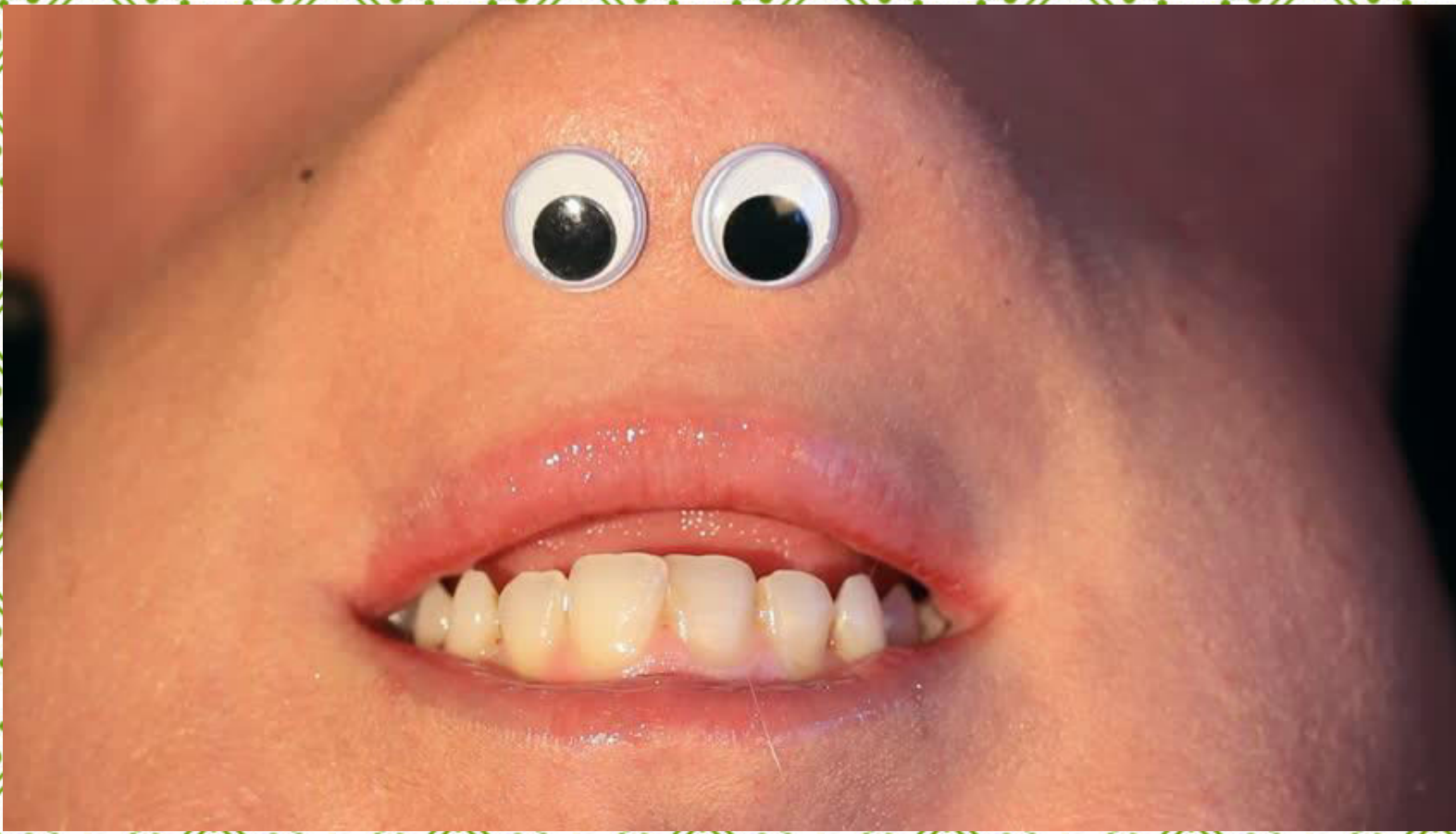




DON'T BE DOWN ON THE MOUTH: ORAL ASSESSMENT AND TREATMENT FOR PRIMARY CARE PRACTICE

NMAFP 62nd Annual Family
Medicine Seminar
August 3, 2019
Christine Cogil, DNP, FNP-BC

DISCLOSURES: NONE, NOTHING, NADA



OBJECTIVES

Utilize 4Ls for a quick and thorough oral examination.

Identify common oral lesions and dental problems.

Employ clinical prevention and treatment for common oral conditions.

EPIDEMIOLOGY OF COMMON ORAL DISEASE

#1 Chronic Disease in Pre-School Aged Children

- Caries Disease in Children
 - 5 x greater than asthma
 - 7 x greater than seasonal allergies

Dental Caries

- 25% of children aged 2-5
- 50% children aged 12-15 suffer from tooth decay

ADULT AND GERIATRIC ORAL HEALTH INDICATORS IN THE US

30% of adults 65 years and older are edentulous

23% of 65 to 74 year olds have severe periodontal disease in the US

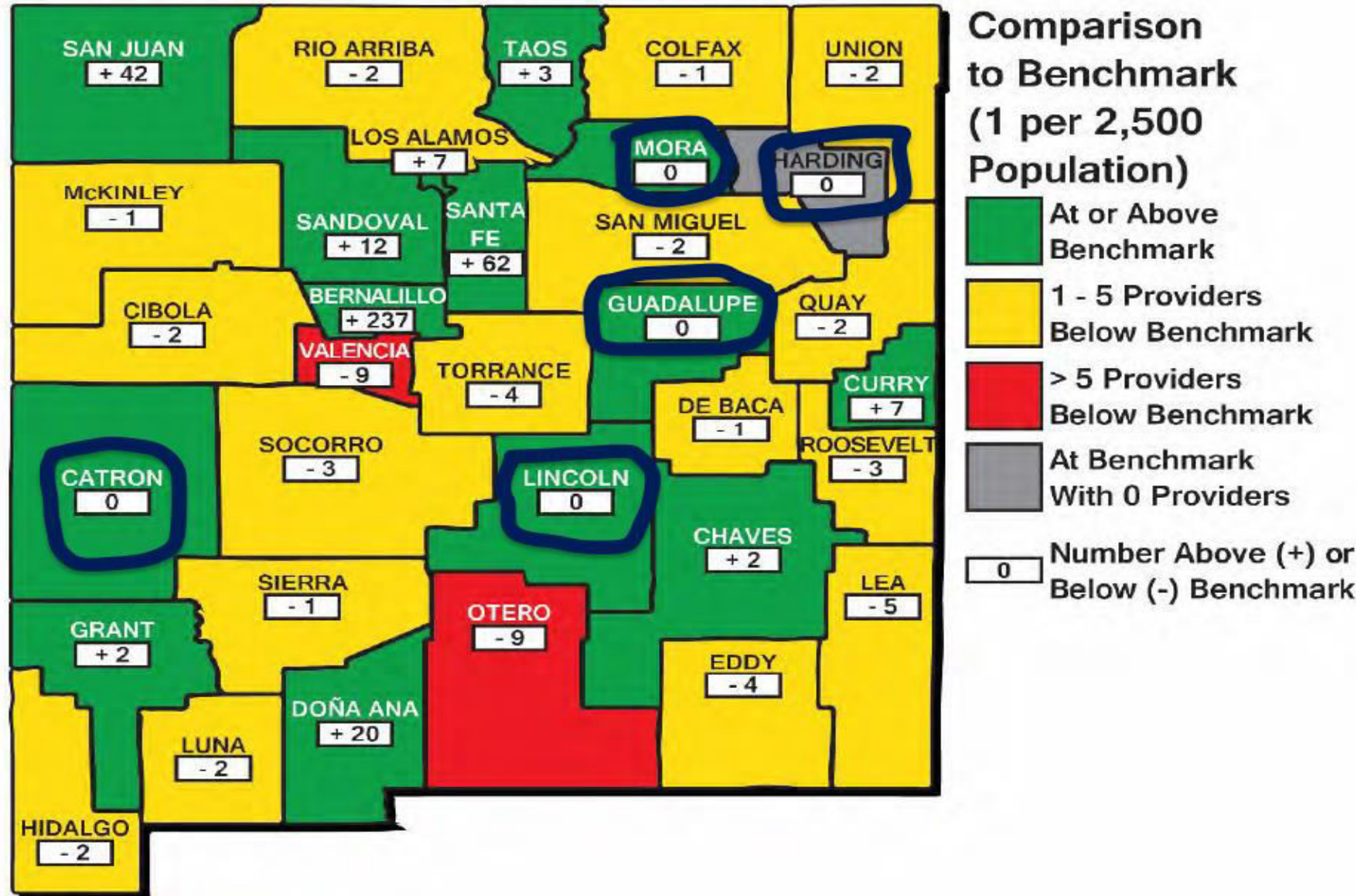
Severity of periodontal disease is directly related to socioeconomic level

30,000 Americans are diagnosed with oral and pharyngeal cancers annually

- 9,570 Americans die each year of oral pharyngeal cancers – 2X greater than the number of women who die of cervical cancer

DENTAL AVAILABILITY IN NEW MEXICO

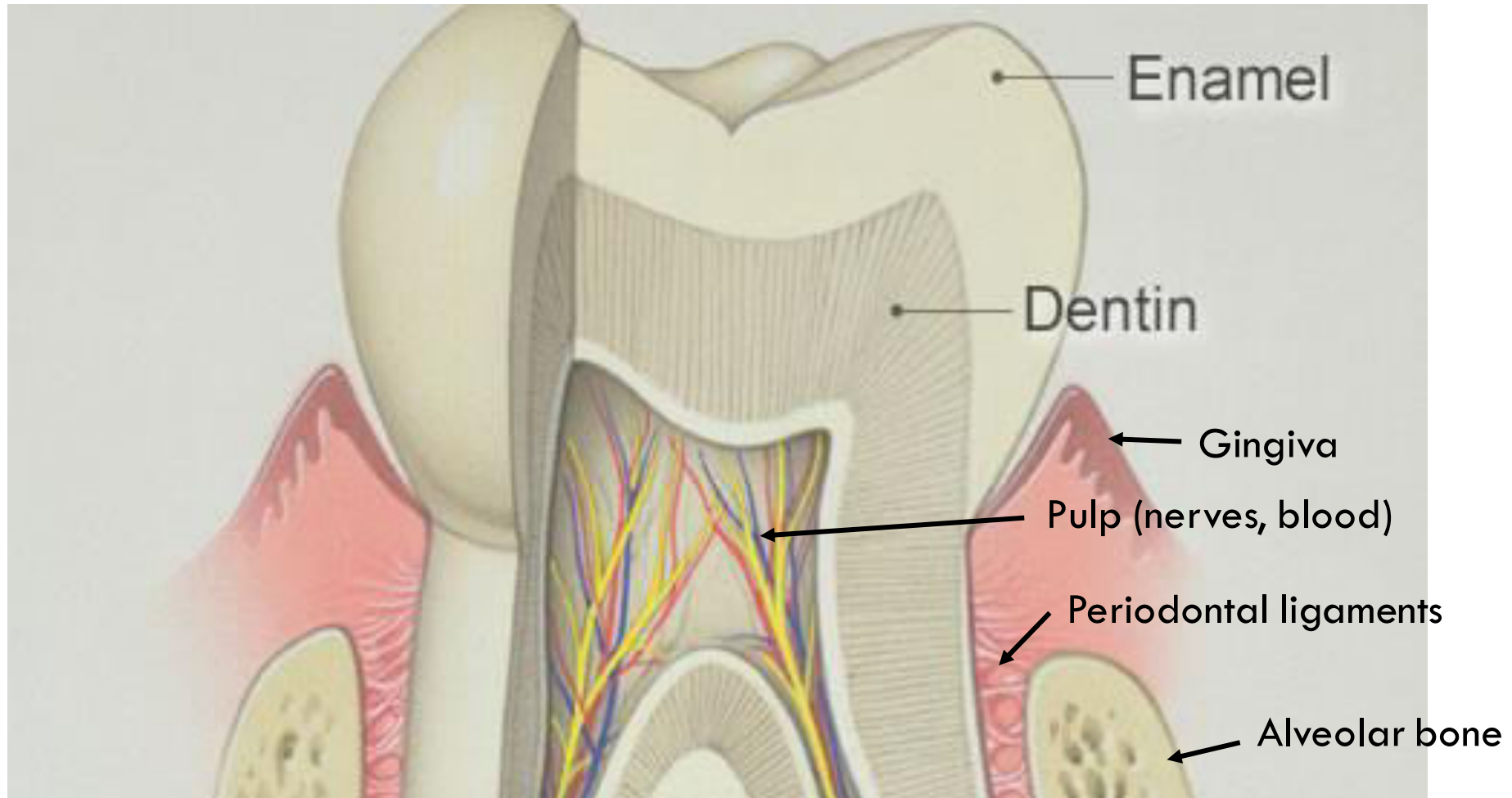
Dentists Compared to Benchmark, 2016





THE BASICS OF ORAL HEALTH

DENTAL ANATOMY



TWO CHRONIC ORAL DISEASES: BOTH ARE PREVENTABLE!

Caries Disease

Streptococcus mutans



Periodontal Disease

Porphyromonas gingivalis





DENTAL CARIES

HOW DENTAL CARIES BEGIN

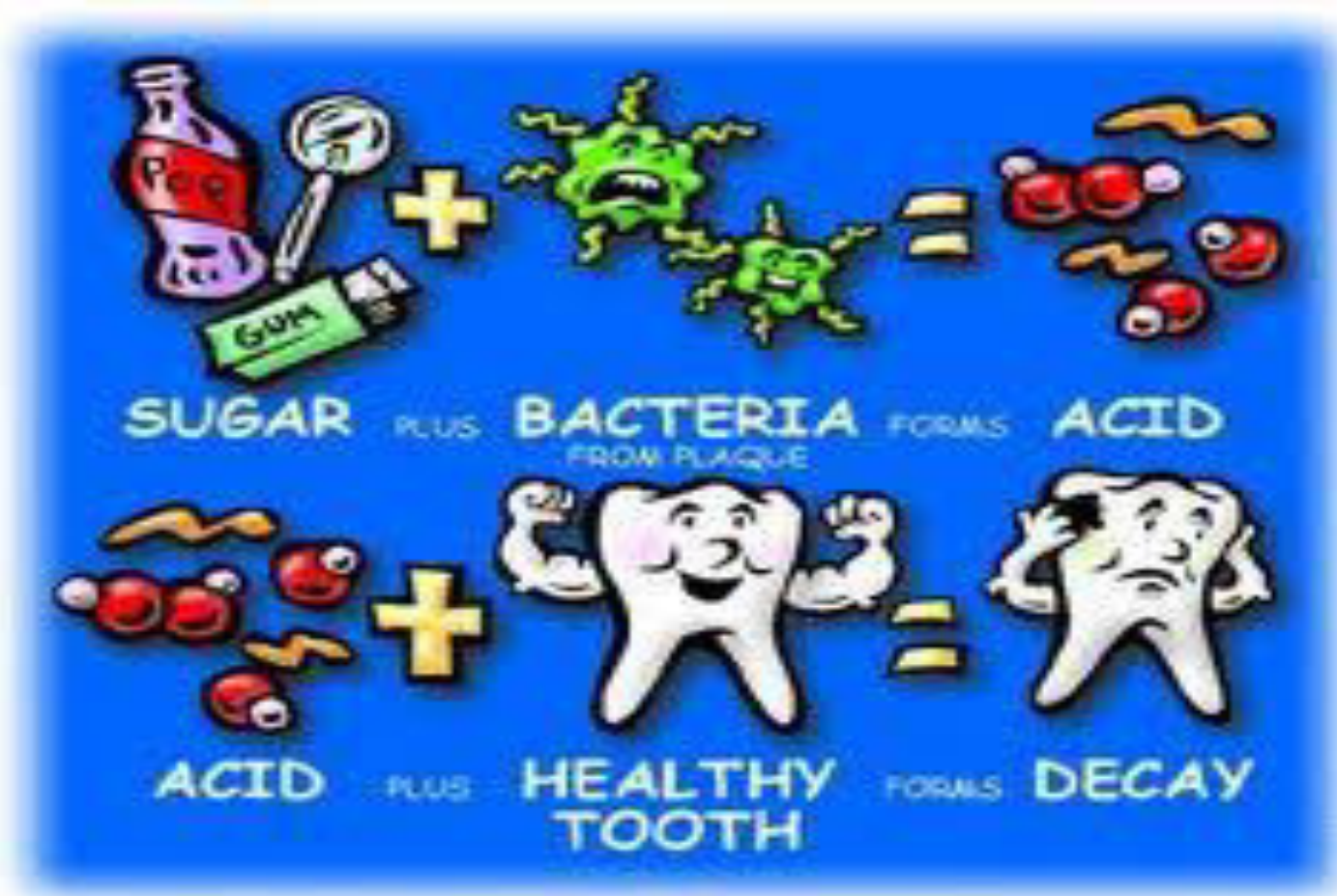


Dental Plaque Harbors *Streptococcus mutans*



10077512 PQ © www.fishbase.org

WHAT CAUSES DENTAL CARRIES?



VERTICAL / HORIZONTAL TRANSMISSION

Highest risk of infectivity is first 2 years of life

Greater caries causing bacterial load = greater risk of transmission

Earlier infectivity leads to greater risk for caries



CHILDREN COULD BE CAVITY-FREE!



Cavities

- Can be happen before age 1
- Can limit healthy growth because of mouth pain

EARLY CHILDHOOD CAVITIES = ECC



Bacteria is passed from mother/caregiver to baby

+



Frequent & prolonged exposure to sugary liquids

+



Not cleaning baby's mouth/teeth;
no dental checkups

=



ECC

BUDDING TEETH



WHITE SPOT LESIONS



FLUOROSIS

Different from white spot lesions

- Caused by excessive fluoride exposure
- Exposure occurs while permanent teeth develop
- No treatment



NORMAL



MILD



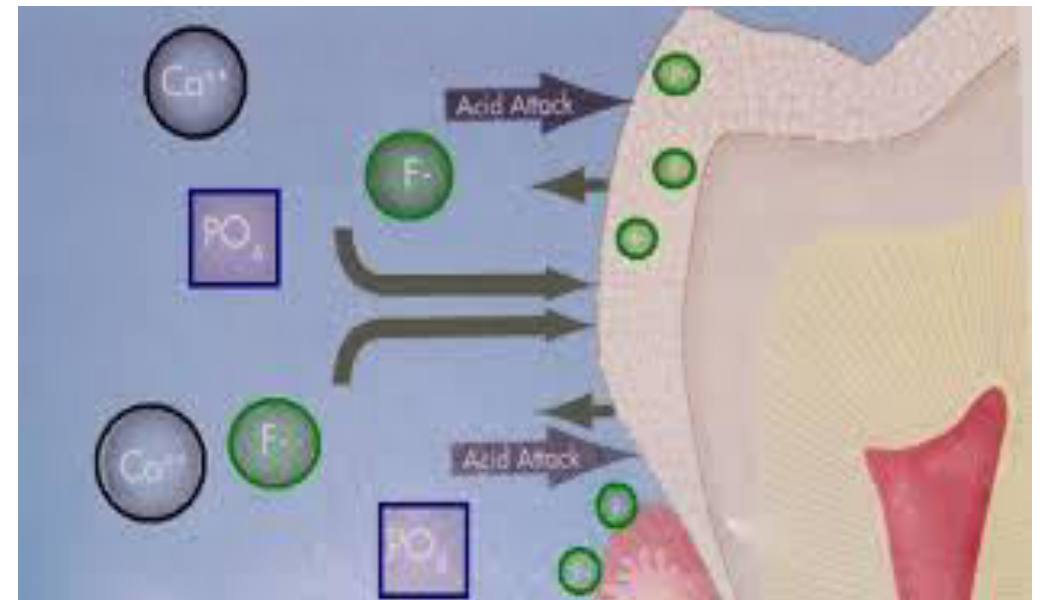
MODERATE

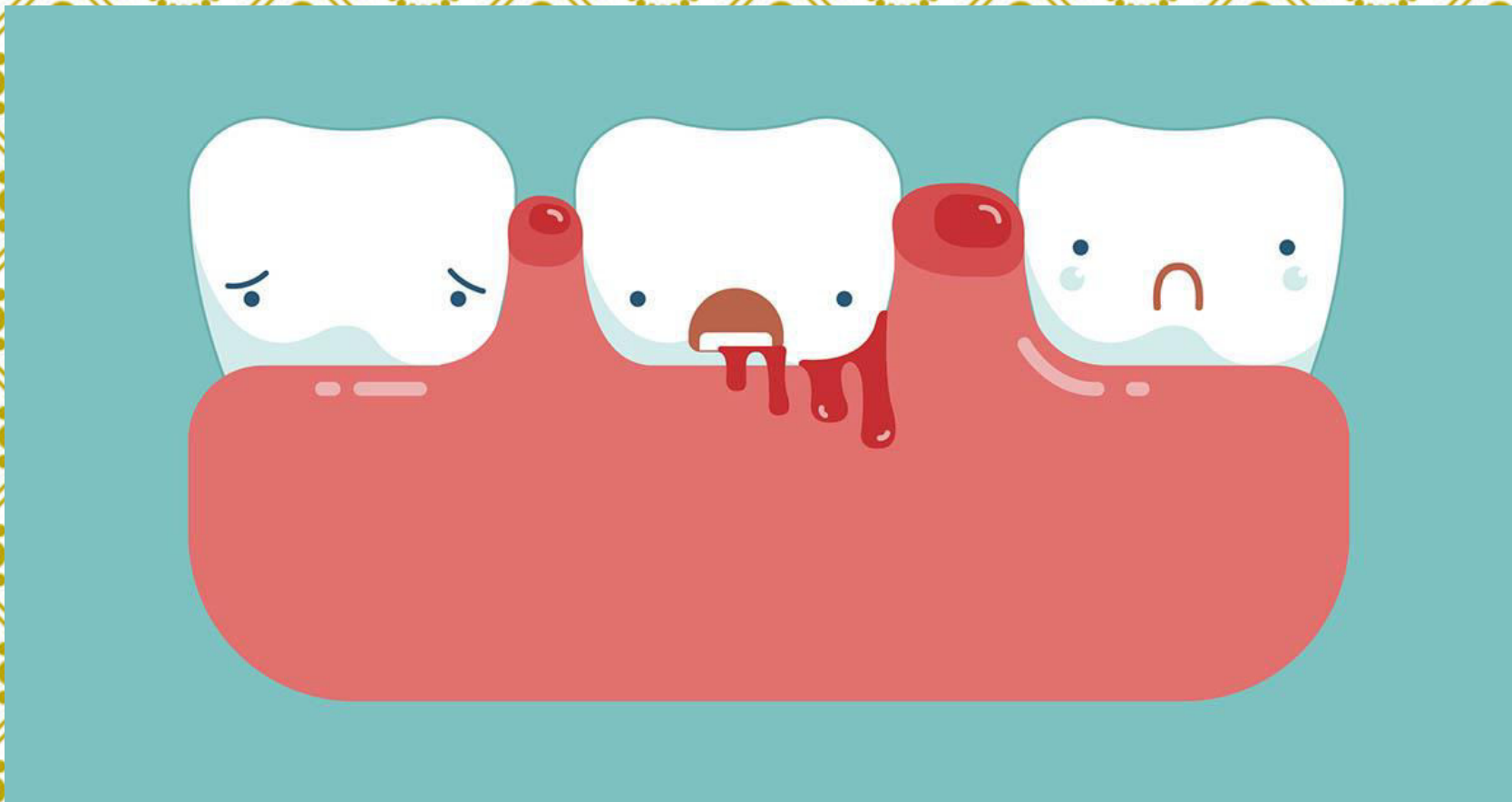


SEVERE

ENAMEL CAN REMINERALIZE

- The mouth pH returns to neutral 30 minutes after eating
- Tooth enamel can repair in two hours after eating
- Drink water with fluoride
- Avoid sweet foods and drinks between meals
- Prescribe high fluoride toothpaste
 - Sodium Fluoride 1.1% toothpaste BID
 - (OTC toothpaste = 0.15% fluoride)
 - Use with patients who have
 - white spot lesions
 - high risk for caries





PERIODONTAL DISEASE

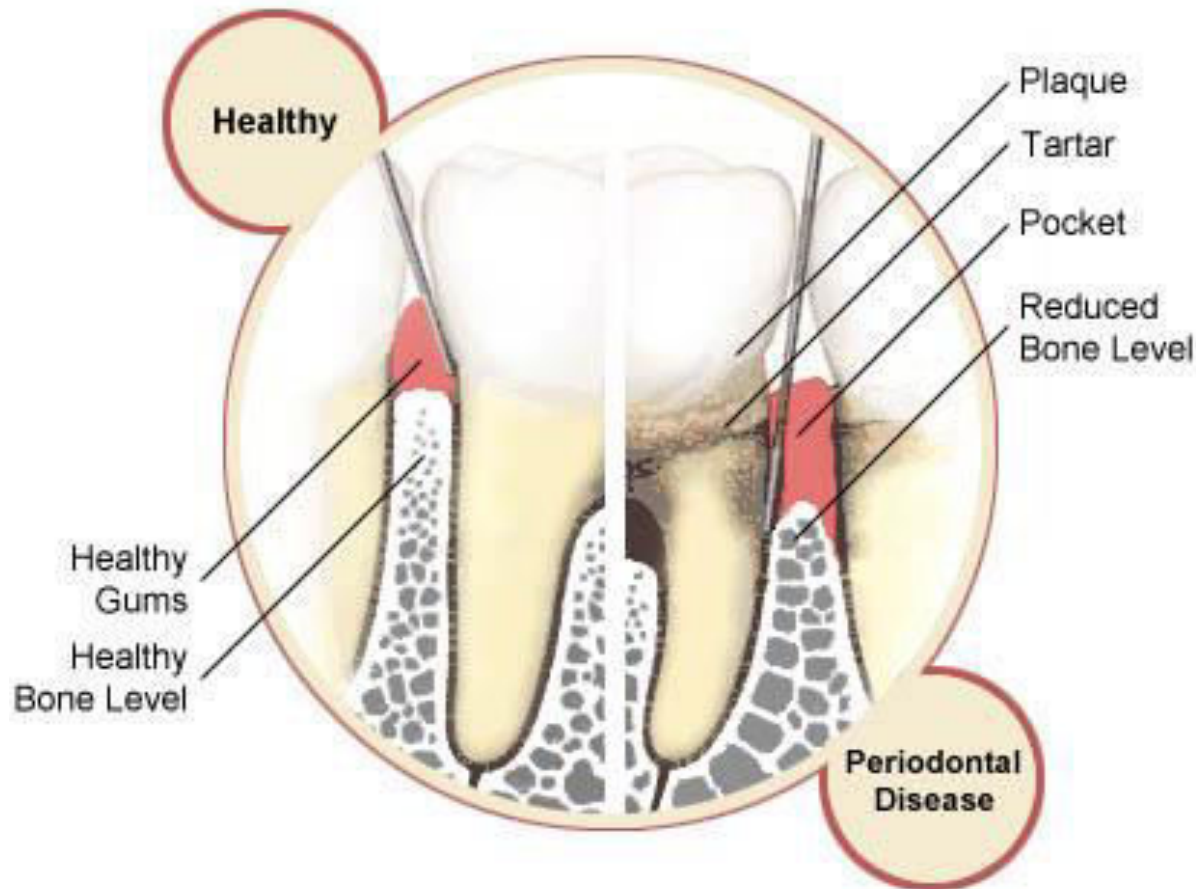
GINGIVITIS — PRECURSOR TO PERIODONTAL DISEASE

More common in people with:

- Poor dental hygiene
- Diabetes
- Pregnancy
- Regular use of recreational drugs



SCHEMATIC AND SIGNS OF PERIODONTAL DISEASE



Periodontal pocket probe > 5mm

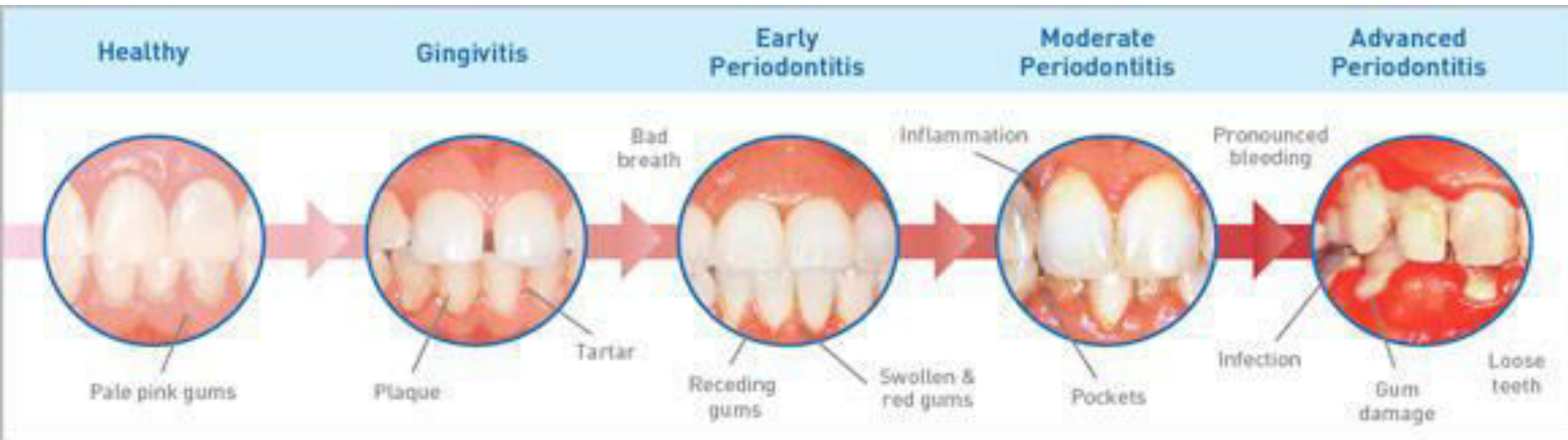
- Loss of ligament attachment
- Loose and/or sensitive teeth

Halitosis

Red, swollen, tender or bleeding gums

Receding gumline - “long in the tooth”

PROGRESSION TO PERIODONTITIS



PERIODONTAL DISEASE SIGNS CONTINUED

Increased mobility – crowding, tooth loss

Root caries

- Form in softer exposed roots of the teeth not protected with enamel
- Difficult to fill, often require extraction



PERIODONTAL DISEASE TREATMENT OPTIONS

Chlorhexidine 12% rinse 30 seconds and spit BID

- An antibiotic rinse to be used until seen by dentist/dental hygienist
- Stop immediately if causes dark brown staining of teeth
- Available on \$4 list at many pharmacies

Sodium Fluoride 1.1% toothpaste, use pea-sized amount BID

- Added fluoride for exposed dental roots

Appointment with dentist or dental hygienist within 2-4 weeks



4 L'S ORAL EXAM AND FINDINGS

4 Ls Oral Exam

- ✓ Lift/Lower the Lips



- ✓ Look at Teeth



- ✓ Lap around the gums and palate



- ✓ Lasso the Tongue





<https://www.youtube.com/watch?v=alf1GiZxqCM&feature=youtu.be>



LIFT AND LOWER THE LIPS

ACTINIC CHEILITIS



MUCOCELE



METH MOUTH



Caused by:

- decrease in salivary flow
- bruxism (grinding of teeth)
- high sugar intake
- disregard for oral hygiene during times of drug use

APHTHOUS ULCERS (CANKER SORES)

Shallow, Painful

Single or multiple lesions

Frequency varies



Treatment

Viscous Lidocaine 2% Gel – apply to lesion with Q-tip ac and HS

Greater than age 12 years

Betamethasone 0.1% ointment

Disp. 45g tube

Apply small amount with cotton swab to affected area 3-4 x/day

Decadron elixir 0.5mg/5ml

Disp. 300ml

Rinse with 5ml for 2 min., expectorate.

May use up to 4 x/day

MAJOR APHTHOUS ULCERS

Larger ulcers

Multiple

Coalesced



Treatment

Prednisone 5mg, 5 tablets PO every morning x 5 days, then 5 tablets in the morning every other day until complete. #40 tabs

OR

Prednisone 10 mg, 4 tablets PO every morning x 5 days, then decrease by 1 tablet on each successive series of 5 days.
#50 tabs

HERPES SIMPLEX 1 OR 2 LESIONS

Herpetic Gingivostomatitis



Topical Treatment

- Viscous Lidocaine 2% Gel – apply to lesion with Q-tip ac and HS

Systemic Treatment Options (prodromal only)

Acyclovir 400mg/3 x a day/5 days OR
800mg/2 x day/5 days

Valacyclovir 2gm/2 doses, 12 hours
apart x 1 day

Famcyclovir 1500mg as single dose with
first symptom of infection

Pregnancy Category B; acceptable during lactation

HOW CAN YOU IDENTIFY HERPTIC VS. APHTHOUS ULCERS?



HERPES LABIALIS/FEVER BLISTERS/COLD SORES

HSV Type 1 or 2



Treatment for Pain

*Docosanol 10% cream (OTC – Abreva).
Apply a thin layer to lesions up to 5 x/day
for 10 days*

Treatment for Recurrent Episodes

All treatments for age 12 and older (**prodromal only**)

- Acyclovir cream 5%. Apply a thin layer to lesions up to 6 x/day for 7 days
- Acyclovir 5%/Hydrocortisone 1% cream. Apply a thin layer to lesions up to 6 x/day for 7 days
- Penciclovir 1% cream. Apply a thin layer to lesions every 2 hours while awake for 4 days

XEROSTOMIA (DRY MOUTH)

- Fissured tongue
- Ropy saliva
- Dry mucous membranes
- Halitosis
- Difficulty chewing, speaking, swallowing
- Angular cheilitis
- Increases risk for caries



Xerostomia Management

- Med list review
- Biotene or Oasis mouth sprays and gels can be purchased OTC
- Cari-free CTx2 spray can be ordered online

<http://carifree.com/patient/shop/products/ctx2-spray-1/ctx2-spray.html>

ANGULAR CHEILITIS TREATMENT



Nystatin Triamcinolone

Apply locally QID x 10-14 days.

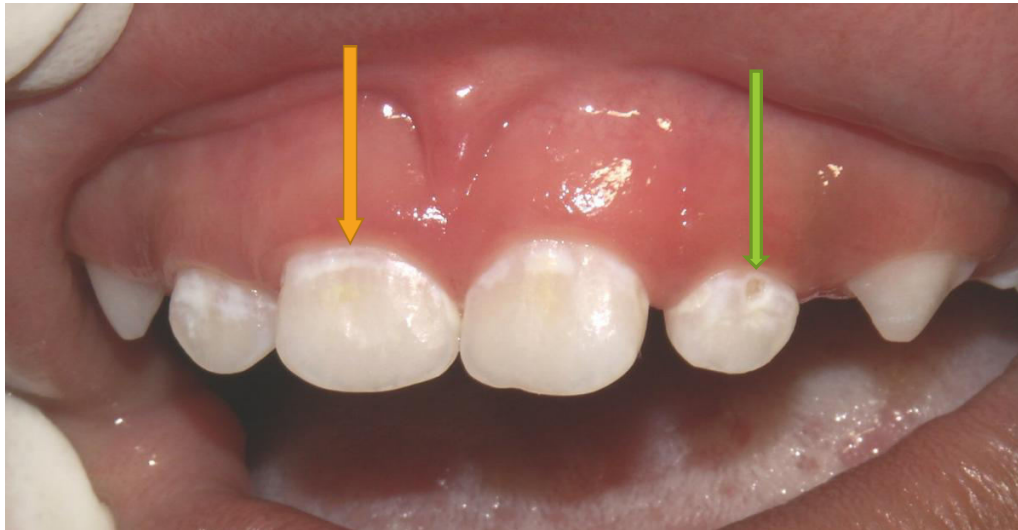
Disp: 30 gm tube



LOOK AT THE TEETH

PRE-CAVITY WHITE SPOTS / ROOT CAVITIES

- Look at gums, teeth and inside of the cheeks
- White spots / root cavities



DENTITION IN ADULTS

Causes of root surface caries in older adults

- Diminished motor function
- Less effective oral hygiene
- Salivary gland dysfunction
- Gingival recession



ACID EROSION: BULIMIA, GERD, EMESIS

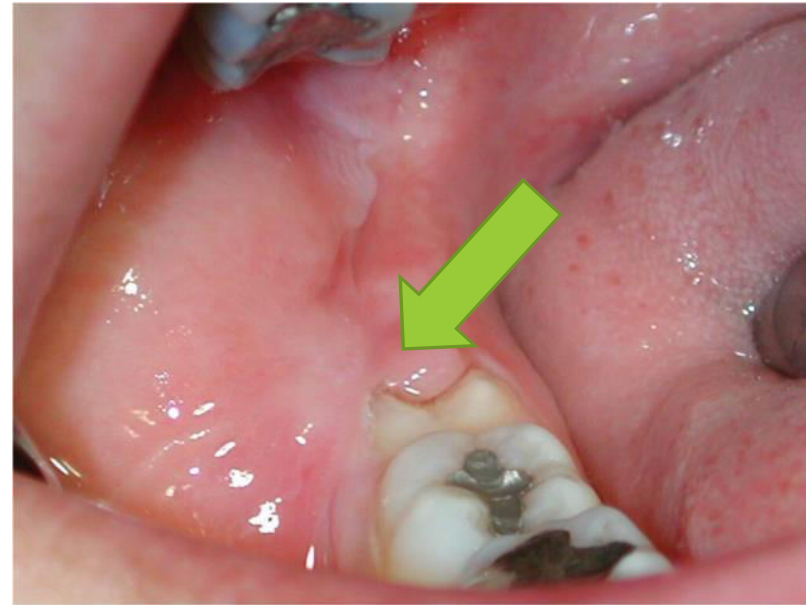


EMESIS AND ACIDS

- Mix 1 teaspoon of baking soda in 8 ounces of water
- Rinse your mouth and spit
- Wait 30 minutes, then brush with fluoride toothpaste
- Rinsing after vomiting stops acid that causes cavities



PERICORONITIS



POSTEXTRACTION ALVEOLAR OSTEITIS (DRY SOCKET)

Very painful

Visible, bare bone, at the
extraction site

Caused when a blood clot
does not remain in place
until granulation tissue
forms



DENTAL APPLIANCES

Braces

Risk for white spot lesions/decay



Partials, Dentures, Retainers

Risk for candidiasis, unobserved lesions

Assessment

- Ask patient to remove unfixed appliances
- Observe oral mucosa
- Assess for candidiasis or painless malignancies



Treatment

- Remove appliance and brush teeth and appliance twice daily



LAP AROUND THE PALATE AND GUMS

MANAGEMENT OF ORAL CANDIDIASIS



Treatment

Clotrimazole 10 mg troches/lozenges; suck one 5 times/day x 14 days (Do NOT chew)

- Pregnancy Category C

Nystatin 1:100,000 U/ml; 5 ml swish for 30 seconds or longer, then swallow 4 times/day x 14 days

- Pregnancy Category A

Severe Oral Candidiasis

Fluconazole 100mg tabs; one tab PO daily X 14 or until resolved

- Pregnancy Category D; no restriction on use in lactation

INFECTION/ABSCESS



Palpate area

If fluctuant and tender to touch, it is an abscess

Antibiotics of choice:

- Penicillin 500mg QID x 10 days
- If allergic to Penicillin use Clindamycin 300mg QID x 10 days

Patient needs an appointment with a dentist soon

ABSCESSED TOOTH





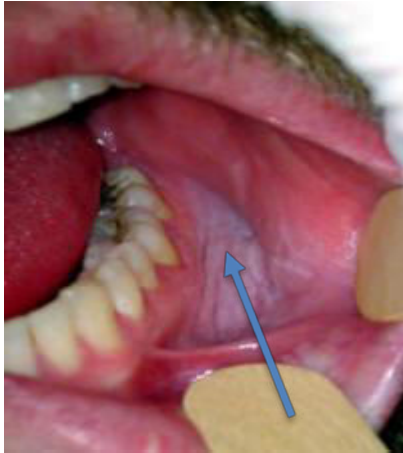
LASSO THE TONGUE

GEOGRAPHIC TONGUE



PREMALIGNANT ORAL LESIONS

Leukoplakia



Erythroplakia



MALIGNANT ORAL LESIONS

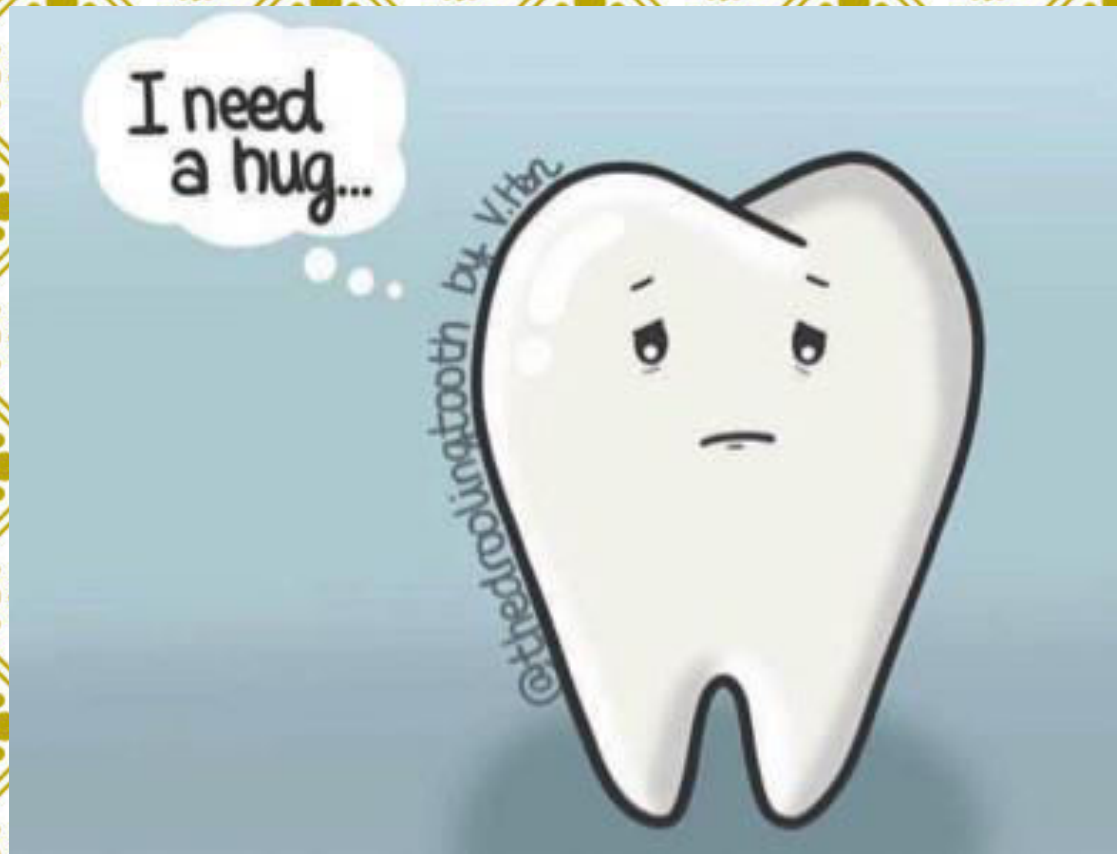


ORAL SYPHILIS CHANCRE

Painless ulceration

- May experience some burning with acidic foods
- Pain not equal to the ulceration





OTHER ORAL ISSUES

BISPHOSPHONATE RELATED OSTEONECROSIS OF THE JAW (BRONJ)

Exposed bone in the maxillofacial region that does not heal within six to eight weeks after identification



ORAL HEALTH ASSOCIATED BISPHOSPHONATE RISKS

- **ALL** bisphosphonates come with risk for osteonecrosis
- Bisphosphonates disrupt reabsorption and remodeling cycle of bone
- Greater for IV bisphosphonate than oral bisphosphonate
- If oral bisphosphonate stopped, BRONJ may reverse
- Dental extraction increases risk of BRONJ from 1:10,000-100,000 to 1:300

PRACTICE RECOMMENDATIONS

- Refer all patients for dental assessment, treatment and clearance **BEFORE** initiating bisphosphonates
 - the same is true for cancer treatment – chemotherapy and radiation
- Document/include dental clearance in patient record
- Educate patient on ongoing need of oral hygiene



PREVENTION

DAILY ORAL CARE

- Drink fluoridated water
- Brush teeth with fluoride toothpaste at least twice daily
- Floss one time daily
- Mouth rinses with fluoride once a day
- Space food/beverages
- Chew gum with xylitol as first ingredient
 - Chew after meals, at least 5 minutes, 3-5 x a day
 - Avoid use of gum with braces



WHAT IS XYLITOL?

- Sugar substitute from corn cobs or birch tree bark
- Cavity germs cannot break xylitol down into enamel-eroding acid
- Safe for human consumption

Not safe for dogs !!



FLUORIDE VARNISH APPLICATION BY DENTIST OR MEDICAL PROVIDER

- Safe, effective, easy to apply
- 5% Sodium fluoride unit dose package
- Long-lasting protection - 3-6 months

CPT code 99188 – Topical application of fluoride varnish by a physician or other qualified health care professional. Proposed rate: \$18.00.

FV application can be applied up to 2 x year for 6 month-20 year olds



PREVENTION OF PERIODONTITIS

- Brushing twice daily
- Daily flossing
- Dental hygiene every 3-6 months



During Pregnancy:

Previous history of periodontitis or “gum disease”

If no recent dental care, provide immediate dental referral

COMMUNITY RESOURCES DENTAL



FQHC settings

Dental Schools and Residencies

Dental Hygiene schools

Local Dentists

THANK YOU!!!



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