



# **Select Committee into the Provision of and Access to Dental Services in Australia**

A Dementia Australia Submission

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## Dementia Australia

Dementia Australia is the peak dementia advocacy organisation in Australia. We support and empower the more than 400,000 Australians living with dementia and 1.5 million people involved in their care. Dementia is the second leading cause of death in Australia, yet it remains one of the most challenging and misunderstood conditions. Founded by carers more than 35 years ago, our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the lived experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

## Dementia in Australia

Dementia is the term used to describe the symptoms of a large group of neurocognitive disorders which cause a progressive decline in a person's functioning. There are estimated to be more than 400,000 Australians currently living with dementia. It is one of the largest health and social challenges facing Australia and the world and without a significant medical breakthrough, it is estimated that there will be more than 800,000 people living with dementia by 2058.<sup>i</sup>

## Introduction

Dementia Australia welcomes the opportunity to make a submission to the Select Committee into the Provision of and Access to Dental Services in Australia inquiry. Dementia Australia's submission is informed by feedback from people living with dementia, their families and carers.

Poor oral health is a significant issue affecting many people, particularly those aged 75 years and over who have on average 24 decayed, missing, or filled teeth<sup>ii</sup>. Certain groups are at even greater risk of oral disease, such as those with additional and/or specialised healthcare needs, including people living with mental illness, physical or intellectual disabilities, complex medical needs, and frail older individuals<sup>iii</sup>. These individuals can have difficulty accessing dental care due to various factors, such as a shortage of dental professionals with expertise in special-needs dentistry, physical barriers to accessing treatment facilities, and the high cost of care. Additionally, in 2017-18, people aged 55-64 years were more likely to have needed to see a dental professional than any other age group. These findings underscore the importance of developing policies and initiatives to address the barriers to accessing oral healthcare for vulnerable populations, particularly those with specialised healthcare needs including people living with dementia.

Dental care is an essential aspect of overall health and well-being, yet for many people with dementia, being able to access and afford quality dental care can be a significant challenge. Several factors contribute to the challenge of maintaining dental care for people with dementia, especially in residential aged care facilities. One of the most important factors is a lack of care staff, dentists and dental support staff with dementia training. Another issue is the cost associated with dental care, which can be a significant barrier for those with limited financial resources. Long waitlists for public dental treatment are also a concern, particularly for people living with dementia who may require more urgent attention. Moreover, medication used to treat dementia can have an adverse effect on tooth decay, which when combined with a diet high in sugar in residential aged care facilities, and a lack of emphasis on oral health, increases the risk of dental issues. The combination of these factors highlights the need for increased awareness and training among care staff, dentists and dental support staff regarding the unique challenges faced by people with dementia in maintaining their oral health.

## Quality of care

“Dental care is not prioritised and is looked at as a separate activity compared to any other health treatment.” Carer of someone with dementia

People living with dementia face unique challenges accessing dental care. These individuals may have difficulty communicating their needs or understanding instructions, which can make it challenging for them to maintain good oral hygiene and accept dental treatment and care. People with dementia may experience anxiety, fear or resistance when attempting to brush or floss their teeth. This can create a significant challenge for care staff, particularly if they do not have the necessary training, experience or time to provide adequate dental care.

“In residential care, I soon realised that care workers were not accustomed to helping or reminding residents to clean their teeth.” Carer of someone with dementia

Some carers have reported that the toothbrushes and toothpaste that they have provided to residential aged care facilities are not used, and dentures have repeatedly gone missing and are expensive to replace.

“I provided Sensodyne toothpaste and could tell it wasn’t being used. He had his own teeth, but they told me they had a hard time taking his dentures out even though he didn’t have them[dentures].” Carer of someone with dementia

“They [dentist] said there was no way if his teeth were being cleaned regularly that the plaque would have been that much. He [dentist] had to spend at least half an hour water blasting to remove before he could do anything else. He was pretty disgusted by the state. He was going to contact them [residential aged care facility] and tell them how to clean and maintain them and not just putting it in steradent overnight alone. I got impression it wasn’t the first time he had seen this.” Carer of someone with dementia

“I bought an electric toothbrush, visited daily and almost always found his teeth needed cleaning. He was non-verbal and unable to do it himself.” Carer of someone with dementia

Carers have also reported instances of negligence by residential aged care staff in the aftercare following dental procedures, which have subsequently led to infection.

Some people reported aged care facilities feed residents' sugary foods to maintain their weight, but this high sugar diet can exacerbate dental issues when combined with lack of dental care. Poor oral hygiene can cause pain and discomfort, leading to decreased quality of life for residents. Studies have shown that poor oral hygiene relating to residual food trapped in the oral cavity, swallowing difficulties and other associated problems are linked to an increased risk of aspiration events including aspiration pneumonia in older people, including those living with dementia.<sup>iv</sup>

“Food that's served in residential aged care is full of sugar and vending machines have sugary items like soda and chocolate and candy.” Carer of someone with dementia

Dementia medications have the potential to reduce saliva production in the mouth, leading to a condition called dry mouth. As saliva plays a crucial role in protecting teeth against decay, a reduction in saliva increases the risk of tooth decay. Additionally, dry mouth can cause difficulties with wearing dentures, making them less comfortable and less secure.<sup>v</sup>

Studies on perceptions of oral health among residential aged care staff have shown that care staff are aware of the importance of maintaining oral health, however there are considerable obstacles in the current system that hinder the implementation of oral health training and practice guidelines in residential aged care facilities. These obstacles include high staff turnover, limited time, difficulty accessing dental services, and coordinating with residents, their families, and external staff<sup>vi</sup>. Staff members also expressed the need for formalised clinical guidelines, streamlined processes, and efficient dental referral pathways to improve the overall quality of oral health care. To improve the quality of dental care in residential aged care facilities, staff should receive mandatory training on dementia as well as training on the importance of dental health.

Residential aged care facilities should consider establishing partnerships with local dentists to provide on-site consultations. This initiative would improve oral health outcomes and increase accessibility to dental care for residents of aged care facilities with dementia. The resident and their family would bear the cost but given dentists would be providing treatment to many residents, visits to the facility would be regular and costs reasonable. This approach also ensures that staff can receive education and support in oral hygiene practices, as well as addressing any concerns and providing preventative measures to reduce the risk of dental problems. Overall, this model of care can improve the quality of life for residents and promote their overall health and well-being. This would help to ensure that residents receive regular dental check-ups and treatment, without the need for families to make additional arrangements or take time off work. Additionally, this may also reduce the stress and anxiety that can come with visiting an unfamiliar dental clinic, especially for residents with dementia

who may struggle with new environments and experiences. Offering in-house dental visits means residential aged care facilities can prioritise the dental health and well-being of their residents and make dental care more accessible and convenient for all involved.

Standard 3 of the Aged Care Quality Standards outlines the requirements for personal care and clinical care to ensure that people receive safe, effective and high-quality care. In the context of dental care, this means that aged care providers should ensure that recipients have access to regular dental check-ups, oral hygiene assessments, and appropriate treatment for any dental issues. The Aged Care Quality and Safety Commission has a role in ensuring that providers meet these standards, and it is important for the Commission to identify any failings in dental care and to work with providers to address these issues promptly to ensure that people living with dementia receive the necessary dental care to maintain their oral health and overall wellbeing.

“There needs to be an escalation process when care staff aren’t doing what they say they are doing- and being realistic about what they can and can’t do.” Carer of someone with dementia

Moreover, the Australian Dental Prosthesis Association has made recommendations in their submission to the Royal Commission into Aged Care Quality and Safety regarding the oral health of older Australians. Dementia Australia supports these recommendations and emphasise the significance of dental issues for people living with younger onset dementia as well. The link to the full submission can be found here: <https://www.adpa.com.au/documents/item/90>

## Dementia education

Carers of people living with dementia have expressed concern over the limited knowledge of dementia among aged care staff and dental professionals. People with dementia require special care, particularly regarding oral health. The lack of training in dementia care may lead to challenges in providing adequate oral health care, and the signs of oral health issues in this population may not be recognised. Therefore, it is crucial for care staff and dental professionals to receive proper training to be able to provide quality care to people living with dementia.

“Lack of education and follow through with dentistry and nursing homes. Dentistry was completely partitioned. Aftercare sheet was not appropriate for someone with dementia, no follow up that nursing home would be able to manage the aftercare.” Carer of person living with dementia

“The personnel seemed unwilling to make any effort to understand the symptoms and consequences of dementia. Furthermore, they were very aggressive to me when I asked them to frame the way they talked to my Mum in a way that did not imply criticism.” Carer of person living with dementia

People with dementia may have changed behaviour that can make it difficult for them to tolerate dental treatment. It is crucial for care staff and dental professionals to receive comprehensive education about dementia and best practice, person-centred dementia care

to ensure that people living with dementia receive the appropriate, high-quality oral health care they deserve.

The Australian Dental Association and other relevant professional organisations should mandate dementia training for dentists and dental hygienists to improve their understanding of the unique needs and challenges faced by people living with dementia. This would help to ensure that dental professionals are able to provide appropriate and compassionate care.

Further, the Australian Government should mandate training and education for care staff on dementia and dental health, including proper oral hygiene techniques and the importance of regular dental check-ups for people living with dementia. This would help to ensure that care staff are equipped with the knowledge and skills necessary to provide adequate dental care.

“It would be nice if more dentists had the opportunity to have a module in dementia care so more would understand dementia and how to talk to someone with dementia”.  
Carer of someone with dementia

“Biggest impact would be that the dental professionals have knowledge of dementia and understand how to deal with them.” Carer of someone with dementia

## Accessibility

The accessibility of dental care services for people living with dementia is a pressing concern. The public dental care system has lengthy waitlists, with some advocates reporting up to three years of waiting time. The trajectory of dementia can be highly variable, with some individuals experiencing a gradual decline in cognitive and physical function, while others may have a more rapid decline. This variability adds to the urgency of treating dental issues in people with dementia as a delay in treatment can result in a worsening of dental conditions, leading to significant pain, discomfort, and even infection. For individuals with more rapidly declining cognitive and physical function, prompt dental treatment is essential as they may have limited time to receive appropriate care. It is therefore critical to develop strategies to ensure that people with dementia have access to timely and appropriate dental care to address any urgent oral health needs. Additionally, in the context of residential aged care facilities, accessing dental care is further complicated by the need for assistance with scheduling appointments and arranging transportation. This burden often falls on informal carers, who may already be balancing work and care responsibilities, and can be especially challenging if they reside in a remote location.

“Organising appointments is very difficult. Lots of barriers to organise and coordinate as a working carer.”

For people in advanced stages of dementia, advocating for their need to see a dentist, particularly if they are experiencing pain, can be a challenging task. As dementia progresses, individuals may experience a decline in cognitive function and communication abilities, which can make it difficult for them to express their needs and preferences clearly.



“One of her teeth was rotten and she couldn’t eat well but couldn’t advocate for herself. Her behaviour could be really difficult. We needed a dentist who understands behaviours of dementia and understands what sorts of questions to ask them.” Carer

Accessibility is further limited for those living in remote areas, where access to dental care generally may be scarce.

“Recently because of toothache I was given a voucher but was surprised to learn that I had to wait because there is a shortage of dentists who will do vouchers! Dental services for pensioners need more help not long waits.” Person living with dementia

## Affordability

“I think the issues are obvious: Timely accessibility of public dental services and the high cost of private services especially if patients do not have private health cover with dental care included.” Carer of someone with dementia

Cost is a significant barrier for people living with dementia seeking dental care. Private dental care can be expensive, which can make it difficult for individuals to afford essential dental treatments. Public dental care, while more affordable, often has long waitlists for treatment, which can be detrimental for individuals who are older and require timely intervention. Additionally, for people relying on the age pension and living in residential aged care, a significant proportion of their pension goes towards fees and/or accommodation costs leaving limited resources for expenses such as private dental care.

“More access to mobile dentists to care facilities is needed and for them to be mostly subsidised with resident's pension concession cards, or free. The government already has the Dental Benefit Scheme for kids, they need that for seniors too, but covering denture replacement as well. Aged care homes take 85% a resident's pension, and then medication costs on top of that. It doesn't leave very much left over at all for them.” Carer of someone with dementia

“My experience with dental care for my mum has been patchy. Mum's lower denture went missing a couple of months ago, it still remains missing, so we would now say it's permanently lost. Mum has no control over what happens with her teeth, care workers are supposed to be cleaning them, but it was me who alerted the staff that they were missing on my next visit (I visit at least weekly).” Carer of someone with dementia

“My only alternative then was to engage a private provider of aged care dentistry services. I have maintained this service as it can be relied upon to be available, accessible (they come to my wife) and effective in treatment, but it costs \$410 every 4 months for regular check-ups and de-scaling and cleaning, plus additional costs when specialised treatment is required, albeit with some rebate from our private health fund (which itself costs nearly \$500 per month!).” Carer of someone with dementia

With a large proportion of residents in residential aged care facilities requiring partial or full dentures, advocates have reported that dentures often get misplaced or lost entirely and end up needing to be replaced due to a lack of an identification system, which makes it difficult to

find their owners. The costs associated with replacing a full set of dentures can be high with some advocates reporting upwards of \$4000.

Carers have highlighted the need for service providers to implement processes to protect and safeguard the property of residents, including dentures, in aged care facilities. Due to the high cost of dentures, it is important to ensure that they are not lost or misplaced. A lack of process for monitoring dentures has led to them being easily misplaced or lost. By working in conjunction with residents and family members, service providers can develop clear accountability measures to address lost dentures and ensure that residents have access to replacements in a timely and efficient manner. By implementing these measures, aged care facilities can help to alleviate the financial burden and emotional distress associated with lost or damaged dentures for both residents and their families.

“it would be great if the dentures could have some sort of identification on them as the carers don’t try very hard to find the owners of spare dentures they do find.” Carer of someone with dementia

“Aged care homes should be covering loss of dentures. Shouldn’t be putting it on families. They should have insurance.” Carer of someone with dementia

Given the potentially high cost of dental care and the importance of maintaining good oral health among elderly individuals, particularly those living with dementia, carers of such individuals have suggested several potential strategies for improving the affordability of dental treatments. These strategies include the introduction of a Medicare-funded dental care or a pensioner benefit scheme that mirrors the structure of the child benefit schedule, aimed at reducing the financial burden on individuals and their families.

“There’s a child dental benefit scheme and we need a pensioner scheme.” Carer of someone with dementia

“[Dental care] Should be a component of Medicare since it [oral health] effects the rest of your health.” Carer of someone with dementia

## Recommendations

Based on the issues identified Dementia Australia recommends:

1. Mandatory training and education for care staff on dementia and dental health
2. Mandatory dementia training for dentists and dental care staff
3. Explore funding models that ensure that those most vulnerable - including people with dementia - have access to preventative and proactive dentistry
4. Exploring partnerships between residential aged care facilities and dentists
5. Ensuring providers meet Standard 3 of the Aged Care Quality Standards pertaining to personal care and clinical care and that the Aged Care Quality and Safety Commission addresses failings in dental care.
6. Service providers design processes for identifying and safeguarding people’s property, including dentures, in conjunction with residents and family as well as clear accountability for replacing lost dentures.

## 7. Supporting recommendations from the Australian Dental Prosthesis Association.

By implementing these recommendations, we believe that it is possible to significantly improve the accessibility, affordability, and quality of dental care for people living with dementia.

## Conclusion

Dental care for people living with dementia is a complex issue that requires attention. The lack of accessibility and affordability of dental care services, as well as the poor quality of care provided in some facilities, is a significant concern. These challenges underscore the need for policy changes that prioritise the dental health and overall well-being of people living with dementia.

To address this issue, staff training on dementia and the importance of dental health, as well as mandatory dementia training for dentists and dental hygienists, would help to improve the quality of dental care. By prioritising dental health, we can improve the quality of life for people living with dementia.

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i Australian Institute of Health and Welfare (2022) *Dementia in Australia*, AIHW, Australian Government, accessed 20 January 2023.

ii *Australia's Oral Health: National Study of Adult Oral Health (2017–18)*. Adelaide: The University of Adelaide, South Australia.

iii Queensland Health 2008. PDF Download *Healthy Teeth for Life* fact sheet – Dry mouth- external site opens in new window. Viewed 26 September 2018.

iv Huang, S. T., Chiou, C. C., & Liu, H. Y. (2017). Risk factors of aspiration pneumonia related to improper oral hygiene behaviour in community dysphagia persons with nasogastric tube feeding. *Journal of dental sciences*, 12(4), 375–381. <https://doi.org/10.1016/j.jds.2017.06.001>

v Australian Dental Association (2023). <https://www.teeth.org.au/dementia>

vi Patterson Norrie T, Villarosa AR, Kong AC, Clark S, Macdonald S, Srinivas R, Anlezark J, George A. Oral health in residential aged care: Perceptions of nurses and management staff. *Nurs Open*. 2019 Nov 13;7(2):536-546. doi: 10.1002/nop2.418. PMID: 32089850; PMCID: PMC7024615.