

HIV & Oral Health

What you need to know in 2022



Mark Schweizer, DDS MPH
Assistant Dean Community Programs and Public Health
Dental Director Southeast AETC/Dental Director South Florida AETC
Nova Southeastern University College of Dental Medicine

Learning Objectives

By the end of this session

- Each participant will be able to list three barriers to treating patients related to Oral Health Care
- Identify the relationships between oral disease and overall health
- Discuss dental recommendations for treated patients with HIV
- List at least three methods to improve the patient experience
- Apply several methods for patient engagement in oral health care into your practice.

Disclosures

Mark Schweizer, DDS, MPH; Associate Professor, Dean Community Programs and Public Health
Nova Southeastern University College of Dental Medicine

DENTAL DIRECTOR SOUTHEAST AIDS EDUCATION AND TRAINING CENTER

No financial relationships with commercial entities to disclose

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation

- *This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1OHA30535 as part of an award totaling \$4.2m. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).*
- *“Funding for this presentation was made possible by cooperative agreement U1OHA30535 from the Health Resources and Services Administration HIV/AIDS Bureau. The views expressed do not necessarily reflect the official policies of the Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Any trade/brand names for products mentioned during this presentation are for training and identification purposes only.”*

Barriers

- 90% of HIV-infected individuals will have at least one oral manifestation attributed to HIV infection during the course of their disease
- 19% of HIV-infected individuals in medical care had a perceived unmet need for dental care in the preceding 6 months and unmet dental care needs were more than twice as prevalent as unmet medical care needs.

Barriers and Facilitators to Care for PWH

■ **Barriers**

- Dental anxiety and fear
- Difficult administrative procedures
- Long waiting time
- Problem focused care
- Transportation
- Dentist's reluctance to treat people like them
- Psychological issues

■ **Facilitators**

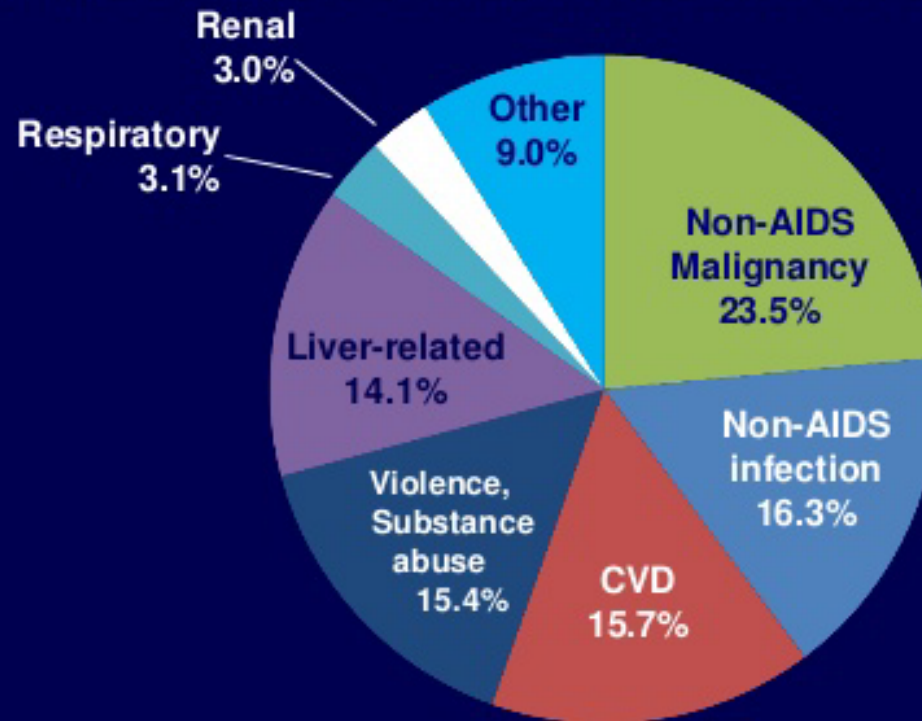
- Dental coverage
- Being treated with respect and acceptance
- Having an assigned case manager or social worker

HIV Continuum of Care.....Our goal



Non-AIDS Diseases Now Account for Majority of Deaths in HIV

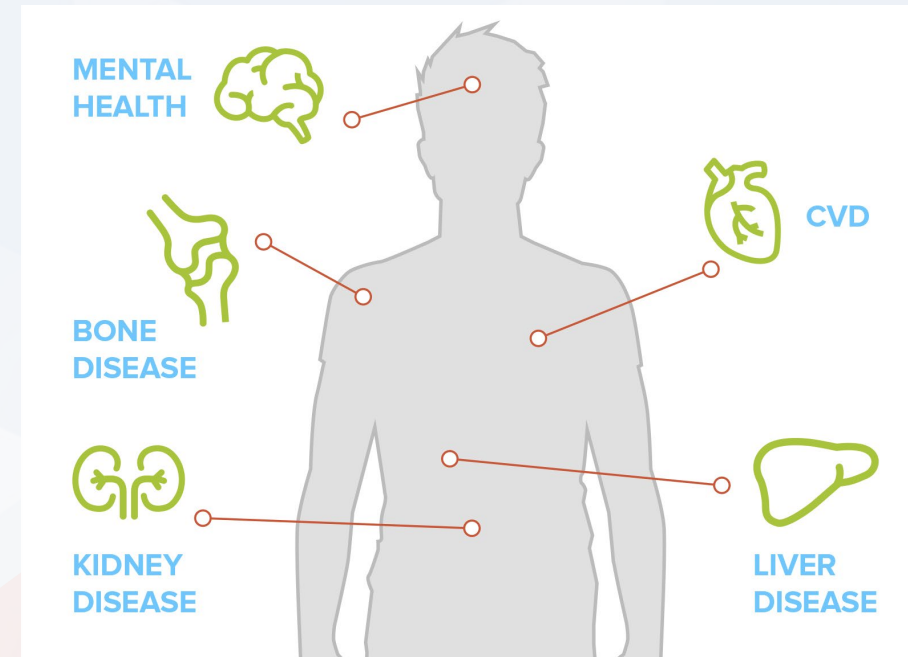
- 1,876 deaths among 39,727 patients
- Non-AIDS related deaths accounted for 50.5%

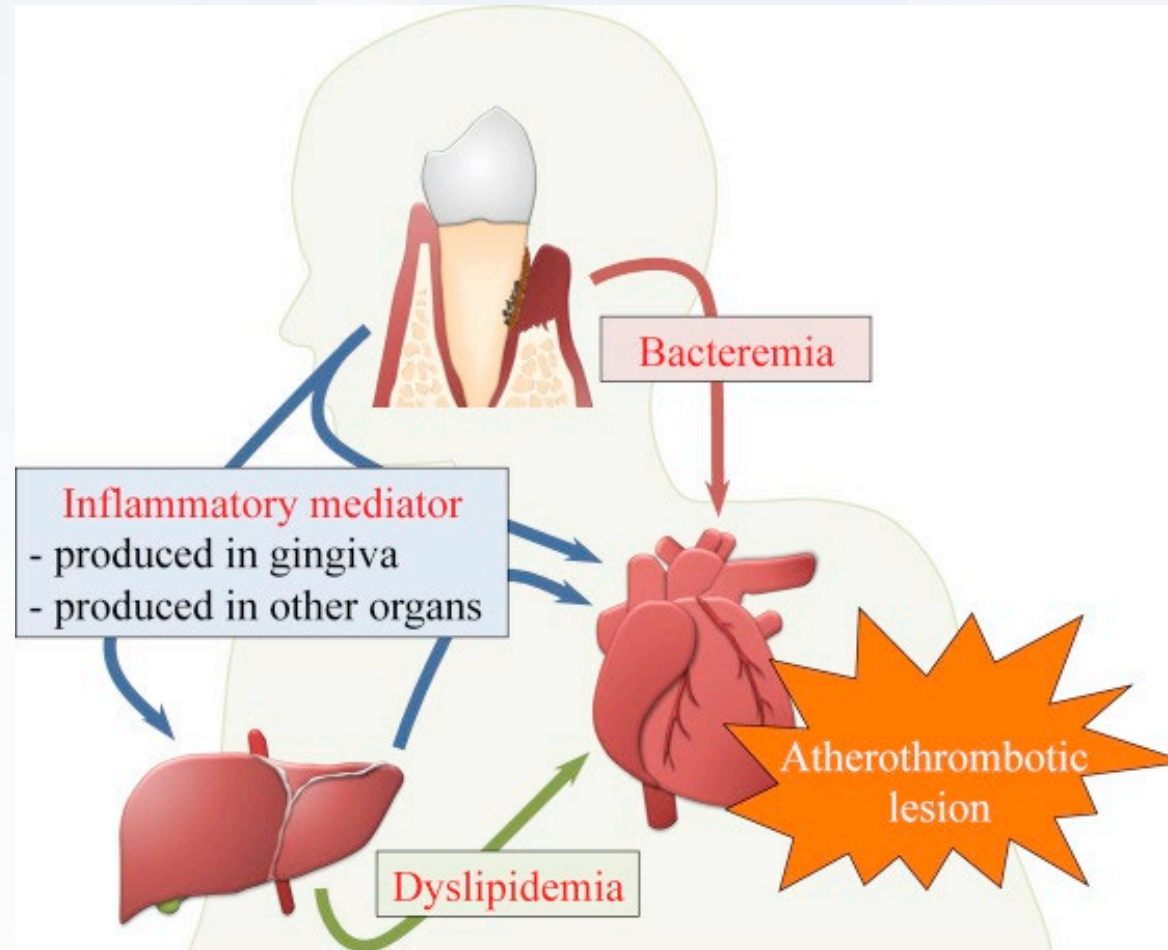


Antiretroviral Therapy Cohort Collaboration (ART-CC). *Clin Infect Dis*. 2010;50:1387-1396.

Common Comorbidities in PWH

- Cardiovascular Disease
- Kidney Disease
- Neurocognitive
- Hepatic Function
- Bone Disorders
- Diabetes

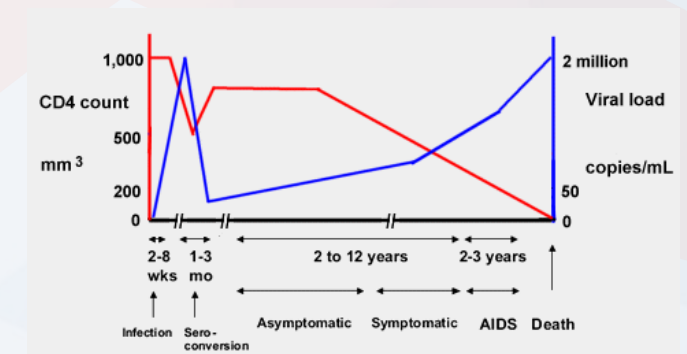




Polson AM, Kang T. Associations between periodontal diseases and systemic diseases: a review of the inter-relationships and interactions with diabetes, respiratory diseases, cardiovascular diseases and osteoporosis. Public Health. 2008;122(4):417-433

Dental Recommendations for Treating PWH

- The magnitude of the viral load is not an indicator to withhold dental treatment for the patient.
- All health professionals can play an important part in reminding patients of the need for regular follow up and monitoring of these markers.



<http://i-base.info/tfa/section-2/14-how-cd4-and-viral-load-are-related/>

Antibiotic Prophylaxis

- There are no data supporting the need for routine antibiotic coverage to prevent bacteremia or septicemia arising from dental procedures
- Prophylactic antibiotics should not be prescribed routinely for the dental visit when the HIV infection is well controlled



Improve the patient experience

Improve patient outcomes



The first visit



What to do before the patient's appointment?

1. Confirm the appointment. Before anything, make sure they have all the right information.
2. Let the patient know what they are coming for.
3. Ask them to come 15 minutes early
4. Explain your office policies
5. Tell them what information to bring
6. Be Open, Honest and show patience.



What the patients and the provider should expect at their dental appointment?

1. Treat patients with courtesy, respect, and openness.
2. You might ask the patient to rinse and wash their hands before they are seated.
3. Take the blood pressure and pulse
4. Give the patient an opportunity to ask a few questions and respond in an honest and open manner.
5. Take a thorough medical, dental, and social history.
6. Conduct a thorough intra oral and extraoral exams
7. Radiographs/x-rays
8. An examination of their teeth and gums

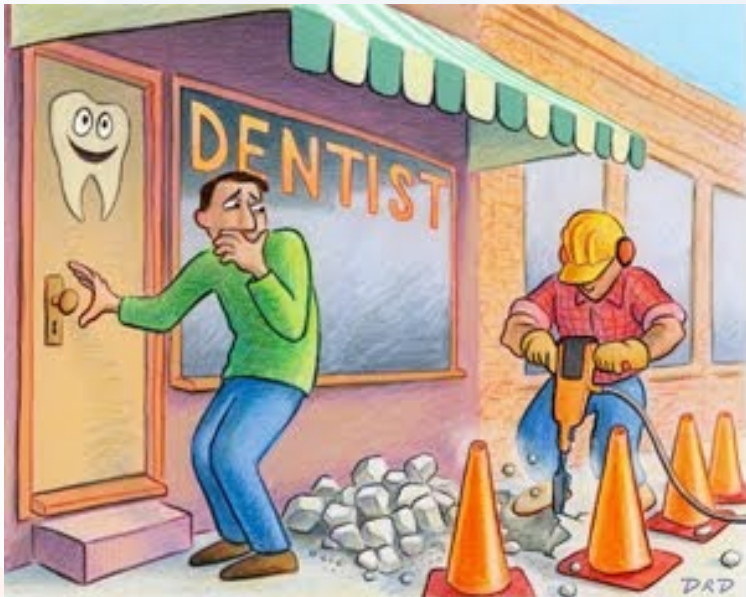
Important-ask questions

The Plan of Care



- Diagnostic Summary. Your provider will review your substance use patterns, medical history, and mental health conditions. ...
- Problem List.
- Goals.
- Objectives.
- Interventions.
- Tracking and Evaluating Progress.
- Planning Long-Term Care.

Dental Fear and Anxiety



- Dental anxiety is common, but there are ways to help you manage it.
- Dental phobia is less common, and your dentist might need to work with your doctor and other health professionals to manage it.

What can providers do to improve oral health engagement?

1. Integrating oral health into overall health care.
2. Promoting legislation that supports access to care.
3. Improving education and training for dental professionals.
4. Reducing barriers to care.
5. Promoting research.

Questions we can ask the patient

- Are you seeing a dentist for regular dental care?
- When was the last time you saw a dentist?
- Do you have any tooth pain or sensitivity?
- Do your gums bleed?
- What do you think if we refer you to a dentist?
- Follow up on the referral
- Engage the patient at each encounter.
- Provide oral health instructions and a toothbrush and floss if possible

Does oral health care make a difference?





- **Retention in care** among oral health clients is 30% higher than the national percentage of 68.7%.
- **Viral Suppression** among oral Health clients is 30% higher than the national average 65.5%

AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinical Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

References

- <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>
- <https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa>
- Defining Comorbidity: Implications for Understanding Health and Health Services, Valderas, Starfield, Salisbury, Roland, FMedSci , Ann Fam Med 2017 Jul; 7(4): 357–363.
- HIV comorbidities increase in US as patients age. Gallant, vander Valk, Reiss, J. et al .J Infect Dis.2017;doi:10.1093/infdis/jix518/4743770.
- Haydée WT Jordão, Gerry McKenna, Úna C McMenamin, Andrew T Kunzmann, Liam J Murray, Helen G Coleman. The association between self-reported poor oral health and gastrointestinal cancer risk in the UK Biobank: A large prospective cohort study. United European Gastroenterology Journal, 2019; 205064061985804 DOI: 10.1177/2050640619858043
- Periodontitis is associated with significant hepatic fibrosis in patients with non-alcoholic fatty liver disease, William Alazawi ,Eduardo Bernabe,David Tai,Tomasz Janicki,Polychronis Kemos,Salma Samsuddin,Wing-Kin Syn,David Gillam,Wendy Turner, 2017 Dec 8. doi.org/10.1371/journal.pone.0185902.
- Rezazadeh, F., Emad, S., & Emad, M. (2019). Relationship between Bone Mineral Density and Oral Health Status among Iranian Women. International journal of preventive medicine, 10, 149. https://doi.org/10.4103/ijpvm.IJPVM_314_18

References Continued

- https://www.medicinenet.com/oral_health_and_bone_disease/article.htm#oral_health_and_bone_disease_facts
- Takeda, M.; Matsuda, Y.; Ikebuchi, K.; Takeda, M.; Abe, T.; Tominaga, K.; Isomura, M.; Nabika, T.; Kanno, T. Relationship between Oral Health Status and Bone Mineral Density in Community-Dwelling Elderly Individuals: A Cross-Sectional Study. Healthcare 2021, 9, 432. <https://doi.org/10.3390/healthcare9040432>.
- Dental health and diabetes The link between oral hygiene and wellness
- McDevitt, Diane MS, RN, ACNS-BC, ANP; Gattullo, Barbara APRN-BC, CDE Nursing Made Incredibly Easy!: July/August 2020 - Volume 18 - Issue 4 - p 11-14 doi: 10.1097/01.NME.0000668372.04867.9b
- Lamster IB, Lalla E, Borgnakke WS, Taylor GW. The relationship between oral health and diabetes mellitus. J Am Dent Assoc. 2008 Oct;139 Suppl:19S-24S. doi: 10.14219/jada.archive.2008.0363. PMID: 18809650.
- <https://www.cdc.gov/diabetes/managing/diabetes-oral-health.html>

Thank you, Questions, Comments

