



# SMILES FOR LIFE

Smiles for Life is a program developed in response to the need for **education and awareness on the importance of continued good oral health for older adults**. This program serves older adults living independently at home and semi-dependent older adults who need partial or full assistance from a family member or other care giver.

This program is not copyrighted and **duplication of all materials is encouraged**. Posting the materials on Web sites is also recommended. Through duplication of the program, the information can be disseminated to the populations listed above, as well as to those who work with older adults in a professional and/or personal caregiver capacity.

Continued good oral health care – from daily brushing and flossing to regular dental visits is important to keep the older adult healthy. The link between oral health and overall health is strong. The U.S. Surgeon General and numerous health associations continue to spread the message that **“oral health is essential to general health and well-being...”**

The following fact sheets cover issues related to oral health and the daily oral care of the semi-dependent and independent older adult. A list of other **helpful resource materials** is located at the end of this packet.

To learn more about good oral health, visit: [www.cda.org/public-resources](http://www.cda.org/public-resources)



*To learn more about dental care for healthy aging, visit [cda.org](http://cda.org).*  
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## INFORMATION CONTAINED WITHIN SMILES FOR LIFE

- Causes or contributions to tooth decay in an older adult
- Common signs of dental disease
- Health conditions that can make brushing or flossing difficult
- Dry mouth
- Possible side effects of drugs on oral health
- Daily oral hygiene routine
- Dentures
- Nutrition and the older adult
- Tobacco use and tooth decay
- Oral cancer
- Oral health care for the cancer patient
- Resource materials

## ACKNOWLEDGEMENTS

Information contained in these fact sheets has been compiled from numerous sources, including geriatric dentistry experts Dr. Marsha Pyle, Case School of Dental Medicine and Dr. Abdel Rahim Mohammad, The Ohio State University College of Dentistry. Other sources of information and assistance are the American Dental Association, National Institutes of Health – National Institute of Dental and Craniofacial Research (NIDCR), the Ohio Dental Association Council on Access to Care and Public Service, U.S. Dept. of Agriculture, the American Cancer Society, GlaxoSmithKline Consumer Healthcare, and Laclede, Inc.

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## WHAT CAN CAUSE OR CONTRIBUTE TO TOOTH DECAY IN AN OLDER ADULT

**Unable to hold the toothbrush?** A lack of strength due to arthritis, stroke, or other such illness can make holding the handle of a toothbrush difficult.

**SOLUTION:** Stick the toothbrush handle into a **tennis ball**, slide it in a **bicycle handlebar grip** or put the toothbrush in a Velcro strap.



You can also carefully wrap the handle of the toothbrush with aluminum foil to make it bulky and easier to hold.

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**Unable to squeeze a tube of toothpaste?** Lack of strength because of arthritis, stroke, loss of dexterity or other physical limitation can turn this usually simple task into a chore.

**SOLUTION:** Place the opened tube of toothpaste on the sink, slightly over the edge of the basin. Hold or place the toothbrush in the sink underneath, and using fingers or the side of the hand, gently press the tube to squeeze out the toothpaste.

Toothpaste squeezers are available at local drugstores. Place one on the end of the toothpaste tube and slide it up to dispense the toothpaste.

Some toothpaste products are available in a pump dispenser which may assist older adults who are unable to remove the cap from the tube of toothpaste. They can be purchased at most retail supermarkets or drugstores.



Also, toothpaste dispensers that easily put the correct amount of toothpaste on the brush are available online. Simply do a search for "toothpaste dispensers."

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**Difficulty flossing?** Holding and using floss can be a problem for an individual who has lost dexterity in the hands and fingers.

**SOLUTION:** Use a floss holder similar to that pictured. Ask the caregiver for assistance with this part of the daily oral care routine if necessary.

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**Forgetting to brush the teeth ...** An illness such as Alzheimer's or other form of dementia or frailty may be the reason patients are not doing their daily hygiene, including brushing teeth. This adult will most likely need daily assistance and supervision with oral hygiene.

Be aware that a wet toothbrush doesn't mean the teeth were brushed – the patient may be brushing the same tooth over and over, using the wrong end of the toothbrush, or just wetting it.



**SOLUTION:** A family member or other caregiver can help the patient with daily oral hygiene care. Some helpful tips to keep in mind are:

- The caregiver and the patient should be seated or standing comfortably. The caregiver should be slightly higher than the patient.
- Use a location where it is easy to do the oral hygiene routine – this could be the bathroom, kitchen, at a table or with the patient reclining in a chair or bed.
- Have the oral care products, water and a towel easily within reach.
- Use a room with good lighting.
- Wear protective gloves (and face mask if needed).
- Explain and show each step to the patient before you do it.
- Keep to a daily routine: same time, same place.
- Be patient and caring and give positive feedback.
- Don't rush.

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**resistant patient ...** Is the person resisting because of pain from tooth decay or gum disease? Is the patient uncomfortable? Does the patient recognize or know you? Is there a language barrier?

These are common issues to consider with an individual that is resisting the oral hygiene routine.

**SOLUTION:** Make sure the surroundings are comfortable, familiar and pleasing to the patient. **Create a calm routine that is easy to follow.**

- Consult with the family if the patient is resistant.
- Discuss the use of mouth props.
- Take time to create a “bond” with the person.
- Respect privacy. Always ask permission to enter the room and brush teeth.
- Explain the routine step by step.
- Keep the routine the same each day – make it familiar.
- Use a quiet and soothing voice.
- Don’t rush the person or the procedure.
- Provide the patient with a distraction, if it would be welcomed: favorite music, turn on the television, let the person hold something special, etc.
- When possible, let the patient help – hold and guide the patient’s hand holding the toothbrush.
- If there is a language barrier, find someone to interpret.

## **Other causes for dental decay can include:**

- History of cavities
- Not visiting the dentist
- Dry mouth
- Some physical illnesses



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## COMMON SIGNS OF DENTAL DISEASE

If the older adult is not brushing or flossing, and there seems to be no physical limitation to prevent this, perhaps there is tooth decay or gum disease present. If the individual is able to cognitively understand your questions, ask if they have mouth pain.

### Some indications of tooth or gum disease:

- Verbal complaints or visible expressions of pain
- Visible tooth decay
- Persistent bad breath
- Stained teeth
- Filmy or dull looking teeth
- Bleeding gums
- Swelling in the mouth
- Difficulty chewing
- Not eating
- Dentures are not in the mouth
- Dentures that don't appear to fit
- Loose teeth



Picture of periodontal disease and bone loss

If the person has Alzheimer's or another form of dementia, he or she may not be able to tell you there is pain. Caregivers – wearing protective gloves and if necessary, a surgical mask – should carefully examine the individual's mouth for signs of disease.



Overgrowth of tissue and decay



Decay

## HEALTH CONDITIONS THAT CAN MAKE BRUSHING OR FLOSSING DIFFICULT

**Tremors** can be caused by Parkinson's disease, cerebral palsy or Huntington's disease.

**Unable to grip a toothbrush, floss or tube of toothpaste ...** a possible result of paralysis from stroke, MS, Parkinson's, brain or spinal cord injury, frailty or other debilitating condition or illness.

This could also be caused by muscle weakness and lack of strength, loss of coordination, or from limited range of motion caused by arthritis or other crippling illness.

**Cannot keep the mouth open ...** a possible result of paralysis or weakness from illness. This could also be caused by temporomandibular joint disease (TMJ), mouth infection, jaw clenching or teeth grinding.

**Dementia or cognitive impairments ...** Alzheimer's, other forms of dementia, and the after effects of a stroke, often cause the patient to forget to brush or forget how to brush.

**Visual impairments ...** vision problems such as glaucoma, total blindness, and macular degeneration can make a simple oral hygiene routine challenging.

**Difficulty swallowing ...** can cause choking or a sensation of choking; older adults may be afraid to brush their teeth for fear of choking. Parkinson's disease or stroke patients may have difficulty swallowing.

**History of poor oral hygiene ...** if the individual did not take proper care of their teeth and gums when young, including daily brushing and flossing, it probably won't be important as an older adult.



Assistance with daily oral hygiene is often needed for older adults with loss of strength, mobility or dexterity, or other functional loss.

## DRY MOUTH

Xerostomia (zē'rō-stō'mē-ă) is the medical term for a dry mouth due to lack of saliva. Dry mouth can cause difficulty eating and talking and can also lead to halitosis ([bad breath](#)). Without saliva to lubricate the mouth, wash away food particles, balance the acidity of the mouth, and remineralize the teeth, [cavities](#) and other infections can easily form. Seniors are particularly susceptible to dry mouth because they often take multiple medications to control diseases they have developed throughout their lifetime. Seniors are also more likely to have teeth with exposed roots due to a number of factors including, but not limited to, their age, tobacco use, and oral hygiene habits. Root surfaces become exposed when the bone around the teeth is lost, usually caused by [gum disease](#). Root surfaces are more prone to cavities because they do not have enamel to protect them. The combination of exposed root surfaces and dry mouth increases the likelihood of cavities forming.

## CAUSES OF DRY MOUTH

**MEDICATION:** Medication is the most common cause of dry mouth; over 400 common prescriptions and over-the-counter drugs are known to cause dry mouth.

**RADIATION AND CHEMOTHERAPY:** Individuals who undergo radiation or chemotherapy for head and neck cancers experience xerostomia. The salivary glands can be permanently damaged and saliva can be reduced and/or its consistency changed.

**DISEASE:** Dry mouth may be a sign of an underlying disease such as diabetes or Sjögren's syndrome, a disorder in which immune cells attack and destroy the tear and saliva glands.

**SUBSTANCE ABUSE:** Dry mouth is a common symptom of substance abuse as many drugs reduce saliva production.

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**SOLUTION:** Although there is no cure for xerostomia, there are steps you can take to help manage this condition. Drink plenty of water and/or sugar free beverages. Chew sugar free gum containing xylitol; gum stimulates saliva production and [xylitol](#) helps protect teeth against cavities. Avoid tobacco, caffeine, and alcohol. If you use mouthwash, be sure it is alcohol free. Use a saliva replacement gel to help lubricate your mouth; they are available at drug stores. Talk to your physician about changing your medications to ones that do not cause dry mouth.

Finally, be sure to visit your CDA member dentist regularly so he or she can provide protective fluoride treatments and other care essential to keeping your teeth and mouth healthy.

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Cavities on exposed roots



Tongue affected by dry mouth

## OTHER POSSIBLE SIDE EFFECTS OF DRUGS ON ORAL HEALTH

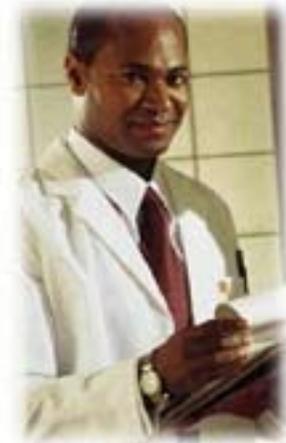
Medications often have side effects, besides dry mouth, that can effect other parts of the body, including the mouth.

### **These side effects can include:**

- Swollen or bleeding gums
- Overgrowth of gum tissue
- Fungal infections, such as thrush – some oral inhalers may cause this type of infection
- Weakness and tiredness – the adult could become too tired to care about hygiene
- Confusion
- Tardive dyskinesia – a condition causing unusual and repetitive mouth movement
- Tooth decay – many medications have added sugar or are syrupy – which can contribute to tooth decay

It is important to remember that tobacco and alcohol are also considered drugs – both can have harmful and drying effects on the mouth, teeth and gums. Using tobacco and/or alcohol can result in oral cancer.

**Before the dental appointment ...** The older adult or caregiver should advise the dentist about any medications, supplements and herbals being taken, especially before oral surgery or treatment for gum disease. Additionally, aspirin and anticoagulants can reduce blood clotting capability which could cause bleeding problems during these types of procedures.



## DAILY ORAL HYGIENE ROUTINE

**Brushing ...** At every age, regular daily care of the mouth and gums is important. The daily oral health care routine for an older adult who has all or some of his or her own teeth should include:

- Brush at least twice a day.
- Use a regular or electric (or spin) toothbrush with soft bristles. Be sure to replace it regularly.
- Use a small amount of toothpaste, about the size of a pea. The best toothpaste has fluoride and the American Dental Association's Seal of Acceptance.
- If toothpaste causes problems such as swallowing, try using a toothpaste made for sensitive teeth, alcohol free mouthwash or just water.
- Brush each tooth gently, front and back using small circles.
- Brush the tongue. Rinse the mouth.
- Let the toothbrush air dry.

**Flossing ...** Older adults may have difficulty flossing their own teeth. A family member/caregiver can help by doing the following:

- Use a string of floss 18-24 inches long. Wrap it around the middle finger of each hand.
- Grip the floss between the thumb and index finger of each hand.
- Start with the lower front teeth, then floss the upper front teeth. Floss through all the teeth.
- Work the floss gently between the teeth to the gumline. Curve the floss around each tooth and slip it under the gum. Slide the floss up and down.
- Adjust the string of floss for each tooth.
- Some older adults may be able to floss on their own by using a floss holder.



Caregivers may wish to wear surgical gloves and a face mask when assisting with another person's daily oral hygiene routine.



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**Rinses ...** The older adult may need additional fluoride, often available as a fluoride rinse or gel. Some products are available over-the-counter while others are in prescription concentrations. Ask the dentist if a fluoride product would be helpful.

A chlorhexidine rinse, available by prescription, can fight germs that cause gum disease. Ask the dentist if chlorhexidine rinse should be part of the daily oral hygiene routine.

Mouthwash (choose an alcohol-free product to help prevent dry mouth) will also help keep breath fresh – **and help reduce bacteria in the mouth.**

These rinses should not be swallowed. For patients with swallowing problems, talk to a dentist.

**Regular visits to the dentist ...** Older adults should visit the dentist at least twice a year for a professional cleaning and examination. Those without any remaining natural teeth should also have their gums and oral tissues examined once each year. For an adult who cannot communicate well, family members and caregivers should provide the following information to the dentist at each visit:

- Is there pain?
- Is there difficulty eating, chewing or swallowing?
- The older adult's dental history.
- The older adult's medical history, including a list of medications, history of tobacco use, known allergies, and illness/surgical history.
- Insurance, billing and legal information, such as who can legally give consent for treatment.
- If the patient wears dentures, bring them to the appointment.

**See Resource Materials (Finding Dental Care)** for information on finding a dentist, including reduced or no-fee dental care for those in need.



Fluoride rinses and alcohol-free mouthwashes are available at area drugstores and supermarkets.



Regular dental exams help keep the mouth healthy and identify dental disease – and can often detect early signs of oral cancer.



To learn more about dental care for healthy aging, visit [cda.org](http://cda.org).

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## DENTURES

Wearing dentures may take some getting use to. Ensuring dentures fit properly will help lessen the adjustment period.

### A new denture wearer may notice:

- Dentures feel large or bulky in the mouth
- Lips feel pushed forward
- A gag reflex
- Increased saliva
- Change in speech pattern (especially with words starting with F or S)
- Sore spots in the mouth



Dentures, when cared for properly, generally last five to ten years

These are normal reactions and generally disappear as soon as the person (and mouth) becomes used to the new dentures. This could be a few hours or a few days.

**Well-fitted dentures should not interfere with normal functions, including talking, eating, and chewing.**

**GlaxoSmithKline Consumer Healthcare, makers of Polident® and Poligrip® products, recommends the following for denture wearers:**

- Eat soft foods the first day
- Avoid sticky foods (like caramels)
- Continue to wear the dentures – this will help you adjust to having them
- Use a denture adhesive if needed to help keep the dentures stable in the mouth
- Weight loss can affect the fit of dentures – see the dentist if the fit has changed
- Using an adhesive can help the fit until the dentist can check the dentures
- Clean dentures after each meal – and use a low abrasive denture cleaner so the acrylic surface of the denture is not scratched
- Use an overnight soaking product on a regular basis to help remove tough stains and keep dentures fresh
- See the dentist once a year to check dentures and make sure they fit properly

Call the dentist if:

- Sore spots develop
- The denture needs an adjustment, rebasing or relining
- There are any chips or breaks in the dentures

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**Caring for the dentures ...** The following daily routine can help keep dentures (full or partial) clean and the mouth healthy:

- Rest your mouth – remove dentures at night.
- Soak them in a denture cleaning solution while you sleep.
- Rinse dentures in water to remove food particles after meals or snacks.
- Do not use hot water to clean dentures.
- Rinse over a sink filled with water to prevent breakage if they are dropped. Placing a washcloth at the bottom of the sink will provide padding in case they are dropped.
- Clean dentures by brushing daily and soaking. Use a soft-bristled toothbrush or one made for dentures.
- Never try to repair a broken denture yourself – call the dentist.

**Putting dentures in ...** Always insert dentures that are clean and dry:

- Apply adhesive if necessary – it may take a few days of trial and error for you to find the amount of adhesive that works best.
- Rinse the mouth.
- Press the denture firmly in place, hold and bite down.



**To remove the dentures:**

- For upper dentures, place the thumbs or fingers at the top of the denture, along the top area of the cheeks where they meet the gum tissues. Push down gently until the denture is loosened and it can be easily removed.
- For lower dentures, place fingers on each side of the denture, slowly pull on the denture while rocking it gently side to side.

**Assisting an older adult with denture care ...** Caregivers should follow the steps outlined above to help a dependent or semi-dependent adult with dentures. This is an important part of the oral hygiene routine. A mouth that feels fresh will help provide comfort and confidence. Remember, a yearly exam with a dentist is still necessary even for those with full dentures. The dentist will check the fit of the denture, look for and relieve sore spots, assess bone loss and examine the mouth for early signs of cancer.

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## NUTRITION AND THE OLDER ADULT

To help maintain proper nutrition and keep teeth and gums healthy, the older adult should continue to eat a diet containing the recommended daily allowances of vitamins, minerals and other essential nutrients such as calcium and protein. **A healthy diet can help keep the mouth healthy.**

Visit [www.MyPyramid.gov](http://www.MyPyramid.gov) for more information on nutritional guidelines. The USDA's recommendations for a healthy diet are below.

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### **Meat & Bean Group**

5 ounces daily  
Low-fat or lean meats  
& fish: broil or grill



### **Grain Group**

5 to 6 ounces daily  
Make half your  
grains whole



### **Milk Group**

3 cups daily  
Low-fat, fat-free, or  
lactose-free



### **Fruit Group**

1 ½ to 2 cups daily  
Eat a variety: fresh,  
canned, frozen or  
dried



### **Vegetable Group**

2 to 2 ½ cups daily  
Eat dark green, leafy  
& orange-colored veggies;  
also dry beans, peas and lentils

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Your family physician may also recommend a daily multi-vitamin or mineral supplement.

Avoid or limit **foods and beverages high in sugar and starch**, and low in nutritional value. **Limit diet soft drinks** – the acid in these drinks can contribute to tooth decay and gum disease. Consume **alcoholic drinks** in moderation, if at all.



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## Is the older adult eating regularly?

At every age, good nutrition is an important part of good oral health. Older adults, however, may not get a balanced diet for many reasons. In fact, they may not eat regular meals, and that too, can hurt their oral and overall health. Some of the reasons an older adult may not eat much or regularly could be:

- Ill-fitting dentures, or no dentures
- Tooth and/or mouth pain
- Depression and/or loneliness
- Alcoholism
- Very limited income
- Illness (cancer treatment, for example, often changes eating habits and what can be eaten, and can decrease desire for food)
- Stomach pain
- Alzheimer's or other form of dementia – this type of patient may forget to eat
- Sense of taste is weakened or gone
- Unable to shop or cook on their own

## What can be done?

For oral disease or other illness, the appropriate health professional; e.g., dentist or physician, should be consulted. The family or caregiver should be advised of any suspicion that the older adult is not eating regularly or is not eating enough to maintain his or her health. Every effort should be made to provide regular, nutritious meals to the individual.

Your city or county may have a home-delivery meals program serving home-bound adults or those on limited incomes. The [California Area Agencies on Aging](#) or the [California Department of Aging](#) can provide information and eligibility criteria for other elder assistance programs.

**See Resource Materials ([Aging Programs/ Services in California](#)).**

For those with limited financial resources and no dental insurance, there are professional care giving services that offer in-home assistance in areas such as grocery shopping, meal preparation, assisting with the daily hygiene routine, and other services.



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## TOBACCO USE AND TOOTH DECAY

**Tobacco use ...** Smoking cigarettes, cigars or pipes, or using smokeless tobacco products increases the risk of many cancers, including oral cancer.

Use of tobacco products can cause or contribute to a number of oral health conditions:

- Receding gums
- Bleeding gums
- Severe gum disease
- Bad breath
- Stained teeth and tongue
- Reduced sense of taste and smell
- Delayed healing after surgery
- Leukoplakia (white patches – can be an early sign of oral cancer)
- Oral cancer



**SOLUTION:** Quit smoking and/or using tobacco products. Ask your dentist or physician about tobacco cessation programs and/or products. Numerous other resources exist to help you quit smoking:

- Quitline at 1-800-QUIT-NOW (784-8669). This is a free program and telephone counseling service providing personalized guidance and assistance.
- Associations such as the [American Cancer Society](#) or [American Lung Association](#) have tobacco cessation programs and helpful information.



(See Resource Materials, "[Kicking the Habit](#)," for more information on tobacco use and cessation.)

## ORAL CANCER

The risk for oral cancer increases with age. The [American Cancer Society](#) (ACS) reports that more than half of oral cancer patients are 65 years of age or older and that oral cancer is twice as likely in men as women. The ACS also reports the following:

The two primary risk factors for oral cancer are:

### 1. Tobacco use:

- An estimated 90 percent of oral cancer patients use tobacco.
- A smoker is six times more likely to develop oral cancer than a non-smoker.
- Smokeless tobacco users are 50 times more likely to develop cancer of the cheek, gums and inner surface of the lips.

### 2. Alcohol use:

- Heavy drinkers are at higher risk for oral cancer.
- Over 75 percent of oral cancer patients drink alcohol more than occasionally.
- Drinking and smoking can be a deadly combination.



Leukoplakia (in center of picture) is often an early indicator of oral cancer. (Picture courtesy of the Case School of Dental Medicine)



A squamous cell carcinoma of the tongue.

**A dentist can often identify early signs of oral cancer or pre-cancerous lesions. The American Dental Association provides the following information about oral cancer:**

- Oral cancer often starts as a tiny, unnoticed white or red spot or sore somewhere in the mouth.
- It can affect any area of the oral cavity including the lips, gums, cheek lining, tongue and the hard or soft palate.
- Lesions are often painless.

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## Other signs of oral cancer can include:

- A sore that bleeds easily or does not heal
- A change in color of the oral tissues
- A lump, thickening, rough spot, crust or small eroded area
- Pain, tenderness, or numbness anywhere in the mouth or on the lips
- Difficulty chewing, swallowing, speaking or moving the jaw or tongue
- A change in the way the teeth fit together



Prolonged exposure to the sun increases the risk of lip cancer.

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**SOLUTION:** Take precautions to help reduce the risk for oral cancer:

- Don't smoke, dip or chew tobacco
- Drink alcohol in moderation, if at all
- Use lip balm with sunscreen
- Eat plenty of fruits and vegetables
- Have regular dental exams including an oral cancer screening

The National Institute for Dental and Craniofacial Research (NIDCR) states most oral cancer is preventable, and encourages making the oral cancer exam a routine part of the regular dental check-up. Prevention is the best defense.

(See Resource Materials: "[Oral Cancer – are you at risk](#)")



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## ORAL HEALTH CARE FOR THE CANCER PATIENT

**Cancer treatment has a number of side effects; some may affect oral health:**

- Swelling and ulcers of the mucous membranes
- Painful mouth and gums
- Increased risk for oral infections
- Dry mouth
- Tooth decay
- Problems with the tongue, burning, swelling, peeling
- Jaw stiffness
- Difficulty eating and swallowing



It is helpful to see the dentist before beginning cancer treatment.

Visit your dentist before beginning cancer treatment. When possible, cancer patients should have a dental exam two weeks before treatment begins to help identify and rule out any infections in the mouth.

**(See Resource Materials: "[Oral care for cancer patients](#)")**

Some side effects of chemotherapy can cause oral health problems (such as infection) which may stop or delay cancer treatment temporarily. If the mouth is unhealthy before chemotherapy starts, the person may be at higher risk for other health problems.

**(See Resource Materials: "[Chemotherapy and your mouth](#)")**

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## To keep the mouth healthy during cancer treatment:

It is important to discuss the best oral disease preventive strategies with your dental professional. Ask if a prescription fluoride gel or rinse may be helpful in preventing the development of cavities. Other suggestions are:

- Drink plenty of water or suck on ice chips
- Use a saliva substitute that contains fluoride if dry mouth is a problem
- Choose sugarless gum or candy
- Avoid sugary foods and beverages that could cause tooth decay
- Continue to brush teeth, gums and tongue regularly, and use a super soft brush if needed
- Use only alcohol-free mouth rinses
- Floss gently, avoiding areas that are sore or bleeding
- If dentures are uncomfortable or loose, see the dentist
- Watch what you eat and drink if the mouth is sore
- Avoid spicy, acidic and crunchy foods
- Do not drink alcoholic beverages
- Do not use tobacco products



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## RESOURCE MATERIALS

Smiles for Life fact sheets can be downloaded from the CDA Web site: [cda.org](http://cda.org).

### Finding Dental Care

California Dental Association "Find a Dentist" [cda.org/finddentist](http://cda.org/finddentist)

American Dental Association Find an ADA Member Dentist service

[ada.org/public/directory/index.asp](http://ada.org/public/directory/index.asp)

California has 32 dental societies that can provide information about area dentists.

[cda.org/about\\_cda/component\\_dental\\_societies](http://cda.org/about_cda/component_dental_societies)

For those with limited financial resources and no private dental insurance, there is a statewide listing of reduced fee/sliding fee scale dental clinics in California counties.

Safety Net Dental Clinics in California: [cda.org/clinics](http://cda.org/clinics)

You can get Medi-cal (including dental benefits) if you are:

- 65 or older
- Blind
- Disabled
- In a skilled nursing or intermediate care home

Or if you are enrolled in one of the following programs:

- SSI/SSP
- CalWorks (AFDC)
- Refugee Assistance
- In-Home Supportive Services (IHSS)

California Department of Health Care Services: [www.dhcs.ca.gov](http://www.dhcs.ca.gov)

Medi-Cal (medical and dental insurance):

[www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalEligibility.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalEligibility.aspx)

Denti-Cal: [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov)



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**For the Dental Patient ...** These materials are provided by the American Dental Association as an educational resource on various oral health issues and conditions. The following link has a list of nearly 50 oral health topics: [www.ada.org/goto/patientpage](http://www.ada.org/goto/patientpage).

Of special interest for the older adult and caregiver are the following articles:

- How medications can affect your oral health
- Do you have dry mouth?
- Dealing with dry mouth
- Oral care for cancer patients
- Kicking the habit ... keeping your smile healthy

The ADA encourages printing, distribution and use of these materials in hard copy handout format only for educational and informational purposes. However, [For the Dental Patient](#) materials may not be posted to any other Web site other than the ADA's, nor reprinted in another print or electronic publication.

**Helpful Chart of Drugs Causing Dry Mouth ...** This useful chart contains a list of common drugs with indicated side effects of dry mouth, and a listing of diseases that also cause a reduction of saliva. Provided by Laclede, Inc. For information on Biotene products that help restore saliva, visit [www.laclede.com](http://www.laclede.com) or phone (800) 922-5856.

**Dry Mouth ...** A booklet of the National Institutes of Health, National Institute of Dental and Craniofacial Research. This booklet is free; 50 copies can be ordered from the NIDCR on the web link below. The booklet is also available as a PDF file to download and print out. These materials are not copyrighted and duplication is encouraged.

[www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/DryMouthXerostomia/DryMouth.htm](http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/DryMouthXerostomia/DryMouth.htm)

**Oral Cancer – are you at risk? ...** A brochure of the National Institutes of Health, National Institute of Dental and Craniofacial Research. This brochure is free; 50 copies can be ordered from the NIDCR on the web link below. These materials are not copyrighted and duplication is encouraged.

[www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/OralCancer/OralCancer.htm](http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/OralCancer/OralCancer.htm)



*To learn more about dental care for healthy aging, visit [cda.org](http://cda.org).*

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**Chemotherapy and Your Mouth ...** A booklet of the National Institutes of Health, National Institute of Dental and Craniofacial Research. This booklet is free; 50 copies can be ordered from the NIDCR on the web link below. These materials are not copyrighted and duplication is encouraged.

[www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/CancerTreatmentAndOralHealth/ChemotherapyandYourMouth.htm](http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/CancerTreatmentAndOralHealth/ChemotherapyandYourMouth.htm)

## **Aging Programs/Services in California**

The California Department of Aging contracts with and provides leadership and direction to Area Agencies on Aging (AAA) that coordinate a wide array of services to seniors and adults with disabilities. To locate an AAA in your area call **1-800-510-2020** or locate your county at [http://www.aging.ca.gov/local\\_aaa/AAA\\_listing.asp](http://www.aging.ca.gov/local_aaa/AAA_listing.asp)

**Senior Information Line:** For information on services in your area for seniors and adults with disabilities within California, call **1-800-510-2020**.

For information on services outside California for seniors or adults with disabilities, call **1-800-677-1116**

**Meal Program:** Information on the Congregate Meal program and how to qualify and receive services can be obtained by calling the statewide toll free line at **1-800-510-2020**

**Long-Term Care Ombudsman CRISISline:** CRISISline is available 24 hours a day, 7 days a week, to receive complaints from residents, call **1-800-231-4024**.

**HICAP Information Line:** Health Insurance Counseling and Advocacy Program serves current Medicare beneficiaries and those planning for future health and long term care needs. HICAP counseling is confidential and free of charge. If you would like to set up an appointment in your local community or have questions, call your local HICAP at **1-800-434-0222**.



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**Report Domestic Elder Abuse: call 1-888-436-3600**

**U.S. Dept. of Agriculture Nutrition Guidelines:** *New Dietary Guidelines for Americans* were released in 2005. These and other useful information are online at [www.mypyramid.gov/guidelines/index.html](http://www.mypyramid.gov/guidelines/index.html)