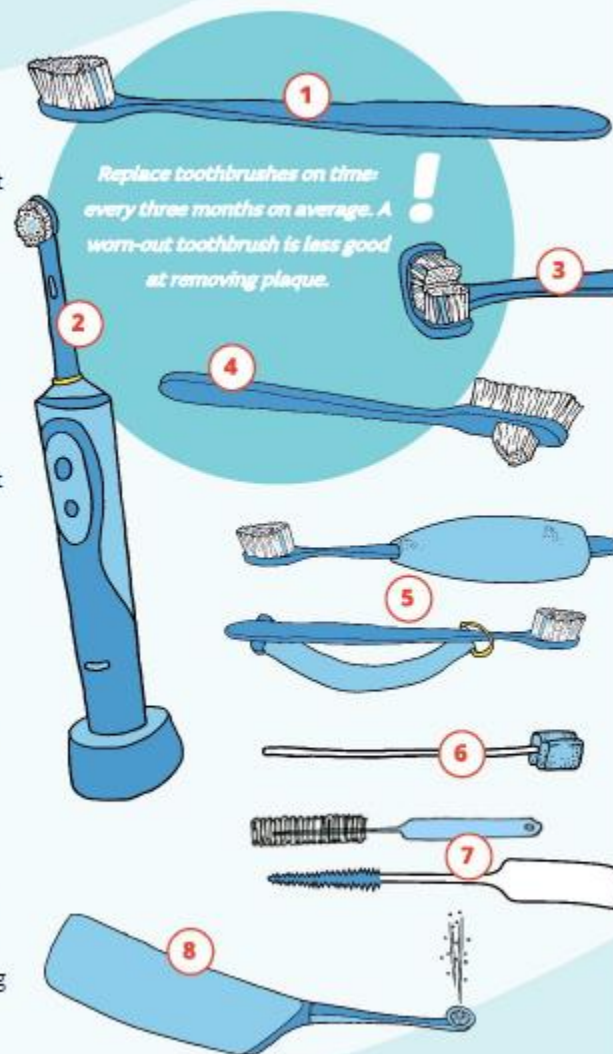
With an electric toothbrush, brushing is easier and more effective. Older people who are not used to electric toothbrushes may however find the vibrations and noise to be annoying. Replace the toothbrush when the bristles start to point in opposite directions, but at least once every three months.

### 3. Three-sided toothbrushes

Sometimes it can be difficult to brush the inside of the teeth, and some people will bite the toothbrush. A three-sided toothbrush can help in those situations. They are available at specialty web shops: see "useful addresses".

### 4. Denture toothbrushes

A denture toothbrush has a large brush head and a compact tuft. The compact tuft used to clean the narrow inner surface of the denture and the large brush is used to clean everything else.



### 5. Help to hold a toothbrush

If someone is unable to hold a toothbrush properly, there are all kinds of devices that can help, such as handle thickeners and straps to secure the toothbrush to the hand. Ask your dentist, dental hygienist or occupational therapist.

### 6. Oral swabs

If you are unable to brush your teeth, you can use an oral swab to remove at least food particles.



### 7. Interdental brushes

Interdental brushes come in various thicknesses. Choose a thickness that will fit in between the teeth and molars. Interdental brushes have an iron core and nylon bristles. When the bristles start to point in opposite directions (after 3 - 5 days), the interdental brush needs to be replaced. Rinse off the interdental brush and let it dry after use. There are also interdental brushes made entirely of plastic. These are for single-use only and clean a little less well, but some people find them more agreeable. Dental sticks are also a possibility, but they do not clean as well and are inconvenient to use on someone other than yourself. Flossing is certainly not the best option for older people, as the gaps between their teeth and molars are too big.

### 8. Airfloss

If interdental brushing doesn't do the job, an "airfloss" might help. These devices squirt puffs of water and air between the teeth and molars to wash away food particles and a bit of plaque. If you have a prescription from your dentist or dental hygienist, an airfloss can also be used with mouthwash (chlorhexidine or fluoride) for added protection, rather than water. Caution: an airfloss can lead to choking in people who have difficulty swallowing.

#### Toothpastes:

-  Use a toothpaste with fluoride
-  For cleaning dentures use soft, non-aggressive toothpaste or better alkali-free detergent

## *Helping someone brush*

Helping someone brush their teeth can be a delicate operation: both the person in need of help and the person giving it can find it off-putting. These tips can help make toothbrushing both effective and enjoyable. And once you've both got the hang of it, oral hygiene is just part of the job and it gives results that you can enjoy together: a clean and healthy mouth.





### Brushing position

Toothbrushing can be accomplished from different positions. Choose the position that best suits you and the person you are assisting. Things to think about: comfort, contact, good view of and access to the entire mouth. Don't forget about your back.

### Both seated

- ☞ Sit directly in front of the person you are assisting, with your legs wide apart. That will help achieve a stable position.
- ☞ Make sure that the person you are assisting is seated comfortably and has sufficient head support (for example, a neck cushion). This is when the mouth muscles are most relaxed.
- ☞ If the person you are assisting is seated in a stooped position, you can sit on a chair next to him/her or get on your knees in front of him/her (for the sake of your own health, make sure to keep your back straight).



6 Don't forget the mouth  
Toothbrushing 101



***You are standing, and the person you are assisting is seated***

- ☞ Stand diagonally to the right of/behind the person you are assisting (or to the left if you are left-handed). Cradle the other person's head between your armpit and free arm and hand while angling the head slightly downwards. "Cradling" the head helps keep the head still, relaxes the mouth muscles, and prevents gagging.

***You are standing, and the person you are assisting is lying in bed***

- ☞ Raise the bed to hip height. And the head of the bed to a 45 degree angle.
- ☞ Ask the person you are assisting to turn the head slightly towards you, if possible.
- ☞ If the head of the bed cannot be raised, lay the person on their side. Place a cardboard kidney dish (or a soft moisture-absorbent pad) under the cheek to allow fluids to drain from the mouth and prevent the other person from choking.

- ☞ If the bed cannot be raised, do the above while seated.

***And further***

- ☞ With your free hand, hold the cheek and lips to the side so that you have a clear view of where you are brushing.
- ☞ After brushing, do not wipe the mouth, but rather dab from the cheek to the mouth. Apply firm pressure for two seconds when you are finished. This promotes lip closure and the swallow reflex.
- ☞ If someone tends to bite the toothbrush, you could try using a three-headed brush. On the advice of and with proper instruction from the dentist or dental hygienist, you could also try using a bite stick.
- ☞ In order to prevent fracture it is recommended to perform denture cleaning over a raised area and place a towel over it. Such in case the denture falls.



***The use of gloves prevents germ transmission***

natural teeth

upper jaw



1

inner molar surfaces



2

outer molar surfaces



3

upper and rear molar surfaces



4

front tooth surfaces



5

back tooth surfaces



6

1x daily

use interdental brush between all teeth and molars

missing teeth: brush in between

lower jaw



1

inner molar surfaces



2

outer molar surfaces



3

upper and rear molar surfaces

brush  
2 x  
daily



4

front tooth surfaces



5

back tooth surfaces



6

use interdental brush  
between all teeth and  
molars

1 x  
daily

missing teeth: brush  
in between

partial denture

upper jaw



1

remove frame  
or plate



2

brush inner  
surfaces



3

brush outer  
surfaces



4

store frame or  
plate **WITHOUT**  
water\*



5

brush inner  
and outer  
surfaces



6

brush upper  
and rear  
surfaces



lower jaw

brush  
2 x  
daily



1

remove frame  
or plate



2

brush inner  
surfaces



3

brush outer  
surfaces



4

store frame or  
plate **WITHOUT**  
water



5

brush inner  
and outer  
surfaces



6

brush upper  
and rear  
surfaces

# overdenture

# upper jaw



1

remove denture



2

brush inner surfaces



3

brush outer surfaces



4

store denture WITHOUT water



5

brush the frame + use interdental brush

1x daily

lower jaw

brush  
2 x  
daily



1

remove denture



2

brush inner surfaces



3

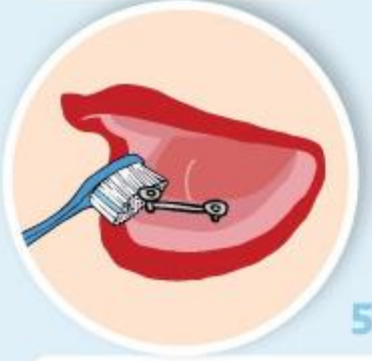
brush outer surfaces

1 x  
daily



4

store denture  
WITHOUT water



5

brush frame + use  
interdental brush



## full denture

## upper jaw



1

remove denture



2

brush inner surfaces



3

brush outer surfaces



4

store denture **WITHOUT** water



OR



5

cleanse jaw + palate with a soft toothbrush (unassisted)

cleanse jaw + palate with a damp piece of gauze (assisted)

lower jaw

brush  
2 x  
daily



1

remove denture



2

brush inner surfaces



3

brush outer surfaces

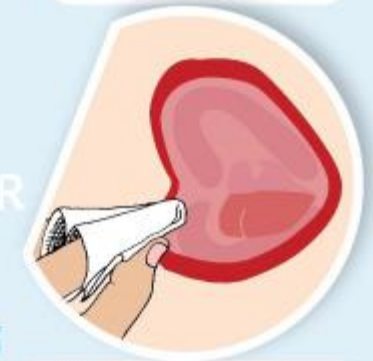


4

store denture WITHOUT water



OR



5

cleanse jaw with a soft toothbrush (unassisted)

cleanse jaw with a damp piece of gauze (assisted)

*assisted*

1



cleanse upper  
jaw with a damp  
piece of gauze

2



cleanse lower  
jaw with a damp  
piece of gauze

3



cleanse palate  
and inner cheeks

ERO/CED Joint Workforce on AMR met online several times starting April 6 2021.

Topic: A leaflet on AMR with as target audience the dentist.



Leaflet available in English. Can be used as a folder but also for distributing via social media.

Translation is possible while keeping the format.

Approved by ERO and CED board.



## antibiotic resistance

Antibiotic resistant bacteria, known as "superbugs", cost the lives of nearly 90 people every day in the EU/EEA. As antibiotics become increasingly ineffective due to the development and spread of resistant infections, even minor surgeries and routine operations can become life threatening high-risk procedures. Reducing the unnecessary use of antibiotics helps to stop the spread of antimicrobial resistance (AMR)

Unless something changes, you and your family and friends could be affected by infections that don't respond to antibiotics.

**IMMEDIATE ACTION  
IS NEEDED.  
HOW DOES THIS INVOLVE  
YOU AS A DENTIST?**



The dental profession is responsible for 10% of antibiotic prescriptions. Research shows that up to 80% of these prescriptions were inappropriate.

Practising effective antibiotic stewardship is essential. Dentists should be familiar with national prescribing guidelines\* and only prescribe outside them with justification.

**ANTIBIOTICS DON'T CURE  
TOOTHACHE.  
DENTAL TREATMENT DOES.**



\*Where local guidelines are not available, refer to:

<https://www.fdiworlddental.org/resource/fdi-white-paper-essential-role-dental-team-reducing-antibiotic-resistance>

A dental infection is best treated by a dental procedure. Antibiotics are indicated only if a dentogenic infection is accompanied by fever or malaise or systemic signs such as swelling, lymphadenopathy, trismus. A patient with signs of sepsis should be referred immediately for emergency hospital care.

#### **If you decide to prescribe antibiotics :**

- indications should be evidence based
- use the most narrow spectrum antibiotic for the shortest period
- use the correct dosage and duration
- use only one antibiotic whenever possible
- educate your patients to take antibiotics exactly as prescribed
- raise awareness of the risks of antibiotics and the development and spread of resistant infection

### **Preventing infection**

**Practice effective infection prevention and control  
(hand-hygiene, sterilisation of equipment)**

**Help your patients to prevent tooth decay and gum disease**







Produced by: CED/ERO Joint Workforce on AMR



As follow up a Leaflet on AMR for the Patient has been developed.

Also as a folder and for use on social media.  
Translation is possible while keeping the format.

Approved by ERO and CED board and presented at the start of the AMR awareness week  
November 18 2021.



## WHY HAS MY DENTIST NOT PRESCRIBED ANTIBIOTICS?

**Antibiotics do not cure toothache. Your dentist will usually suggest clinical treatment to solve your dental problem rather than give you antibiotics. This will work more swiftly to reduce your pain.**

**There are rare dental infections that require urgent hospital treatment. Contact your dentist or doctor immediately if you have a fever and/or a rapidly increasing swelling.**



## IF YOU ARE PRESCRIBED ANTIBIOTICS

- **Do take your antibiotics exactly according your dentist's prescription. The right doses for the right length of time.**
- **Do not skip doses.** If you forget to take your antibiotics, it has negative effects on your recovery.
- **Do not share antibiotics prescribed for you with others.**
- **Please return partially used packs to your pharmacist.** Do not dispose of partially used packs with your household waste.
- **Do not keep antibiotics to cure other illness**



## What you need to know about antibiotics

**Antibiotics are medicines used to treat bacterial infections in humans and animals. Different diseases require specific antibiotics.**

**Antibiotics are only effective in treating bacterial infections. Antibiotics do not work for viral infections (such as flu or colds). Incorrect and overuse of antibiotics is increasingly making bacteria resistant to antibiotics. When this happens, treatment of an infection by antibiotics is not always successful.**

**At least 700,000 people die each year due to drug-resistant diseases. When we need antibiotics, we need them to work.**





Produced by: CED/ERO Joint Workforce on AMR



Thank you for your Attention!

