

Results *in* Review

A newsletter of the Blende Dental Group • Fall 2005

Xerostomia Cases Can Grow Untenable

Xerostomia, or dry mouth, brought on inadvertently by hundreds of today's most commonly prescribed medications, is presenting many challenges for dentists.

Xerostomia-induced decay can stymie dental practices that initiate treatment plans only to find that rampant decay outpaces and obscures their schedule of treatments.

Increasingly, the Blende Dental Group is receiving referrals from dentists whose patients have the xerostomia-induced condition of advanced circumferential decay, which requires extensive dental work. These cases are best treated at once. With the aid of intravenous sedation or general anesthesia, multiple appointments can be consolidated for patient comfort. Medical complications may also make these patients too risk-intensive or problematic for your practice. We welcome your referrals, the opportunity to work closely with you for the good of your patients, and to return them to your care, as desired.



Xerostomia-sufferer Virginia Kelly's mouth (far left) as compared to a healthy 91-year-old woman's mouth (See back for case study).

The Blende Dental Group is a private practice dedicated to serving the phobic, disabled and medically compromised communities by providing full-mouth rehabilitation under general anesthesia and I.V. sedation. This underserved population is the core of our practice.



Angie and Dr. Blende in the office

What Can We Do for You?

To help you understand the services we can offer, the Blende Dental Group will share case studies and results in this periodic newsletter. In each issue, we'll show you:

- *the collaborative approach we forge with referring dentists nationwide*
- *the care we take with each patient*
- *the elegant results we are committed to delivering*
- *the way in which patients return to their referring dentists for routine care.*

Results *in* Review

Case Study

Dr. David Blende & Dr. Maria Majda (prosthetics), Dr. Ralan Wong (endodontist), Dr. Sarah DeSanz (periodontist)

Xerostomia Exact's Tremendous Damage, Especially in Older Adults

Virginia Kelly* is a 91-year-old woman from a local senior living residence who presented with extensive xerostomia-induced decay and periodontitis. Referred to the Blende Dental Group by a social worker, Virginia has Alzheimer's and Parkinson's diseases, coronary artery disease and hypothyroidism as well as several other active medical issues. Virginia's granddaughter facilitated decision-making about treatment.



Xerostomia is...

- Translated from Greek: Xero (Dry) and Stoma (Mouth)
- Leaves mouth vulnerable to decay and periodontal disease because there's less saliva to wash away food and neutralize plaque.
- Very pervasive problem today, particularly among seniors. Approximately 20 to 30 percent of older adults suffer from it.
- Brought on by 500 medications, including many of the most commonly prescribed medications such as antihistamines, diuretics, pain killers, high blood pressure drugs and antidepressants.
- Also caused by Sjogren's syndrome (an autoimmune disease), cancer therapy, endocrine disorders, and nutritional deficiencies.
- Can bring about soft tissue changes, taste changes, gingival overgrowth.

Preventive Measures

- Monitor older patients, those with medical conditions who take numerous medications and patients who take antidepressants
- Suggest that patients ask their doctors about substitute medications that do not cause xerostomia
- Emphasize hygiene habits with patients, use of bacteria killing mouth washes, staying hydrated, sugar-free chewing gum, etc.
- Schedule more frequent check-ups/cleanings
- Prescribe pharmacologic saliva-producing products.

For more information about dry mouth, consult www.drymouth.info

Virginia's Treatment

In April 2005, Virginia's full-mouth rehabilitation was completed in just two visits. Due to her Alzheimer's, Virginia is very limited in her ability to cooperate with dentistry; therefore, Virginia's first appointment was in an operating room at Kaiser Permanente Hospital in San Francisco. In just 3.5 hours, all of the following work was completed while Virginia slept:

- Extractions of #4, 5, 13, 14, 18, 19, 20
- Removal of coronal portion of teeth #8, 9, 24, 25
- Root canal therapy for #6, 7
- Scaling and root planning in all four quadrants
- Crowns #6, 7-10, 11, 12, 21-22 splinted, 23-26, 27-28 splinted
- Crown lengthening 6-12, 21-28

In May, Virginia returned to have her 15 crowns seated. As all of the "difficult" work was already done, Virginia was able to cooperate with this appointment without the need for sedation, and her crowns were seated in-office.

- Seat crowns #6, 7-10, 11, 12,
- #21-22 splinted 23-26, 27-28 splinted

Log onto our website www.drblende.com, and check out our new streaming video in which Dr. Blende answers frequently asked questions about sedation dentistry, the care of special needs patients, and dental phobia.