Oral health training programme for the elderly

An evaluation of an oral health training programme for carers of the elderly in residential homes D. Simons, P. Baker, B. Jones, E. A. M. Kidd, and D. Beighton Br Dent J 2000; 188: 206-210

Objective
The objectives of this study were: to evaluate carers' knowledge of oral health; to provide a high quality, consistent, oral health training programme for carers in residential homes; to evaluate the quality of this programme by examining both carers' changes in knowledge and any changes in carers' behaviour as reported by residents and to assess any changes in the oral health of the elderly residents after one year.

Design
A cross-sectional, multi-centre study using a carer training programme, evaluated by both a questionnaire conducted with carers and residents and oral examination of residents.

Setting
In August 1996, 20 (20%) of the residential/nursing homes, in West Hertfordshire were chosen at random and all managers contacted and offered an oral examination for all their residents. Ten (10%) of the homes were also offered an oral health training programme for their carers. Eighteen homes accepted the oral examination for all consenting residents and 7 of the 10 homes offered accepted the carer training.

Subjects
Thirty-nine carers from 7 of the residential homes attended an oral health training course and 213 elderly residents in the 18 homes were examined both at baseline and after 12 months.

Results
Carers' baseline knowledge about oral health was poor; the oral health training programme was enjoyed and their knowledge gain after one week was high. However, the elderly residents perceived no change in the oral care given by carers either after one week or after one year and there was no measurable improvement in the oral health of residents after carer training, except for an increase in filled coronal surfaces. Few of the carers originally trained were still working in the same residential homes after one year.

Conclusion
Although the carer training programme was well received, no changes in oral health practice resulted. Barriers to practice of oral care by carers remained and training, even when including practical skills, evaluation by peers and a high knowledge gain, failed to reduce these barriers.

In brief
- A large proportion of elderly people living in residential homes are partially dentate.
- An oral health training programme was enjoyed by carers of the elderly.
- Carers' knowledge gain 1 week following the programme was high.

Comment

This paper describes a very well-executed oral healthcare training programme for carers in residential homes. It also examines the impact the programme had on carers' knowledge and behaviour. Importantly, the evaluation of the programme included the residents' views about any changes in the carers' behaviour. The study also assessed the oral health of those who were supposed to benefit from the intervention.

The study involved 18 residential homes and 213 residents. Thirty-nine carers were involved in an oral health training course. The results showed that the training programme was successful in that it enhanced the carers' initially low knowledge levels to a significant degree and also that the carers enjoyed their participation in the training. However, the residents did not perceive any change in the oral care they received, neither 1 week, nor 1 year after the intervention was delivered. Furthermore, other than an increase in the number of filled coronal tooth surfaces, there was no discernable improvement in the residents' oral health. The elderly people involved in the study had high plaque levels and substantial amounts of dental caries. The training programme highlighted oral hygiene, fluoride and preventive care and the need for attention by a dentist. The results after 1 year showed that, whatever changes had been implemented, and whatever dental care given, dental caries was not prevented — although it could be argued that the deterioration seen in the mouths of the elderly people over 1 year might well have been worse had they not been involved in the investigation.

It is notable that the authors would have preferred to offer a more lengthy and sustained training programme but that this was impossible as the managers of the homes did not feel they could afford for staff to be absent from the homes for more than one session. The workload borne by the poorly paid and unqualified carers perhaps explains why, despite the importance they placed on oral hygiene, they were simply unable to perform these nursing activities on a regular and frequent basis. The very important effect of high turnover in residential home care staff was noted as contributing to the apparent lack of effect of the programme.

This paper is very important as it shows that even a well-designed and well-executed oral health education programme may offer little benefit to the target group.

It is essential that papers such as these, which show no changes subsequent to an intervention, continue to be published in order that the costs and benefits of various potential solutions to the oral health problems of a significant and vulnerable group can be further explored. Publication bias towards papers that show significant changes can lead to erroneous assumptions about the amount of evidence for or against a particular strategy.

The other very important aspect of this paper is that it took into account the views and feelings of the target group rather than simply enumerating the dental profession's measurement of benefit, ie the clinical findings. This type of measurement of impact adds important information to the perceived vs normative need debate. The elderly are a growing sector of the population with high levels of disease. The institutionalised elderly are even more disadvantaged and are dependent on others for their welfare. The findings of this paper highlight an important burden, which the dental profession ethically cannot ignore. Oral health is a right rather than a luxurious commodity and means of effectively providing it for the most vulnerable groups in society are urgently needed.

It is well accepted that good oral health can offer a significant contribution to the quality of life of elderly people and yet the dental profession has hitherto made few inroads into finding means of obviating the difficulties which surround oral health promotion with this group.

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