

Dental Core Trainee Group

1. Hannah Barrow

Category: Research

Title: Denture marking in the Cwm Taf Morgannwg University Health Board (CTM UHB) area: attitude and demand

Author: Hannah Barrow DCT 2, CTM UHB

Abstract: The focus of this poster is to research the level of demand and current attitudes towards denture marking in the CTM UHB area. This was carried out through a survey of dental laboratories, General Dental Practitioners and care homes.

2. Sophie Bryant

Category: Case Study

Title: Stroke Rehabilitation and Oral Health during a Global Pandemic

Author: Sophie Bryant, DCT2 Special Care Dentistry, Cardiff and Vale University Health Board

Abstract: A case study highlighting the importance of an MDT approach to oral care in the older population who have experience a stroke. Following a stroke many individuals experience long-term disability requiring ongoing care, which can have an impact on oral health. Challenges that can be faced in this patient cohort in regard to oral health are oral risk factors, access to oral care, ability to communicate, ability to co-operate and legal/ethical barriers. Therefore, by adopting an MDT approach we can strive to not only achieve good oral health (including oral comfort) but also prevent decline in general medical health (i.e. pneumonia and nutritional intake) and recovery. To achieve this appropriate training to ward staff to confidently undertake daily oral care is required, in addition to dental input from a 'Stroke Skilled Dental Team'.

3. Nicola Cloney

Category: Service Evaluation

Title: Oral Health Delivery in Derbyshire Care Homes during the Covid-19 Pandemic.

Authors: Nicola Cloney¹, Sarah Baughan¹, Jane Temple²

1. Dental Officer
2. Consultant in Special Care Dentistry, Derbyshire Community Dental Services CIC

Abstract

Background: The impact of the Covid-19 global pandemic has been significant. Lack of PPE, staff shortages and fears surrounding infection transmission may be considered potential barriers to delivering appropriate mouthcare for older care home residents. Media coverage of this issue has been extensive.

Aim: To identify and investigate potential barriers to carrying out appropriate mouth care for residents of care homes during the Covid-19 pandemic in Derbyshire.

Process: Care homes (n=16) which had patients registered under the care of Derbyshire Community Dental Services (CDS) were identified. In May 2020, a structured telephone interview was conducted with a member of care staff from each home. The data collection questionnaire examined potential barriers to mouth care and identified any urgent dental issues which occurred during the pandemic, requiring assistance from CDS. Guidance documents for carers detailing the delivery of mouth care during the lockdown period were offered.

Results: None of the care homes surveyed reported any difficulties with PPE supply, staffing shortages, or staff worries/concerns about delivering mouth care to residents during the pandemic. No care homes reported any urgent dental problems during the period March to May 2020. Repeat prescriptions of high-fluoride toothpaste were requested by four homes.

Discussion: From the cohort of care homes surveyed, no major barriers to carrying out mouth care during the pandemic were identified. This was contrary to the pre-existing perceptions of the authors based on media reports. The care homes were selected due to their existing positive relationship with the CDS service, and

therefore might not be representative of the wider residential care home population. Whilst the results were essentially positive, limitations to the identification and reporting of quality oral care delivery via telephone survey should be recognised. Additionally, there are many well-documented barriers to delivering oral care to care home residents, particularly those with dementia, which have not been explored by this service evaluation.

Action and recommendations: As the COVID-19 situation continues to develop and evolve, CDS should continue to actively support care home staff to deliver effective oral care to residents.

4. Suzy Harkness

Category: Research

Title: Education of the Non-Dental Team in Improving the Oral Health of Older People in Care Homes

Authors: Harkness, SM¹ McKenna G, Mitchell G, Harrington M, Tsakos G, Brocklehurst P, Langley J

1. DCT2 Restorative and Special Care, School of Dentistry, Royal Victoria Hospital Belfast

Abstract

“Improving the oral health of older people in care homes” (TOPIC) is an ongoing feasibility study funded by the National Institute for Health Research (NIHR). The study aims to assess the viability of several interventions for care home staff to improve standards of oral health in residential facilities for older people. The planned interventions are based on the 2016 NICE guideline (NG48) “Oral Health for Adults in Care Homes” and consist of an oral health assessment of residents, daily “support worker assisted” tooth brushing with fluoride toothpaste, and notably, a staff training package on how to improve oral health. This poster aims to highlight the training methods used to educate the non-dental team and includes some qualitative feedback from care home staff members on the developed training package.

5. Marc Harrington

Category: Case Study

Title: Don't forget your raincoat... Foreign body or neoplasm?

Authors: Marc Harrington, Oragh McPolin, Jamie Toole, Gerry McKenna

School of Dentistry, Royal Victoria Hospital, Belfast

Abstract: This case report explores the challenging multidisciplinary journey of an older gentleman over the course of 28 years. It begins with ameloblastoma resection, describes an 18 year period of elusive discomfort, culminating in an exophytic lesion, before concluding with successful prosthodontic rehabilitation and lessons with barrier membranes.

6. Aoife Nic Íomhair

Category: Research

Title: Effectiveness of Fluoride Varnish in Caries Prevention among Older Adults in Care Homes

Authors: Nic Iomhair A¹ , Kelly N¹ , McKenna G^{1,2} Watson S²

1. Belfast Health and Social Care Trust
2. Centre for Public Health, Queen's University Belfast

Abstract

Aim: The aim of this study was to evaluate the effectiveness of fluoride varnish application in the prevention of dental caries, as part of an oral health preventative programme for older people in care homes in Northern Ireland.

Methodology: An Oral Health Prevention Programme pilot scheme was trialled in nine nursing and residential homes within the Western Health and Social Care Trust. These homes were matched with nine equivalent control homes. The pilot scheme involved the delivery of oral care training for care home staff and the application of fluoride varnish to the teeth of eligible patients by Dental Care Professionals.

Residents in both groups were examined at the beginning and end of a twelve-month period. Data collected included plaque scores, caries status and DMFT.

Results: In the intervention group at 12-month follow-up, there was a significant reduction in the mean number of carious teeth but a significant increase in mean DMFT, as well as a non-significant decrease in mean plaque score. Within the control group, there were significant increases in the mean number of carious teeth, mean plaque score and mean DMFT. Mean differences in plaque score reduction and the number of carious teeth between the groups (favouring the intervention group) were **-1.69** (95% CI: -2.86, -0.53) and **-0.98** (95% CI: -1.19, -0.78) respectively. High plaque scores were routinely noted among both groups with 67.1% of all participants at initial assessment and 76.8% of participants at reassessment awarded a plaque score of 100

Conclusions: This study demonstrates the potential role of fluoride varnish application in the prevention and arrest of carious lesions among older adults in care homes. A need for improved oral hygiene practices among care home residents has been identified. Further research on a more extensive scale is required to strengthen the body of evidence advocating the use of fluoride varnish in the prevention of caries among older adults in care homes.

7. Brandon Owen

Category: Case Study

Title: Do patients at risk of MRONJ need their dentist more than ever? A case study and reflection.

Authors: Brandon Owen¹, Hannah Bradley², Grainne McGrath¹

¹Glasgow Dental Hospital ²Aberdeen Dental Institute

Abstract

Background: In March 2020, COVID-19 resulted in the cessation of routine dental services in Scotland. Despite routine care recommencing in November, difficulties

accessing care persist due to restrictions. We present the case of an older patient with MRONJ and reflect upon the impact of COVID-19 on their care.

Presenting problem: The patient presented to oral surgery for an MRONJ review reporting an inability to see her GDP to address a loose uncomfortable denture and toothache.

Clinical details: An 82-year-old female with a 7-year history of oral alendronic acid and long-standing MRONJ was reviewed in February 2020 in our oral surgery department. Input from their GDP was requested to manage an unstable denture. The patient was reviewed by us again in November reporting an inability to see her GDP. She could not eat with her denture so used a lone-standing molar opposing an MRONJ site to function resulting in exacerbation due to repeated trauma. Furthermore, her oral hygiene declined resulting in caries and pain.

Clinical management: A conservative approach was adopted to manage the MRONJ. The GDP was contacted to assess and restore the patient's dentition and make necessary denture adjustments to avoid further trauma to the MRONJ site. Although the patient was informed of an unrestorable root, she opted to persist with toothache fearful of further MRONJ.

Discussion: MRONJ patients require regular reviews to allow prevention and early identification of disease. Unfortunately, access to dental care throughout the pandemic has been challenging. The patient is now facing extractions with a higher risk of MRONJ which could be detrimental to her quality of life. The GDP has a vital role to play managing these patients to aid tooth retention and eliminate soft tissue trauma. However, we have identified difficulties coordinating management with primary care whilst restrictions are still in place highlighting the need for effective multidisciplinary pathways for higher risk MRONJ patients within the hospital setting. This will allow increased control and rapid management of problems to secure the oral health of these patients.

Conclusion: COVID-19 presents a unique challenge for patients at higher risk of MRONJ considering this cohort are typically older, have comorbidities and may be shielding. We have identified the need to reach out and prioritise their care through the introduction of multidisciplinary pathways.

8. Vikash Patel

Category: Audit

Title: Assessing Mouth Care Standards on the MOPRS Inpatient Ward at a District General Hospital

Authors: Dr Vikash Patel, Dental Core Trainee 2, Mr Shihab Romeed, Consultant Restorative Dentistry (Audit Supervisor)

Abstract

This baseline audit assesses mouth care standards on hospital wards for older people and compares this to mouth care matters national standards. This audit includes the use of a mouth care screening tool to identify patients who are at risk of developing oral health complications during a hospital admission. 24 patients were assessed on the medicine for older people, rehabilitation & stroke wards (MOPRS). Questionnaires were also carried out with nursing staff and patients. The results showed that only 21% of patients had mouth care recorded, whilst 52% of patients were brushing their teeth less since being admitted. This was further complicated by only 48% of nurses being trained in assessing and delivering oral care. The results identify a noticeable need for more effective management strategies, in order to improve inpatient oral care & subsequently the general care of this vulnerable patient group. The poster will also describe the impact of COVID-19 on hospital inpatients mouth care, and how approaches to managing these patients have changed.

9. Ambika Sinha

Category: Service Evaluation

Title: A service evaluation of remote consultations delivered to older patients during the COVID-19 pandemic

Authors: Ambika Sinha¹, Hamza Hossenally², Zahra Shehabi², Barts Health NHS Trust. 1. Dental Core Trainee in Special Care Dentistry 2. Consultant in Special Care Dentistry

Abstract: The coronavirus (COVID-19) pandemic has had a negative impact on the oral health of older patients. The outbreak has significantly affected service provision within dental teaching hospitals. Within Special Care Dentistry, many medically compromised and complex cases within the older population are managed. However, these patients are those predominantly at higher risk of contracting the virus and having poorer survival outcomes. The aim of this service evaluation was to assess the effectiveness, accessibility and feasibility of remote consultations via video or phone, for older patients within special care dentistry, provided during the coronavirus pandemic in 2020, within The Royal London Dental hospital. Feedback was obtained from 37 patients applicable within the inclusion criteria. 94% of patients were 'shielded' during COVID-19 and concerns of contracting COVID-19 in dental hospital appointments were high, as an average of 9 was scored for patient concerns, with 10 being the most concerned. Only 16% had video consultations but the ongoing impact of COVID-19 presents a requirement for video service improvements to facilitate further access to care and reassurance for those who presently face the greatest barriers.

Dentist

1. Stephanie Agar

Category: Service Evaluation

Title: A Service Evaluation on the provision of Domiciliary Dentistry to Older Patients during the COVID-19 Pandemic

Authors: Stephanie Agar¹, Elise Morgan², Yee Lee³

¹Dental Officer, ²Senior Dental Officer, ³Specialist in Special Care Dentistry, Community Dental Services CIC Bedfordshire

Abstract

Background: The outbreak of Coronavirus (COVID-19) and subsequent cessation of routine dental services had a profound effect on the oral health of the older population. There were challenges surrounding safely accessing patients in their home or care home settings and utilising appropriate Personal Protective Equipment (PPE) and cross-infection procedures.

Aims:

1. Development of protocols and procedures that allow for safe and efficient provision of urgent domiciliary dental care during the COVID-19 pandemic as part of an Urgent Dental Care Centre
2. Creation of robust operating procedures that allow for continued domiciliary dental provision as part of recovery of routine dental services across CDS-CIC.

Methods: Evidence was collected from National Guidance and a Standard Operating Procedure (SOP) for Domiciliary Dentistry during the COVID-19 Pandemic was produced. Additional training was provided for employees, including holding team meetings and publishing flow-charts and diagrams.

Challenges and Solutions: There were various challenges that the team found solutions for, including overcoming triaging difficulties by using video software for remote consultations; and overcoming the diagnostic challenge of domiciliary dentistry by training all staff in using a handheld x-ray unit.

Results: Development of the SOP allowed for the successful implementation of domiciliary visits as part of CDS-CIC's role as an Urgent Dental Centre. This included a visit to a 89-year-old female in a Care Home to rule out a malignancy.

Discussion: Rapid development of in-depth SOPs provided invaluable lessons for future service provision. SOPs need to be continually developed, monitored and re-evaluated in order to maintain service provision.

2. Nicola Brown

Category: Case Study

Title: Multidisciplinary Approach to a Domiciliary Patient

Author: Nicola Brown, Dental Officer, CDS CIC

Abstract: A case study focusing on a domiciliary patient, and the complex, multidisciplinary approach required to provide adequate and compassionate care.

3. Jasmin Davey

Category: Case Study

Title: The New Normal. Impact of COVID19 on Mental, Physical and Dental Health in Older People

Author: Jasmin Davey

Abstract

COVID19 has had a profound impact on older people's mental, physical and dental health. Dental professionals have had to adapt to changing circumstances and accommodate increasing patient anxiety. This case report highlights the effect that COVID19 has had on an older female patient.

4. Daniel Gillway

Category: Quality Improvement

Title: Care home managers knowledge and experience accessing dental services

Authors: Daniel Gillway (Dental Officer) Meg Keddie (Senior Dental Officer) Mili Doshi (Consultant in Special Care Dentistry), Surrey and Sussex Healthcare

Abstract

Background: Covid-19 has increased oral health inequalities faced by older people living in care homes. It is vital that care home managers are confident in supporting residents to access appropriate dental services. 'Smiling Matters', a Care Quality Care (CQC) report released in 2018 identified that the oral health of people living in care homes to be very poor requiring improvement. The report highlighted that access to dental care especially domiciliary care and urgent care is a significant problem. A previous project showed a relatively low number of referrals for domiciliary dental care from care home managers in the Surrey region when compared to other sources of referrals.

Aim: Investigate current knowledge of care home managers in supporting their residents to access dental service and how this can be improved

Method:

- Questionnaire to care home managers via survey monkey in the Surrey region
- Data collection and care homes offered training
- Teaching and networking sessions at local care home managers forum/ GP training
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Results: Completed questionnaires were received from 31 care home managers.

Key findings include:

65% (n=20) were aware of domiciliary dental services

23% (n=7) have guidance on how to refer residents to a dentist

26% (n=8) report residents could access dental care in a timely manner (6 weeks)

42% (n=13) report residents are not able to access urgent dental treatment

48% (n=15) could refer residents for dental care who need a home visit

81% (n=25) felt barriers exist to accessing dental care

- Reasons include cost, availability and long waits. Multiple comments that care homes ask GPs to refer which is unsuccessful

Discussion It is clear prior to covid-19 care home managers felt barriers exist to accessing dental care for their residents and they felt under confident in referring patients when required. Oral health inequalities have increased due to the pandemic and care home managers should feel confident referring their most complex and vulnerable patients to the most appropriate service. In order to address these issues, we have

- Presented at care home managers forum
- Networking with key referrers and PCNs
- Regular attendance at MDT care home meetings

5. Meg Keddie

Category: Service Evaluation

Title: Intravenous sedation safety for the over 65 year old patient; A 3 year service evaluation

Author: Meg Keddie, Senior Dental Officer, Easy Surrey Hospital

Abstract

Background: Often with advancing age comes increased medical complexity and as such invasive operative procedures requiring intravenous sedation (IVS) can pose a greater challenge for the dental team. Many sedation dentists are cautious when carrying out treatment in this group for fear of adverse events but is this concern reflected in the data?

Aim and Standard: To assess the success or otherwise of single drug IVS carried out in the dental unit at a district general hospital on patients 65 and over.

- 1) To define the patient groups most commonly sedated, treatment outcomes and any adverse events that occurred.

Methods/Process: IVS operative logbooks were reviewed from November 2017 to November 2020. Patients 65years and over were included in the evaluation. The following data fields were collated; Age, Ellis Grade, total IV midazolam dose, treatment provided, complications as well as flumazenil use. All those under 65 years or having had inhalation sedation alone were excluded from the evaluation. Cases were carried out by 5 different sedation dentists.

Results: A total of 30 cases were included in the 3 year inclusion period. The average age was 71, the oldest case was 85years. Intranasal sedation was conducted in 2 of the 30 cases. 80% were graded Ellis II or below. The average total IV midazolam dose was 4mg ranging from 1mg to 9mg as the highest dose. 1 case was graded Ellis IV and was the only case that required flumazenil reversal. No other adverse events or complications were noted. A total of 10 EUS/S+P, 40 extractions and 14 restorations were provided. 2 cases were conducted utilising a wheelchair recliner which only became available for use in the unit in the last 6months of the evaluation period. All bar 1 of the 30 cases were conducted by Special Care dentists with the exception carried out by oral surgery colleagues.

Discussion: The litigious nature of UK dentistry may result in more risk averse clinicians favouring anaesthetic led IVS or even general anaesthesia (GA) since the anaesthetic burden is laid on our anaesthetic colleagues. However this evaluation demonstrates that within this setting, with an experienced sedation trained team the relative risk of sedating the older patient is in fact not as one might imagine when consulting the literature. This begs the question, is age becoming less relevant when assessing IVS suitability? Advancing age does not necessarily denote increasing dental operative fragility. IVS can be an excellent alternative to GA especially in the age of GA scarcity during a pandemic and sedation dentists should have confidence in their management of the older patient.

Action/Recommendations: Accurate and complete record keeping is paramount for service improvement, 30% of the cases did not have an Ellis grade recorded and 1 case omitted the total midazolam dosage given. Sedation record keeping can be addressed at update training as part of the required 12hours CPD cycle.

- 1) Development of this service evaluation could include ASA classification and airway assessment scores.

- 2) Further exploration could compare single drug IVS with advanced, multi-drug sedation practices.

6. Emma Kerr

Category: Research

Title: General dentists' attitudes and perceived barriers in providing domiciliary dental care to older adults in long-term care facilities or their homes in Northern Ireland: a descriptive qualitative study

Authors: Emma Kerr¹, Sinead Watson¹, Julie McMullan¹, Murali Srinivasan² and Gerry McKenna¹

¹Centre for Public Health, School of Medicine Dentistry and Biomedical Sciences, Queen's University Belfast, Belfast BT12 6BA. ²Centre for Dental Medicine, University of Zurich, Plattenstrasse 11, 8032 Zurich.

Abstract

Objective: Many older patients, housebound or living in long-term care facilities (LTCFs) have limited access to dental care. This descriptive qualitative study aimed to understand general dental practitioners (GDPs) attitudes and perceived barriers to undertaking Domiciliary Dental Care (DDC) for those patients.

Methods: Semi-structured telephone interviews were conducted with a purposive sample of 12 GDPs in Northern Ireland. Interviews were digitally-recorded and transcribed verbatim. An iterative coding process using theme-analytic methods was used.

Results: The data was characterised into four major themes – remuneration for GDPs undertaking DDC, risk of professional litigation, complexity of treatment, and the overall framework of the dental care system in NI. Two minor themes identified were practice culture and reasons for undertaking DDC.

The GDPs in the study identified a number of barriers to undertaking DDC including a legal requirement to transport oxygen, lack of organisation and limited oral hygiene care provision in LTCFs, and confusion around their responsibilities for provision of

DDC. Those GDPs who were providing DDC indicated that they did so out of kindness and a sense of loyalty to their long-standing patients.

Conclusion: The GDPs in this study identified a number of significant barriers to provision of DDC including limited remuneration. The GDPs indicated that they required clarification of their responsibilities around DDC with clear guidelines necessary given the increase in demand for this service.

7. Neill Markey

Category: Research

Title: Oral health status of head and neck oncology patients undergoing pre-radiotherapy dental assessment: a 12-month retrospective study.

Authors: Dr N. Markey ¹, Dr C. Moore ², Dr G. McKenna ³.

¹ Specialty Dentist ² Specialty Registrar ³ Consultant and Clinical Reader in Restorative Dentistry, Centre for Dentistry, Royal Victoria Hospital, Belfast, Northern Ireland.

Abstract

Objective: To determine the oral health status, and urgent treatment needs, of dentate head and neck cancer Patients (HANC) undergoing pre-radiotherapy dental assessment in Northern Ireland.

Methods: Dental records of patients who had previously attended the Centre for Dentistry, Belfast, in 2019, were reviewed. Clinical and radiological data relating to the pre-radiotherapy dental assessment of dentate HANC patients prior to radiation treatment were examined. Analysis was conducted for the entire calendar year of 2019.

Results: A total of 134 dentate HANC patients attended for pre-radiotherapy dental assessment in 2019. The average age of the patient cohort was 60 years. The age range was 31-81 years. 67.2% of patients were male and 32.8% were female. Approximately half (52.2%) of patients were aged 60 years or older. Just over two-thirds (69.4%) were registered with a general dental practitioner. Regarding

pre-radiotherapy dental status, approximately two-thirds (68.7%) of patients were diagnosed with dental caries. Those with dental caries, had a mean number of 3.4 carious teeth. Approximately three-quarters (74.6%) of pre-radiotherapy patients had periodontitis. Furthermore, the presence of apical pathology was noted in 51.5% of patients. More than half (55.2%) required at least one dental extraction, with an average of 4.2 teeth removed per patient. Dental restorations were required for a quarter (26.9%) of patients and 5.2% needed root canal treatment.

Conclusions: Dentistry plays an important role in the HANC multidisciplinary team. During the calendar year of 2019, dentate HANC patients presented with significant dental disease and treatment need in Northern Ireland. Early dental assessment, and intervention, is necessary to improve patient outcomes. Advice on prevention forms a vital role in management of HANC patients.

8. Freya Milner

Category: Case Study

Title: Oral Cancer Diagnosis During a Global Pandemic. The importance of communication and innovative techniques.

Authors: Freya Milner¹, Laura Kaura², Paul Stirrup²

1.Senior Dental Officer 2. Specialist in Special Care Dentistry 3. SAS Oral and Maxillofacial Surgery, Blackpool Teaching Hospitals NHS Foundation Trust

Abstract: The COVID-19 pandemic has had an unprecedented effect on the way dental services are now being delivered.

This case study outlines how a good working relationship and communication between primary and secondary care services in the face of many barriers enabled appropriate care to be delivered for a vulnerable adult.

9. Heather Mitchell

Category: Case Study

Title: A Case Report: The multidisciplinary management of an ulcer in a patient with an acquired brain injury during the COVID-19 pandemic

Authors: Heather Mitchell, Education fellow and Clare Yates, Specialist in Special Care Dentistry, Birmingham Community Healthcare

Abstract: This case is an example of how multidisciplinary care between Special care dentistry (SCD) and Oral Maxillofacial Surgery (OMFS) is vital for the management of a patient with an acquired brain injury. who presented with a suspected malignant ulcer.

10. Bhaven Modha

Category: Case Study

Title: The need to overcome barriers to dental care for older people of ethnic minority groups

Author: Bhaven Modha, Community Dental Officer, Ickenham Dental Clinic, Central and North West London NHS Foundation Trust

Abstract

Background: In an increasingly diverse 21st century Britain, we are all part of a multi-ethnic, multi-racial and multi-faith society. We are also part of a rapidly ageing society, where Black and Ethnic Minority populations are progressively ageing alongside the White British population. However, the older population, particularly those with physical and mental health conditions, have been described as being a marginalised group. Being of a Black or Ethnic Minority population may further compound this marginalisation. The current COVID-19 pandemic has harshly exposed some of the health and wider inequalities that persist in our society. As members of the dental profession, we have a moral duty to deliver optimal care to all patients. The author presents a case report, summarising the provision of dental care to three older patients of a Somali heritage. This highlights the need to

recognise important issues and barriers that older people of Black and Ethnic Minority groups might face, which could affect access to dental care.

Presenting problem: A 65-year old Somali male attended the Adult Special Care Dental Service with his sons. He had been referred by his general dental practitioner (GDP) due to his medically compromised status. Owing to the patient's inability to communicate, the sons' commented that the patient experiences dental pain, as his behaviour has changed. Medical conditions included Parkinson's disease, dementia and a wheelchair dependence for mobility. An 87-year old Somali female attended the Adult Special Care Dental Service with her daughter and carer. She had been referred by her GDP, as she cannot be examined. Owing to the patient's inability to communicate, the daughter and carer informed that the patient has intense pain in the upper right region that disturbs eating and causes drooling. Medical conditions included dementia, depression and a wheelchair dependence for mobility. A 61-year old Somali female attended the Specialist Endodontics division of the Adult Special Care Dental Service with her son and husband. She was referred by her GDP for endodontic therapy of the UL6. However, the specialist endodontist deemed that it was the UL7 that had the problem, and that this was unrestorable and required an extraction.

Clinical details: Diagnoses pertaining to the 65-year old male included LR4 distal caries; endodontic failure of the UL5; chronic apical periodontitis of the UL5; grossly carious UL4 retained root with a hopeless prognosis, and generalised chronic periodontitis. Diagnoses pertaining to the 87-year old female included a grossly carious UR7 with a hopeless prognosis; and possible irreversible pulpitis of the UR7, or acute apical periodontitis of the UR7 due to its acute and intense symptoms. Diagnoses pertaining to the 61-year old female included deep, subgingival caries in the UL7 with poor prognosis; chronic apical periodontitis of the UL7 with periodontal involvement, and a combined perio-endo lesion of the UL7.

Clinical management: The 65-year old male received a dental exam, dental radiography, oral hygiene and preventive instructions, periodontal therapy via supra and subgingival debridement, and a restoration of the LR4 distal aspect. Owing to

the patient's fear of having dental extractions, he was referred to tertiary care for exodontia under general anaesthesia. A three month recall was advocated. The 87-year old female could only tolerate a quick, limited exam, where it was discerned that the UR7 was the likely cause of the problem, and that it required an urgent extraction. Owing to the patient's distressed and confused state, as well as her general noncompliance, she was referred to tertiary care for an extraction of the UR7, as well as for a thorough examination with any further treatment, under general anaesthesia. Three month recalls were advocated. The 61-year old female received an extraction of the UL7 under local anaesthesia. This was a tense and bewildering experience for the patient, and she required a huge amount of reassurance, support and positive reinforcement. A subsequent exam appointment was recommended to ascertain any further treatment needs.

Discussion: This case report demonstrates similarities between the three patients: similar dental health problems, social histories, and treatment needs. Perhaps these patients face similar barriers to dental care. Due to the ongoing civil unrest in their home country, the number of Britain's Somali immigrants grows. Therefore, it is important to understand this community's heritage, both cultural and religious, that they bring with them. Most Somali-heritage persons have a strong Muslim faith, and its principles inform much of their behaviour regarding their health, including dental care. It has been reported that Western dental providers may have not been mindful of these traditions, as they have attempted to instil Western practices into their Somali-heritage patients' oral health regimes. Many elders from the Somali-heritage background use a stick brush, an 'aday' to clean their teeth; this is based on the Islamic practice of cleansing before prayer. Charcoal could also be used to clean the teeth. Many older people may be accustomed to traditional habits and customs. The number of Somali immigrants who self-report their oral health as poor or fair is much greater than the general public at large. This may indicate that proper oral hygiene instruction may not be reaching the Somali immigrant population, or it is not being understood correctly. As refined sugar is not typically found in the traditional Somali diet, cavities are thought to be rare in the home country. Many Somalis reported that their first ever dental cavities occurred after having immigrated to the West, where they were introduced to a diet of more sugar-processed foods. Many Somalis have never even been to the dentist or even needed one. Barriers to dental care for

Somali-heritage patients can include a low level of health literacy, cultural needs, cultural traditions, and language issues. Many Somalis associate dentists with pain, and with the removal of a tooth. This stresses the need for improved access to oral health care and culturally appropriate oral health education and promotion programs.

Conclusion: As Britain's population continues to age, and continues to become more diverse, we must do our level best to embrace diversity, and promote equality and inclusivity. Older populations, and especially those of black and ethnic minority groups can be marginalised; this may act as a barrier to certain older people receiving the optimal level of dental care that they require. The current COVID-19 pandemic, itself, is acting as a major barrier, and it is likely to be exacerbating existing barriers. Thus, we as dental professionals must learn more about our country's diverse ethnic groups; their cultures, traditions, and home countries, so that we can have a better awareness of the barriers and challenges that they might face; we must aim to implement strategies and initiatives, to help overcome obstacles for all people.

11. Jalpa Patel

Category: Case Study

Title: Dental Management of a patient with advanced dementia

Authors: **Jalpa Patel** (Transformation Fellow) & Steve Davies (Specialist in Special Care Dentistry), Community Dental Service CIC

Abstract: An older patient with advanced dementia presented with failing restorations which were contributing to weight loss caused by poor nutrition. The patient had entered a care home six months ago. The patient did not have the capacity to consent therefore a best interest's decision and plan was made. Conscious sedation techniques were discussed however the general medical practitioner felt that this was not safe in the primary care setting. The patient was treated using behavioural techniques and local anaesthetic. The case highlighted the importance of regular dental care in patients with dementia especially in the early stages of dementia as treatment can become difficult to manage as cognitive decline

progresses. There is a need to educate carers in regard to recognising oral conditions and maintaining good oral hygiene.

12. Poornima Sakthithasan

Category: Case Study

Title: Management in the best Interests of a Stroke Patient

Author: Poornima Sakthithasan, Department of Oral and Maxillofacial Surgery, Portsmouth Hospital University Trust

Abstract: 67-year-old female was referred for the persistent appearance of blood in mouth of unknown cause. She had suffered a right total anterior circulatory infarct resulting in left sided weakness, dysarthria and dysphagia. Dental examination revealed bleeding large traumatic ulcer on the upper edentulous ridge from remaining lower teeth. Her medical history was complicated by COPD, primary biliary cirrhosis and anticoagulation. She was unable to communicate her basic needs or decisions and was deemed to lack capacity. Patient lived with her son, who supported her but did not have Lasting Power of Attorney for health and welfare. She was also bed bound at the time of referral creating barriers in communication, assessment and logistics to overcome. Management: Decisions and planning required the input of the dental laboratory, medical doctors, speech and language therapists, blood investigations and nursing staff to carry out a best interests discussion and coordinate treatment. Options considered were: 1. Leave 2. Smoothing teeth 3. Mouthguard 4. Extractions (selective and clearance) This case highlights the key considerations in commonly encountered aspects of the care of older people to include multiple medical co-morbidities, impaired mobility, quality of life and the ethical and legal considerations of a lack of capacity.

13. Karolina Tkacz

Category: Case Study

Title: Dental management of the ageing autistic patient

Author: Karolina Tkacz, Clinical Fellow in Special Care Dentistry, Community Dental Services, Bedfordshire

Abstract: Autism is a new condition, first described in the 1940s. Considering the high prevalence of autism within the general population, it is likely that many older people may be on the autistic spectrum but may not have been diagnosed. This poster describes the dental management of an older patient with autism, as well as how commonly encountered challenges may be overcome in these patients. Although patients with autism are thought to have lower caries prevalence, the majority of studies have been carried out in children, and further study is needed in this area. The overlap of autism with other medical and mental health problems likely to occur in older people introduces further challenges in the management. Older dental patients with autism may be unable to understand certain aspects of dental treatment and will require adaptations in communication methods, especially if suffering with dementia or other conditions negatively influencing cognition. The dental team can adopt management strategies to make dental care successful and as stress-free as possible for this patient group.

SCD Trainee Clinical

1. Laura Andrews

Category: Quality Improvement

Title: Quality Improvement Project: Social History Record Keeping in Special Care Dentistry

Authors: Laura Andrews¹, Vicki Jones²

1. Special Care Dentistry Specialty Registrar, 2. Clinical Director of Community Dental Services and Consultant in Special Care Dentistry, Aneurin Bevan University Health Board

Abstract

Background: “Any alcohol use? Any tobacco use? Any recreational drugs?” These are the three typical questions that most dental teams ask their patients when documenting a social history. With an increasing focus on oral and general health promotion and prevention and patient-centred care, dentistry is moving away from traditional care boundaries towards a more integrated holistic care pathway approach.

It is time to consider the expansion of a patient’s social history especially within Special Care Dentistry where the majority of patients will have complex social histories.

Methods: A PDSA approach from the Wales 1000 Lives plus Quality improvement Guide was used to provide a framework for improving social history taking in Special Care Dentistry. Following a literature review, a list of questions was created accumulating the suggested detail to be included in a social history checklist. The social history records of 20 patients were compared with this list retrospectively.

Results: It was recognised the social history details do not reflect the information required to improve oral health and general health and access to dental services.

Discussion: Dentistry is one of the few professions that regularly come into contact with patients throughout life, making it an ethical obligation to take a thorough social history and identify other issues that can be acted on in terms of patient safety as

well as access to appropriate referral channels or advice. This type of social support is described as social prescribing through multi agency working to provide a seamless response to individuals with multiple and complex needs. It would be advantageous to explore how the dental team might be able to integrate and link with care navigators that provide this type of support.

Action and recommendations: It is proposed that the dental team should take a more in-depth social history for all patients through the creation of a social history toolkit to be used for Special Care Dentistry patients which should be easy to use and act as an aide memoire for the dental team. The development of the toolkit will use expert knowledge and experience through a Delphi Research study

2. Natalie Bradley

Category: Service Evaluation

Title: Primary Care Networks: Integrating Oral Health within the Multi-Disciplinary Management of Care Home Residents, a Pilot Model.

Author: Natalie Bradley, Specialist Registrar in Special Care Dentistry, Guy's Hospital, East Surrey Hospital, Royal Hospital for Neurodisability

Abstract

Background: Primary Care Networks (PCN) have been a key part of the Five Year Forward View and now form part of the NHS Long Term Plan. Originally seen as a GP collaborative system, PCNs are casting the net wider to include other parts of the health service.

PCNs are designed to cover populations of 30,000 to 50,000 people. The lead for PCNs is via GP practices but other members can include “community pharmacy, optometrists, dental providers, social care providers, voluntary sector organisations, community services providers or local government.”

Enhanced care in residential care homes is one of the themes of PCNs. The commitment is that all care homes will be supported by a multidisciplinary team organised by the PCN which also includes “helping care homes ensure their

residents have good oral health". This is an opportunity for the dental community to develop a model for dentistry in care homes through the PCN multi-disciplinary team.

Objectives:

1. Demonstrate a PCN model with dental input included
2. Integrate oral health within a MDT for care home residents
3. Improve the oral health knowledge of non-dental professionals
4. Facilitate access to dental services for care home residents

Method: Local networks established via the Restoration and Recovery Network during the first wave of COVID-19 pandemic lead to local discussions as to how the local PCN in the East Surrey region could integrate dentistry into their 'Care Alliance' PCN for the care home residents of the area. It was agreed that a dental professional would pilot attendance at the weekly Multidisciplinary Team (MDT) meeting for care home residents, held virtually.

Results: Over a 3 month pilot period, 13 MDT virtual meetings were held of which 10 had a dental professional representing the residents' oral health needs; either a mouth care lead nurse, and/or a dentist when timetabling allowed.

Input from the dental team including ensuring residents had an oral health assessment if there were concerns about loss of weight or a reduction in appetite, answering queries surrounding the dental implications of polypharmacy and medications such as anticoagulant therapy, general mouth care advice for residents as well as signposting to the appropriate dental services, including domiciliary care.

During the pilot period, 2 residents had oral health reviews whilst they were inpatients in the hospital where the dental service was situated, the dental team had input on a case where safeguarding concerns were raised, 2 residents had domiciliary assessments and one of these patients was referred into the hospital to have dental treatment under sedation. The dental team also provided an oral health training session and how to refer into dental services during one of the MDTs.

Conclusions: The dental team has a role to play in multidisciplinary care for vulnerable and older patients, such as participation in local PCNs. The increase in the use of virtual meetings has made attendance at such MDTs more feasible and

can ensure the oral health of care home residents is considered as part of their overall care. This work has also highlighted a lack of awareness of oral health and dental services among health and social care professionals that needs to be addressed.

Recommendations: Feedback from the PCN Care Alliance MDT has demonstrated the value of having access to oral health and dental input into the care of their vulnerable patient group. We will continue to engage with the MDT and evaluate the model in another 3 months. The involvement of dentistry within the 1,250 PCNs across the country needs to be formalised to ensure uniform engagement between dentistry and the rest of healthcare in primary care. This includes contractual and remuneration clarification.

3. Rebecca Iles

Category: Case Study

Title: Chronic graft Vs host disease and dental caries. A pattern of unusual presentation.

Author: Rebecca Iles, StR in Special Care Dentistry

Abstract

Background: Graft Vs host disease (GvHD) is a severe complication following allogenic haematopoietic stem cell transplantation. Chronic GvHD presents with a multitude of clinical features affecting numerous body systems, including the oral cavity. This case describes the oral presentations of a 65 year old female who had received a HSCT to treat Acute Myeloid Leukaemia. The patient was undergoing extracorporeal photopheresis treatment for the management of her GvHD symptoms. Her current medications included bisphosphonate and monoclonal antibody therapy, blood thinning medication and there was a history of multi immunosuppressive drug use.

Presenting problem: This patient had initially been referred to the Oral Medicine department at Guys dental hospital for management of the oral

presentations of her GvHD. Despite the patient experiencing no pain from her teeth, radiographic investigation revealed the incidental finding of multiple interproximal subgingival carious lesions involving the pulp.

Clinical Management: A number of medical and patient factors required consideration when planning this patient's care. This included dental anxiety, increased bleeding risk, increased susceptibility of infection and increased risk of developing MRONJ. A comprehensive treatment plan was developed with the patient taking into consideration her wishes. This included preventative measures, restoration of teeth and extraction of teeth with poor prognosis under intravenous sedation, along with provision of immediate upper and lower acrylic resin partial dentures. A referral to the restorative department for an implant assessment was made to consider this as a long term treatment option for the replacement of missing teeth.

Discussion: Few cases have been reported in the literature specifically concerning the dental implications of HSCT. The pattern of dental caries observed in this patient is not dissimilar to that displayed by radiation caries and warrants further research into this area. The need for pre HSCT dental assessment and early preventative measures are paramount in reducing the need for future invasive dental treatment and preserving oral health related quality of life.

4. Sarah Pick

Category: Case Study

Title: Domiciliary Dental Care: To go, or not to go, that is the question?

Author: Sarah Pick, Specialist Registrar in Special Care Dentistry, Community Dental Service, Aneurin Bevan University Health Board

Abstract

Care home residents are vulnerable to COVID-19 due to their complex medical problems and advanced frailty. Between 2nd March 2020 and 20th June 2020, COVID-19 was the leading cause of death (33.5%) in male care home residents and

second leading cause of death (26.6%) in females COVID-19 has hit the older vulnerable population the hardest, further limiting access to oral health care and routine dental check-ups within care homes. Domiciliary standard operating procedures (SOPs) and risk assessments have been adapted to minimise COVID-19 transmission. However, the decision “to go, or not to go” is a difficult one and must be risk assessed.

This case report highlights the new approaches and risk assessments required in a COVID-19 world to manage a vulnerable high-risk patient in a care home.

5. Jessie Tebbutt

Category: Case Study

Title: The Impact of Cancer on Providing Dental Care for an Older Person with Multimorbidity.

Author: Miss Jessie E Tebbutt, Speciality Trainee Registrar in Special Care Dentistry. Community Dental Service at The Browning Centre, Bournemouth

Abstract

By 2038, the proportion of the population aged 65 years and over is projected to reach over 24%. With increasing age comes an increased prevalence of multimorbidity. This has significant implications for oral health and for dental professionals involved in management.

A 70-year-old male presented for a review appointment, having been unable to attend for a number of months due to the COVID-19 lockdown and prior to that, extensive surgery for laryngeal cancer. Multiple comorbidities included hypertension, human immunodeficiency virus, hepatitis B, vocal cord dysplasia and most recently, squamous cell carcinoma of the larynx surgically managed via laryngectomy.

A number of challenges arose during this new presentation. These included development of a new significant gag reflex, need for alternative communication methods due to loss of speech, competing demands/priorities and episodes of illness

related to recent surgery. Medical complications included previous intravenous bisphosphonate use and a history of radiotherapy to the lower head and neck region.

In complex patients living with multimorbidity, benefits and risks of invasive treatment must be carefully weighed. Minimal invasion and preventative approaches may initially be more appropriate in the absence of symptoms. A flexible holistic approach and use of shared decision making is vital to support patients in maintaining oral health and planning for the future.

SCD Trainee Academic

1. Robyn Clark

Category: Service Evaluation

Title: A Service Evaluation of Domiciliary Medical Emergency Equipment in the West Midlands

Authors: 1. Clark, R C. Academic Clinical Fellow in Special Care Dentistry, Guy's and St Thomas' NHS Foundation Trust. 2. Yates, C. Specialist in Special Care Dentistry, Birmingham Community Healthcare NHS Trust. 3. Howie, G C. StR in Special Care Dentistry, Birmingham Community Healthcare NHS Trust

Abstract

Introduction: Domiciliary dentistry is a valuable service offering dental care to a range of people including the increasing older population who may experience multi-morbidity, frailty and reduced mobility.

Aim: To assess current practice of domiciliary dental care in the West Midlands, particularly regarding risk assessments and availability of medical emergency equipment.

Method: Questionnaires issued to providers of domiciliary dentistry attending the West Midlands domiciliary special interest group 26/03/19.

Results: Regarding domiciliary emergency drugs kits, 64% of providers always have this, 21% for treatment only and 15% do not bring one. In addition, 73% complete domiciliary risk assessments and 81% have local protocols or guidance.

Conclusion: This service evaluation highlights variation in current practice across the region for domiciliary care. A suggested risk assessment is proposed to aid decision-making in domiciliary planning

Dental Care Professional

1. Georgia Baudains

Category: Topic Summary

Title: Rheumatoid Arthritis and the effects on Oral Health

Author: Georgia Baudains, Year 2 Cardiff University School of Dentistry

Abstract: Research into Rheumatoid Arthritis and the effects on Oral Health and if oral health complications are preventable.

2. Rosalyn Davies

Category: Quality Improvement

Title: 'Innovation in Challenging Times' Care Home Cwtch: an innovative response to support care home managers for older people during challenging times (Covid-19 pandemic)

Authors: Rosalyn Davies - Improvement lead, Public Health Wales, Joanne Powell Senior Improvement Manager, Asha Halborg, Improvement Manager

Abstract: Care Home Cymru (CHC) is a quality improvement programme for older people living in Care Homes in Wales.

COVID-19 has had a devastating impact on this population group and has brought about many challenges not only for care home staff but also for residents. These include:

- Increased stress levels for care home managers and staff
- Confusion around sampling and testing
- Impact from social distancing on resident's mental well-being
- Poor mouth care delivery with confusion around oral hygiene

CHC partnered with Age Cymru, Social Care Wales, Digital Community Wales to develop a platform that offers peer support to care home managers. 147 care homes responded (86% stating that a network for care homes would be beneficial in managing and shaping the Covid-19 work stream). The Care Home Digital Cwtch was launched in May 2020.

It is led by care home managers and is a safe space to build relationships with others who have a similar role and responsibility while supporting their capacity to build resilience for the whole team. One of the outcomes of the Cwtch was a request to deliver information sessions on current themes such as mouth care, infection prevention and control and caring for residents end of life.

Ensuring care home managers have good health and wellbeing is important so they can provide good leadership and management. The Cwtch platform supports care home manager's mental wellbeing, and over 53% have been able to practice and utilise learning from the Cwtch information learning sessions.

3. Louise Gallagher

Category: Case Study

Title: To treat or not to treat

Author: Louise Gallagher, Dental Nurse Royal Hospital for Neuro-Disability, London

Abstract: This case describes the risk Vs benefit risk assessment when planning treatment for a 64-year-old living with a neuro-disability. The patient had dysphagia and was nil by mouth. The calculus was so extensive it was lifting the tongue. Intravenous sedation was required for treatment.

4. Sue Hodgkiss

Title: Does oral health training in care homes improve staff confidence to support mouth care?

Authors: Hodgkiss S.¹ Brand V.² O'Malley L.³

- 1 Sue Hodgkiss - Oral Health Improvement Practitioner - Manchester Local Care Organisation, Manchester University Foundation Trust
- 2 Vicky Brand - Senior Oral Health Improvement Manager - Manchester Local Care Organisation, Manchester University Foundation Trust
- 3 Dr Lucy O'Malley – Lecturer in Health Services research, University of Manchester

Abstract

Background: Good oral health is an important factor in people's general health and quality of life and is especially important for vulnerable older people who rely on others for mouth care. The CQC report "Smiling Matters" (June 2019), found that oral care training was not seen as a priority and that 47% of the care homes inspected for the report stated that staff did not receive any specific training in oral health care. The report also states that due to lack of training care staff were unsure how to support and deliver mouth care.

The "Mature Mouth Care Matters" (MMCM), training programme uses a pre- and post-training questionnaire to examine levels of self-efficacy in staff providing or supporting mouth care with residents, as an analysis for training. As self-efficacy is based on feelings of self-confidence and control, it is a good predictor of motivation and behaviour. (*Bandura 1997*)

Aims:

5. To establish the level of self-efficacy/confidence that Direct Care Professionals (DCP) have in providing mouth care to adults within their care, pre- and post-training.
6. To improve oral health care for vulnerable and older adults who reside within a residential facility in Manchester through theory and practical training to DCP's and other disciplines involved with their care to ensure their mouth care needs are met.

Method: A pre- and post-training questionnaire was designed to examine levels of self-efficacy in staff providing or supporting mouth care with residents, as an analysis for training. A training programme, MMCM, was designed around these findings.

The data is taken from participants from across 12 care homes. The grouping by care home has not been considered as part of this analysis, instead all data was analysed together as a single group.

Total number of participants n = 187

Total number of complete sets containing no missing data n=118

Results: A highly significant statistical difference between the mean scores before and after training, indicating an increase in confidence in carrying out oral care on a resident. Results for 2 stand-alone questions also showed a highly significant statistical difference indicating an increase in confidence to teach skills to a residents' relatives and an increase in confidence around record keeping.

Conclusion: The training programme was received very well and from November 2018 to March 2020 - 611 members of staff have been trained across 72 care homes. There was an overall increase in staff confidence and self-efficacy to enable the delivery of good quality mouth care, to teach mouth care to residents' relatives and in record keeping. A pre- and post-training questionnaire is an efficient tool to assess staff confidence and self-efficacy.

This work highlighted a gap in training of staff working in residential settings for adults with learning difficulties and poor mental health and further funding has been secured to launch a training programme, "My Mouth Care Matters", for this group of vulnerable adults.

5. Zoe Holt

Category: Case Study

Title: Commissure pressure damage in older prone patients

Author: Zoe Holt RDN Mouth Care Matters Lead East Kent Hospitals University
NHS Foundation Trust

Abstract

Increased Datix reports of pressure damage to commissure in prone older patients, Case study of a 74 year old male with reported pressure damage to the commissure and oral mucosa. The case study shows why it's important for guidance in managing pressure damage to the commissure in older patients.

6. Bonnie Jones

Category: Topic Summary

Title: Diabetes and periodontal health

Author: Bonnie Jones, Year 2 Cardiff University School of Dentistry

Abstract: Research into how uncontrolled diabetes can affect a patient's periodontal health and treatment success.

Health Professional/ Allied Health Professional

1. Alistair Ledsam

Category: Service Evaluation

Title: A service evaluation of oral health needs amongst old age psychiatric inpatients

Authors: Dr Alistair Ledsam¹, Rebecca Iles²

¹GP Specialty Trainee Salisbury NHS Foundation Trust, ²StR in Special Care Dentistry Solent NHS Trust

Abstract

Patients with severe mental illness have poorer oral health than the general population. A small service evaluation project, utilising a short questionnaire, was undertaken at an inpatient psychiatry hospital, on an old age functional ward. 20 patients took part and the results revealed a high dental need and difficulty accessing dental care. A number of recommendations have been made as a result of this project including incorporation of oral assessment during admission, increased awareness of oral health and recognition of the referral pathway to specialist dental services.

2. Rebecca Oxtoby

Category: Audit and Quality Improvement

Title: It's Time to Care About Mouth Care

Authors: Rebecca Oxtoby and Adam Town, Acute Speech and Language Therapy Team, Royal Liverpool and Broad Green University Hospitals NHS Trust

Abstract: An audit to establish staff confidence levels around mouth care provision within our trust as part of a QEP initiative to improve oral hygiene.