

Paper Session D3: Diffusion of Evidence-Based Practice

Fear Factor: Tested Interventions for Providing Mouth Care to Persons with Dementia Who Resist Care

Rita A. Jablonski, PhD, CRNP, Pennsylvania State University, University Park, PA ~ Alexandra Brock, BS, RN, Pennsylvania State University, University Park, PA ~ Erminia Gabello, BS, RN, Pennsylvania State University, University Park, PA ~ Ann Kolanowski, PhD, RN, FAAN, Pennsylvania State University, University Park, PA ~ Ellen Mahoney, RN, DNS, FGSA, Boston College, Chestnut Hill, MA ~ Barbara Therrien, PhD, RN, FAAN, University of Michigan, Ann Arbor, MI

Poor oral health is associated with systemic diseases, including pneumonia, diabetes, and cardiovascular problems. Daily oral hygiene is an important contributor to oral health, yet oral hygiene is often neglected by caregivers of persons with dementia who resist care.

Purpose: to test interventions for the provision of mouth care to persons with dementia who resist care. These interventions included

Theoretical Framework: the neurobiological principles of threat perception and fear response. When faced with a threat, all organisms react with fear-evoked “flight, fight, or freeze” responses. These responses are both autonomic (e.g. elevated heart rate, sweating) and behavioral (e.g. escaping, attacking). Persons with dementia have heightened threat perception as a result of neurobiological changes that affect the cerebral cortex, hippocampus, and amygdale. These individuals may interpret mouth care, which is an intimate and potentially invasive procedure, as a threatening action by threatening people. The tested interventions were all based on threat reduction strategies, such as hand-over-hand, gestures, and avoiding elderspeak.

Methods: In this pilot study, 7 nursing home residents with moderate to severe dementia and consistent care resistance received twice daily mouth care for 14 days from trained interventionists. Care-resistant behavior (CRB) was measured a refinement of the Resistance to Care Scale. Oral health was measured using the Oral Health Assessment Tool (OHAT). Data were analyzed using descriptive and parametric techniques, including repeated measures ANOVA.

Results: The baseline OHAT mean score of 7.29 (SD=1.25) improved to 1.00 (SD= 1.26) ($p<0.001$); CRB improved from 2.43 CRBs/minute (SD=4.26) to 1.09 CRBs/minute (SD= 1.56) ($t = 1.97, dF 41, p=0.06$).

Conclusions and Implications: Mouth care can be successfully provided to persons with dementia using threat reduction techniques, thus improving oral health. These interventions have translational potential to other activities of daily living that are met with resistance from persons with dementia, such as dressing and bathing.