



Oral Health Care Challenges for Older Adults a Review

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<p>Abstract: Most of the countries in the world is experiencing growth in the number and proportion of older persons in their population. The percentage of the global population aged 65 and above is expected to rise from 10% in 2022 to 16% in 2050. Globally, there is more than 703 million older persons aged 65 or above. There are numerous factors that affect the health of older people, individual or environmental. Older people's common problems vary from physical, social and psychological. Dentists and as all healthcare workers need to have a complete understanding of the age-related changes in oral cavity, the common medical conditions and their dental effects, and the relationship between oral and systemic diseases.</p>	<p style="text-align: center;">Review Paper</p> <p style="text-align: center;">*Corresponding Author: <i>Dr. Abdulhameed G Albeshr</i> King Abdulaziz Medical City for National Guard, Riyadh, Saudi Arabia</p> <p style="text-align: center;">How to cite this paper: Abdulhameed G Albeshr <i>et al</i> (2024). Oral Health Care Challenges for Older Adults a Review. <i>Middle East Res J. Dent.</i> 4(2): 10-12.</p> <p style="text-align: center;">Article History: Submit: 06.05.2024 Accepted: 07.06.2024 Published: 10.06.2024 </p>
<p>Keywords: Older people hath, dental challenges for older adults, oral health, geriatric dentistry.</p>	
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BACKGROUND

The world's population is ageing. Nearly most of the countries in the world is experiencing growth in the number and proportion of older persons in their population. According to the world population prospects 2022, the population above the age of 65 years is growing more rapidly than the population below that age. The proportion of people aged 65 years and above is increasing at a faster rate than those below that age. This means that the percentage of the global population aged 65 and above is expected to rise from 10% in 2022 to 16% in 2050 [1]. Globally, there were 703 million older persons aged 65 or over in 2019. Eastern and south-eastern Asia was home to the largest number of the world's older population (260 million), followed by Europe and northern America (over 200 million) [2].

Healthy ageing is defined as the process of developing and maintaining the functional ability that enables well-being in older age [3]. Chronic medical conditions are common among older adults, with 80% having at least one chronic disease and 68% having multiple chronic diseases [4]. Medical and dental conditions are interrelated. There is no overall health without acceptable oral health.

Also, ageing is often associated with physiological changes, nutritional problems and low

appetite. Chronic diseases and some medications taken for them may result in a decrease in salivary flow (hyposalivation), leading to mastication and swallowing difficulties which called dysphagia, theses may prevent adequate nutritional intake [5]. Likewise, some oral diseases may affect the medical conditions of older adults. Dentists and other healthcare workers need to have a complete understanding of the age-related physiological changes in oral tissues, the common medical conditions and their dental effects, and the relationship between oral and systemic diseases, as well as the details of changes related to ageing, in order to provide safe and effective dental care for older patients [6].

Taking care of the teeth and gingiva as we get older can prevent complications like toothaches, tooth decays, and tooth loss. A healthy oral cavity also makes it easier for us to eat well and enjoying the food.

Examples of Medical Conditions and Medications Affecting Oral Health of Older Adults:

Many older adults suffer from diabetes mellitus (DM), there is association between DM and dental problems, as well as conditions such as periodontal disease, delayed wound healing, taste alteration, and dental infections. Diabetic patients have a high risk of periodontal diseases, and their periodontal condition can be deteriorated if their diabetes is poorly controlled.

Diabetic patients are more prone to dental infections such as stomatitis which may or may not be related to candida infection. Denture-wearers with DM are also more prone to traumatic ulcers of the oral mucosa of the denture-bearing area than non-DM denture-wearers, probably due to slower healing or delayed wound repair [6].

Stroke and dementia can lead to deterioration in self-care ability, resulting in the need for assistance in carrying out basic daily living activities. Studies have reported that people with dementia often present with poor oral hygiene, gingival bleeding, periodontal pockets, mucosal lesions, and reduced salivary flow [7]. Stroke survivors also show impairment in mastication and swallowing, which limits their food intake.

Some medications including some diuretics and antidepressants, are known to reduce saliva secretion. Their long-term use can increase one's susceptibility to oral diseases. In case of xerostomia, the individual feeling of dry mouth, is a common complaint among older adults [8]. Sometimes complaints of xerostomia may be indirect. People with xerostomia are at risk of dental caries and periodontal diseases. They may also experience difficulties in speaking and swallowing, burning mouth syndrome, and taste alteration.

Dentists, dental hygienists, and other oral healthcare workers should provide tailored oral hygiene instruction and dietary advice, as well as regular fluoride applications, for the prevention of oral infections. Saliva substitutes or hydrating mouthwash can be prescribed to relieve xerostomia symptoms [9].

Examples of Oral Diseases and Some Ways of Their Management:

Dental Caries:

The incidence of coronal and root caries increased with age [10]. Moreover, caries can damage the tooth and the restorative procedures can further weaken it, risking its fracture upon occlusal loading and making it unsuitable as an abutment to support a dental prosthesis. Fluoride is an effective anti-caries agent which halts demineralization and promotes remineralization of enamel and dentine [11]. Fluoride toothpaste is effective in preventing and arresting carious lesions.

Periodontal Diseases:

Periodontal disease cause damage to the supporting structures which can result in gingival recession, alveolar bone resorption, tooth mobility, and subsequent teeth loss. Periodontal disease affects over 60% of older adults, possibly due to decreased immunity, poor manual dexterity, and visual degeneration or impairment in carrying out proper oral hygiene practices [12].

A supportive periodontal therapy routine that includes the improvement of oral hygiene practices and extraction of markedly mobile teeth and teeth with poor prognosis must to be considered so that oral hygiene efforts can be focused on the relatively healthy remaining dentition.

Oral Cancer and Precancerous Lesions:

Cancer of the oral cavity, tongue, lips, and oropharynx is one of the common cancers in the world. The annual global incidence of oral cancer has been reported as approximately 500,000 [13]. Older adults may have thin and non-resilient oral mucosa, which becomes permeable to toxic substances. The less disease-resistant mucosa may predispose older adults to cancerous and precancerous lesions, which can be serious and life-threatening. Reduction in salivary flow is common when the salivary glands are damaged. Strict oral care protocol, including rigorous oral hygiene practice has to be followed to prevent oral infections.

Teeth Loss and Edentulism:

Tooth loss is the endpoint of severe dental caries and periodontal disease. After tooth extraction, teeth adjacent to the extraction site may drift to each other and the opposing tooth may over-erupt. Loss of teeth adversely affect aesthetics, speech, and chewing function. Teeth loss resulting in edentulism also affects nutritional intake, which in the long term can cause malnutrition. Moreover, tooth loss has a negative impact on social status, self-esteem, and oral health related quality of life [14]. In situations where the replacement of missing teeth in older adults is necessary, complicated designs that have a high demand for manual dexterity for care should be avoided. In the past few decades, dental implants have been increasingly popular for teeth replacement as treatment option, and promising outcomes have been achieved. In edentulous people, an implant-supported mandibular complete overdenture based on two implants has been shown to be significantly more stable and comfortable to wear and achieves better chewing efficiency and speaking than a conventional complete denture. Hence, it has been recommended as the standard of care [15]. However, not everyone can receive implants. Retention and stability of dental prosthesis may worsen after years of wearing due to continuous resorption of the alveolar bone.

RECOMMENDATIONS:

1. Improve and increase educational and public health programs for older patients about oral health and its relation with general health. This will improve oral hygiene behaviors of older patients.
2. Applying preventive measures such as application of fluoride may decrease the incidence of dental caries also among older people.

3. Conducting more researches about effective oral health care treatments and programs in geriatric dental care. Also, improving of strategies and rules concerning this issue.
4. Implementation of routine oral health screening for old patients in primary health care.

CONCLUSION

Improving the dental care of older adults is important. We have to increase the number of a public health campaigns that promote the importance of oral health among the older adults. Also, implementing programs for oral health care for older adults by governmental and private sectors. The financial support for oral care will improve the quality of care and reduce the costs of treatments. Furthermore, new models for dental care delivery should be used such as mobile technology, tele-dentistry, integration with geriatric and primary care offer opportunities.

Abbreviations: (DM): diabetes mellitus

Funding of the Study: this study self-funded by the Authors

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