Women’s Aging Complexities
The 2011 Oral Health Connection

West Liberty University Dental Hygiene
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P&G Professional Oral Health
Women’s Aging Complexities – The 2011 Oral Health Connection

Course Overview:
Women’s aging issues such as heart disease, diabetes, cancer and osteoporosis will be addressed along with their surprisingly strong influence on the oral cavity. With oral health being an integral part of general health, oral problems indigenous to women will be shared. The impact from medications and the oral manifestations they create will greatly determine how dental products should best be utilized and tailored to meet specific needs. The course will cover aspects of the aging timeline in a woman’s life influencing oral health needs and the treatment approach from the dental professional.

A. Goals for course:

I. Identify the top five women’s health concerns as they relate to the aging process.

II. Link risk factors common to systemic diseases and identify oral concerns from medication use.

III. Discuss the dental hygiene process of care in order to ensure optimal care.

IV. Explore tailored treatment protocol’s and product recommendations best suited for those with medical/oral concerns.

V. Share credible findings from the Nurses’ Health Study, and the Women’s Health Initiative for and about women.

VI. Discuss the risk benefit ratio of treating osteoporosis with oral bisphosphonates.

VII. Discuss the proposed criteria for oral procedures while patients take bisphosphonates.

B. Aging Population:

I. By the year 2030, 20% of Americans will be 65 years of age or older.

II. The fastest growing age group in America is age 85 and older.

C. Effect of Aging on Oral Health:

I. Each of the aging complexities will influence and impact the status of the oral cavity.

II. We as dental professionals need to be responsive and address gender specific concerns.

D. Knowledge is Power:

I. Stress the importance of dental health to comprehensive well-being.

II. Allow adequate time to teach and share the importance of oral care measures.

III. Know when to refer to a physician.
E. Women’s Top Five Health Concerns

F. Women and Heart Disease:
   
   I. Statistics:
      a. Of those who survive a heart attack, 46% will be disabled by heart failure within six years.
      b. More than 6.5 million women have some form of CVD.
      c. Among heart attack survivors, more women die within the first year than men. www.health.harvard.edu/women

G. February 2007 American Heart Association Guidelines to Prevent CVD in Women:
   
   I. Expanded recommendations on lifestyle factors.

H. Innovations in Home Care Protocols
   
   I. Stannous fluoride with long history of use for preventive care.
   II. Clinical evidence of benefits:
        a. Plaque and Gingivitis Reduction
        b. Dentinal Hypersensitivity Control
        c. Caries Protection
        d. Calculus Inhibition
        e. Extrinsic Whitening

I. Diabetes:
   
   I. Causes blood vessels to thicken creating static in the circulation & slowing the flow of nutrients and harmful wastes, thus weakening the resistance to oral infection and creating longer periods of healing.
   II. Type 1 diabetes
   III. Type 2 diabetes

J. Diabetes & Heart Disease Common Risk Factors:
   
   I. Overweight-high fat diet, physically inactive, smoking, elevated BP and cholesterol, poor sugar control from dietary issues.

K. Diabetes & Oral Manifestations:
   
   I. Severely inflamed gingival tissues, red to magenta in color, acute gingival & periodontal abscesses, frequent fungal infections & xerostomia.

L. Nurses’ Health Study:
   
   I. Established in 1976, the largest prospective study into risk factors for major chronic disease in women.
II. First study to document a clear relationship between body and weight and asthma. It has studied respiratory diseases, diabetes, heart disease, and MS in women. www.nurseshealthstudy.org

M. Women’s Health Initiative:


N. Osteoporosis:

I. The “silent disease”, stooped posture “kyphosis”; multiple fractures in upper spine in post-menopause.
II. Affecting 44 million Americans, expected to increase to over 61 million by 2020.
III. 55% of the people 50+ of the 10 million have OP & 8 million are women.
IV. Causes 1.5 million fractures annually. www.nof.org

O. Osteoporosis Risk Factors:

I. Age, Menopause, Smoking, Certain Diseases & Medications, Ethnicity/Familial History, Lack of Exercise, Small Bone Frame, Inadequate Calcium & Dietary Concerns.

P. Interventions for Osteoporosis:

I. Balanced diet rich in Calcium, Vitamin D and K
   1200 mg. Calcium/daily age 50+ & 800-1000 IU Vitamin D
   National Osteoporosis Foundation
   f. Supplements: Calcium carbonate or Calcium citrate
   g. Multivitamin
   h. Sunshine
   i. Foods rich in Vitamin D (egg yolks, liver, saltwater fish, dairy)
   j. Weight-bearing exercises
   k. Medications: Oral Bisphosphonates
      1. Actonel
      2. Fosamax
      3. Boniva
      IV Bisphosphonates (3-4 weeks) for severe conditions
      1. Zometa
      2. Aredia www.healthharvard.edu
      Injection/Infusion
      1. Prolia-6 mos. Subq. Injection-FDA approved 6-2010
      2. Reclast (yearly IV Infusion)

Selected Resources:
  ❖ Centers for Disease Control and Prevention “Facts and Tools Every Woman Can Use” www.cdc.gov/wisewoman/factsandtools.htm
- Harvard Women’s Health Watch  www.health.harvard.edu/women
- Heart Disease in Women  www.womenheart.org
- National Women’s Health Information Center  www.4women.gov/owh
- www.nof.org
- www.aha.org
- www.ada.org
- www.osteofound.org
- www.osteo.org
- www.dentalcare.com