

The New Normal

Impact of COVID19 on Mental, Physical and Dental Health in Older People

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Introduction

- The structure of the UK's population is changing with people living longer and having fewer children. This means the age structure is shifting towards later ages¹.
- COVID19 has had a profound effect on older people living within the UK.
- 51.4% of older people (aged 60 years and over) were concerned about the effect COVID19 was having on their own well-being (51.4%).
- Of those who said their well-being had been affected by the coronavirus, the most common ways older people said it had been affected were being worried about the future (70%) and feeling stressed or anxious (54.1%)²
- Stress and anxiety can have an impact on all areas of life, including oral health and dental treatment.

Case Report

Medical History

Asthma – well controlled	Warfarin
Hypertension	- INR stable between 2.4 - 2.6
Hypercholesterolemia	Bisoprolol
Pacemaker	Atorvastatin
Macular degeneration	Spironolactone
Overweight	Ventolin PRN
	Paracetamol PRN

Female
83 years

Dental History

Self referral to the Community Dental Service
Has not been seen by dentist for 'many years'
Has pulled some teeth out herself at home
Anxious about dental treatment

Social History

Lives alone
Carers come in daily to assist with washing, dressing and meals
Daughter visits most days to support patient
Domiciliary visits by hairdresser, nail technician

Examination

Accompanied by: Daughter

Attended in wheelchair. Transferred to dental chair with support from her daughter

Presenting complaint: Very mobile lower teeth which are making eating difficult and causing discomfort.

The patient would like all of the remaining lower teeth removed and a full lower denture. The patient would like to keep her remaining upper teeth and have a new upper denture to replace her existing denture

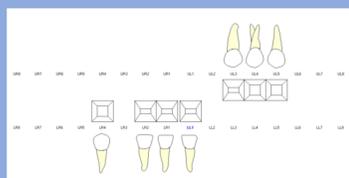
Extra-oral examination: NAD

Intra-oral examination: Soft Tissues: NAD

Oral hygiene: Very poor. Generalised plaque and calculus

Charting:

BPE:



Mobility: Grade 3 mobile: LL1

Grade 2 mobile: LR1, UL4, UL5

Grade 1 mobile: LR2, LR4

Denture assessment: Existing upper partial denture. 10+ years old. Very little retention.

The patient has never worn a lower denture.

Radiographs:

Lower anterior periapical radiograph



Upper left quadrant periapical radiograph



Discussion

The following points were discussed:

- **The mandibular teeth:** The patient wanted all of her remaining mandibular teeth removed with a complete denture to replace them
- **Immediate denture vs conventional denture:** The patient opted for removal of the mandibular teeth and a three month period of healing prior to denture construction
- **The maxillary teeth:** The patient wished to retain her three remaining maxillary teeth. We discussed the risk of future pain, infection and an increase in mobility
- **Upper partial denture:** The patient wanted a new maxillary partial denture. We discussed the risk of reduced retention of the denture due to maintenance of the mobile maxillary teeth
- **Risk of loss of maxillary teeth:** The patient accepted the risk that if the remaining teeth required removal they would need to be added to the partial denture and a new full denture may be required
- **Periodontal treatment:** The patient declined periodontal treatment to maintain the maxillary teeth

Diagnosis and treatment Plan

Diagnosis:

Generalised periodontitis. Grade IV, Stage B, Currently unstable³

Worn P/- with a lack of retention

First course of treatment

1. Prevention
 - Oral hygiene demonstration
 - Dietary advice
 - Denture hygiene instruction
2. Extractions under local anaesthetic
 - XLA LL1, LR1, LR2, LR4
3. Review 3/12

Second Course of treatment

1. Continued prevention
2. Provision of upper partial denture and lower complete denture
3. Recall 3/12⁴

Appointments

Pre COVID19

Appointments were at the Community Dental Clinic

- ❖ Examination
- ❖ Extraction of LL1, LR1, LR2, LR4 under local anaesthetic with packing and suturing

Post COVID19

Appointments were domiciliary appointments at the patients home

- ❖ Examination
- ❖ Construction of upper partial denture and lower complete denture

Effect of COVID19

- ❖ **Increased anxiety:** The patient had not left her home during the pandemic as she was shielding. She had become increasingly anxious about leaving home
- ❖ **Reduced mobility:** The patient's mobility had declined and she struggled to transfer from her recliner to her wheelchair
- ❖ **Increased support:** Increased visits from carers to support patient
- ❖ **Reduced social interaction:** Fewer visits from family, friends, hairdresser, nail technician etc
- ❖ **Request for domiciliary visits for denture construction**



Overcoming Challenges

- ❖ Liaison with the patients daughter to arrange:
 - Transport to the dental clinic
 - INR less than 72 hours prior to the extraction appointment
- ❖ Longer appointment for dental extractions due to patient anxiety and increased bleeding risk
- ❖ Arranged appointment as soon as practically possible following delay in treatment due to COVID19
- ❖ Domiciliary appointments for denture construction
- ❖ Ensured accurate impressions and lower denture in the neutral zone to give the patient the best chance of adapting to a lower denture, as she had never worn one before
- ❖ Use of trained dental nurse to deliver oral hygiene and denture hygiene instruction to the patient
- ❖ Provision of written denture hygiene instruction for carers and family who support patient

Future Considerations

- ❖ Monitoring of patient for signs of anxiety and depression, due to reduced social interaction
- ❖ Arranging for the patient to get an INR and attend the dental clinic if extraction of the UL3, UL4 and UL5 are required.
- ❖ Construction of a new upper complete denture if the remaining teeth are removed
- ❖ Teaching carers and family members how to remove, clean and maintain dentures as mobility further reduces

Conclusion

Many older people are deeply afraid of COVID-19. As a result, even though the number of COVID cases reduced over the summer, a significant proportion of older people still stayed at or close to home.⁵

This case highlights the effect COVID-19 has had on an older patient. The dental team should be prepared to adapt how they practice in order to accommodate older patients during the pandemic and in the future.

References

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