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## CONFERENCE ABSTRACT

### **Integrating Oral Health into Cardiac Care Settings in Australia: A feasibility study**

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**Introduction:** There is increasing evidence linking poor oral health with cardiovascular disease (CVD) and it is recommended that all cardiac care clinicians incorporate oral health into their practice. Yet, it appears oral health is not considered a priority during cardiac care in Australia and cardiovascular patients are not seeking dental care. The focus of this feasibility study was to explore the oral health perceptions, knowledge and practices of patients with CVD and cardiac care clinicians as well as their views of integrating oral health care in cardiac settings.

**Methods:** A mixed methods approach was undertaken involving: focus groups/phone interviews with cardiac care clinicians (n=30, mostly nurses) across Australia; interviews (n=12); and surveys (n=318) with patients with CVD across four metropolitan hospitals and outpatient cardiology clinics in Sydney. Thematic analysis, descriptive, inferential and logistic regression statistics were used to summarise the findings.

**Results:** Most clinicians interviewed encountered a number of patients with dental problems, yet oral health was not routinely discussed in clinical practice. Many were also unaware of the relationship between oral health and CVD and attributed this knowledge gap to lack of training. Most (82%) patients reported having at least one dental problem and around half had seen a dentist in the last 12 months. Patients had poor oral health knowledge (52%) and only 10.7% had received any information regarding oral healthcare from cardiac care clinicians. Those who received oral health information in the cardiac setting were six times more likely to have seen a dentist in the last 12 months (AOR 5.97, 95% CI: 1.91-18.74). Cardiac clinicians were receptive to the idea of promoting oral health if identified barriers such as availability of resources, training, time constraints and referral pathways were addressed. Patients were also receptive of cardiac nurses providing education (81%), performing oral health assessments (58%) and referral (82%).

**Discussions:** There is a high prevalence of dental problems among patients with CVD yet many have limited knowledge and awareness about the importance of oral health. There is also a lack of emphasis regarding oral health among cardiac clinicians due to various barriers. Cardiac nurses

are in unique position to promote oral health and they are receptive to this idea along with patients, provided current barriers are addressed.

**Conclusions:** Integrating oral health into cardiac care is warranted in Australia. A new model of care is proposed where cardiac nurses are trained to promote oral health, provide risk assessment and referrals to appropriate dental services.

**Lessons learned:** Oral health is a neglected part of cardiac care practice in Australia and is an area that could be addressed through an interdisciplinary oral health model of care.

**Limitations:** The findings may not be relevant to culturally and linguistically diverse populations with CVD or those living in regional areas

**Suggestions for future research:** A new model of care inclusive of a validated oral health risk assessment tool, evidence based oral health resources and training program needs to be developed and evaluated in the cardiac setting.