

optimal
nutritional care
for all

Fair Access & Shared Decision Making

18 Countries, One Mission

12 – 13 November
Sintra, Portugal



" Oral and physical assessment as a tool for improving nutritional treatment "



Prof Ronit Endevelt- RD, PHD, Head of the Nutrition department

Josefa Kachal- RD ,MPH , Nutrition coordinator for Geriatric Nutrition, Nutrition division

Galia Hillel-Shefer - RD, MSc ,District Ministry of Health. Haifa



Nutritional status of the older adult is associated with dentition status

NADINE R. SAHYOUN, PhD, RD; CHIEN-LUNG LIN, PhD; ELIZABETH KRALL, PhD, MPH



Gerodontology

Original article

Relationships between oral health, dysphagia and undernutrition in hospitalised elderly patients

Chewing ability, nutritional status and quality of life

I.-C. LEE*, Y.-H. YANG[†], P.-S. HO[‡] & I.-C. LEE[§] *Department of Healthcare Administration and Medi-

The association between malnutrition and oral health status in elderly in long-term care facilities: A systematic review

Aurélie Van Lancker^{a,*}, Sofie Verhaeghe^a, Ann Van Hecke^{a,b}, Katrien Vanderwee^a, Joline Goossens^a, Dimitri Beekman^{a,c,d}

Association Between Dietary Quality of Rural Older Adults and Self-Reported Food Avoidance and Food Modification Due to Oral Health Problems

Margaret R. Savoca, PhD,* Thomas A. Arcury, PhD,[†] Xiaoyan Leng, MD, PhD,[‡] Haiying Chen, MD, PhD,[‡] Ronny A. Bell, PhD,[‡] Andrea M. Anderson, MS,[‡] Teresa Kohrman, BA,[‡] Gregg H. Gilbert, DDS, MBA,[§] and Sara A. Quandt, PhD[‡]

Poor oral health status and malnutrition are related

Poor oral health leads to malnutrition-WHY & HOW??

Low socioeconomic status, functional limitation, chronic diseases, cognitive impairment



Lead to poor oral hygiene and to the **inability** to take care of teeth



Loss of teeth, periodontal disease, pain, biting and chewing difficulties



Less food variety and quantity (vegetables, fruit and meat products, whole grains, nuts)



Nutrient deficiencies (vitamins, fiber, minerals, proteins), constipation, weight loss, dehydration- **malnutrition**

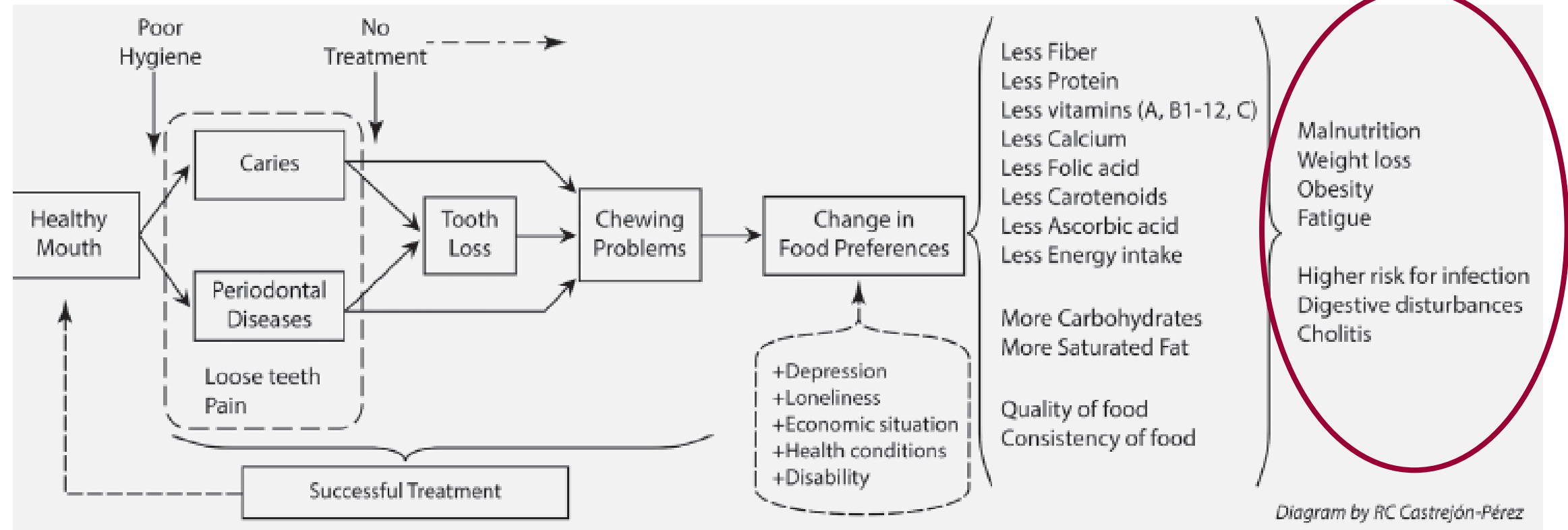


FRAILITY FROM AN ORAL HEALTH POINT OF VIEW

R.C. CASTREJÓN-PÉREZ¹, S.A. BORGES-YÁÑEZ²



Figure 3
Possible pathway from oral health problems to malnutrition



Position of the Academy of Nutrition and Dietetics: Oral Health and Nutrition

POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that nutrition is an integral component of oral health. The Academy supports the integration of oral health with nutrition services, education, and research. Collabora-

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Food and nutrition professional

Clinical setting

- Include oral health screening as a component of nutrition care process tasks—nutrition screening, nutrition assessment (eg, cranial nerve function, occlusion, soft tissue, edentulism, masticatory ability, swallowing, salivary adequacy, intervention, and monitoring)
- Recognize oral manifestations of systemic diseases and provide patients with guidelines to maximize oral intake
- Confer with and refer patients (via consults) to dental practitioners for management of oral diseases and or risk factors for oral diseases
- Consult with dental professionals in interpretation of oral-nutrition assessment findings and planning in the long-term care setting

Oral Health assessment training for registered dietitians in Israel practicing in Geriatric health facilities (hospitals, nursing homes, home care)

ASSESSMENT TOOL DEVELOPMENT

A Novel Approach to Oral Health Assessment Training for Dietitians in Long-Term Care Settings in Israel

A Pilot Study of Changes in Knowledge and Practice

*Rebecca A. Brody, PhD, RD, LD, CNSC;
Riva Touger-Decker, PhD, RD, FADA;
Diane Rigassio Radler, PhD, RD; J. Scott Parrott, PhD;
Shelly Elbaum Rachman, MS; Naomi Trostler, PhD, RD*



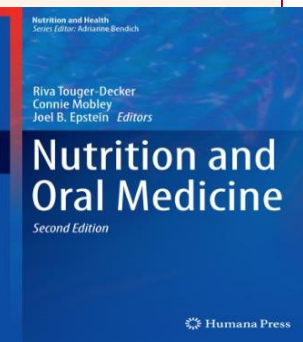
Objectives

1. To provide dietitians with education and training to conduct ‘Nutrition Focused Physical Examination’ of the head neck and oral cavity so that they are competent in identifying **non-normal conditions** affecting biting, chewing, drinking, swallowing and potential nutrient deficiencies
2. The dieticians will provide appropriate counseling (personalized nutrition plan)
3. The training will improve patient care outcomes in regards to oral health care as measured by improved general nutrition status and oral health, and increased referral to other health care providers

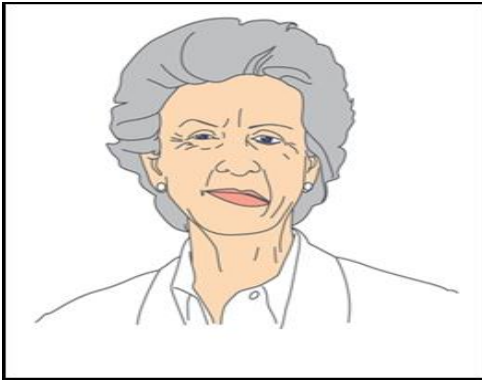


Methods

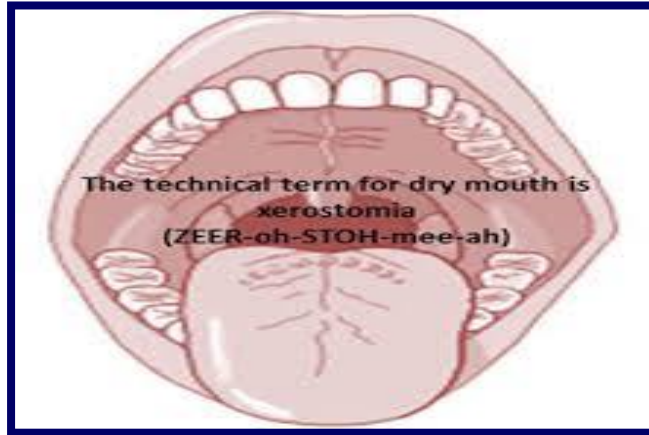
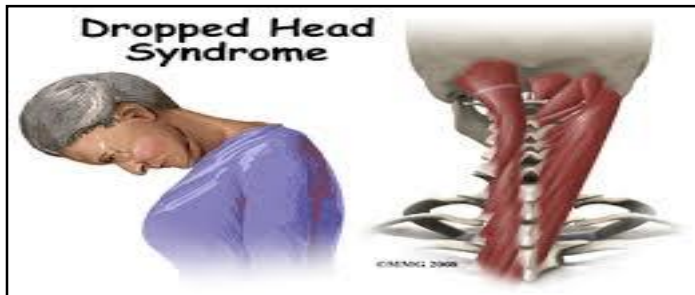
- In 2011 Prof Riva Touger-Decker, Rutgers university introduced a workshop on Nutrition Focused Physical Assessment to dieticians working in Geriatric facilities in Israel.
- 140 dieticians were trained in performing the examination followed by supervision meetings
- Personalized nutrition interventions were planned following the findings
- Infrastructure was formed to document the information in the medical record
- Protocols were developed for the integration program of the interdisciplinary team



The Nutrition Focused Physical Examination checked for:



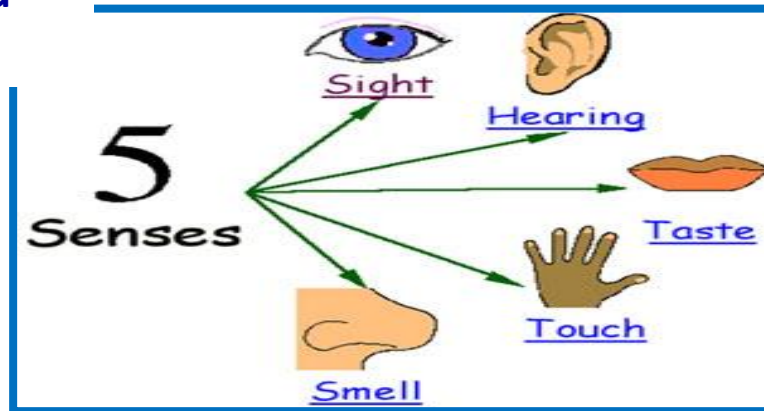
Sensor or motor problems affecting head and neck



Xerostomia



Pain in mouth: lesions, stomatitis, decayed teeth, bad fitting dentures



lack of sense of smell
distorted taste

examples of intervention strategies by dietitians for improving food intake

XEROSTOMIA (dry mouth)

- Adjust medication?
- Add extra drinks
- Add sauces to food
- Puddings and fruit shakes



Oral pain/ lesions/stomatitis/candida

- Check oral hygiene
- Consult doctor/dentist
- Avoid spicy and sour food
- provide softer textured food
- Offer cold fluids at meals



Examples of intervention strategies by dietitians for improving food intake

Altered taste perception

- Adjust medication?
- Check oral hygiene
- Observe what is eaten and what isn't
- Augment taste (salt/sugar/spices/sauces)
- Add flavours: mayo/ketchup/mustard
- Zinc supplement ??



Difficulty opening mouth

- Consult doctor
- Cut food to smaller pieces
- Provide softer textured food
- Use a smaller spoon
- Offer more snacks



Chewing Disorder

Top
Tips

Lack of back teeth



Finely chopped/cooked food



Lack of front teeth



Cutting food into small pieces



RESULTS: The nutrition focused oral health assessment led to improved food intake and coordination among the interdisciplinary team

- Food intake improved due to the detection and adjustment of the diet (menu)
- Prevention of the need for tube feeding- patient could eat per-os
- The oral health assessment led to an accurate nutritional plan
- Food texture was better adapted to the older adult
- Dentists were summoned to treat the older adult who had dental problems
- A discussion on oral health issues took place in interdisciplinary meetings



In summary



Physical assessment of Head, Neck and Oral Health performed by dietitians as part of a comprehensive nutritional assessment , followed by a personalized nutrition plan can improve quality of life and nutritional status

It is our patient's right to receive real food that is suited to his needs