Review

Old Age Blues In Dentistry- A Fact To Be Concerned

Tirth A[1], Pal S.K[2], Tandon V[3]

[1]Reader, [2]Assistant Professor, [3]Post Graduate Student, [1,2,3]Department of Public, Health Dentistry,Kothiwal Dental College and Research Centre, Mora Mustaqueem, Kanth Road, Moradabad-244001, Uttar Pradesh, India.

Abstract

Across the life there are various age groups ranging from young born to age, older ones. School going children are grown up adults now, young adults are grown up citizens now, and middle aged have become older The proportion of older people is growing faster than of any other age group. Globally, poor oral health among older people has particularly been seen in a high level of periodontal disease, tooth loss, dental caries. The negative impact of poor oral conditions on daily life is particularly significant among edentulous people. Oral health is integral to general health and a determinant of quality of life. This relationship is reciprocal and complex, and magnified in older adults as they disproportionately suffer from chronic disease. There are a lot of older communities, homebound older that have certain problems like physiological abnormality, finances, psychosocial issues, anxiety that act as barriers in accessing dental care. The dental care community must find creative ways to reach out to underserved segments of older adults. One way to increase older access to oral health care is by requiring dentists and hygienists to promote oral health care in underserved areas as part of a continuing education requirement.

Key Words:

Barriers, care, oral problem.

Background

India is one of the youthful nations in a fast-ageing world. With one grey in every 12, India is the second largest global hub of seniors. The rapid graying is working on an "astonishingly low" per capita GDP. Over 70 per cent elders are fully dependent. Personal choice and privacy are the buzzwords. This generation is less inclined or able to care for parents.[1]

Many elderly seniors live alone during the final years of their life[1]. Their spouses have died and their grown children live far away. Their children have little time to spend with them and their oral and general health is completely ignored therefore it is the necessity that the neglected issues of oral health should be reviewed for making the policy makers aware and initiate effective public health programmes for the benefit of those elderly people who grew us up and are in fact the present past of the coming future.

A special academic and dental care programs for geriatric dentistry are developed throughout the nation but the magnitude of the situation is not yet perceived by most of the developing countries like India. Approximately 600 million people are aged 60 years and over, and this number will double by 2025. By 2050, it will be 2 billion, 80% living in developing countries.[1,2] This poses tremendous challenges to health and social policy planners, particularly because disease patterns will shift concurrently.

Correspondence: Dr. Amit Tirth, M.D.S (Reader), Department of Public Health Dentistry, Kothiwal Dental College and Research Centre, Mora Mustaqueem, Kanth Road, Moradabad-244001, Uttar Pradesh, India, E-mail: a_tirth@yahoo.co.in

Present oral health aspects of our older adults

Statistics shows that nearly 40 years ago, 75% of those aged 75 and older were edentulous. Recent data suggests that no more than 40% of persons in this age group are edentulous. Although edentulism is less prevalent, overall there is still a high incidence in those of lower socioeconomic status. People with incomes below the poverty level were twice as likely to be edentulous.[3] When oral health care is neglected, many older adults face various problems, such as oral pain that can affect their quality of life and cause them to withdraw socially. Oral pain can lead to more severe dental and systemic problems by compromising nutritional intake.

Basic problems of older people Edentulism

Epidemiological studies show that persons of low social class or income and individuals with little or no education are more likely to be edentulous than persons of high social class and high levels of income and education.[4,5]

Root caries

High prevalence rates of coronal dental caries and root surface caries are found among old-age populations in several countries worldwide.[4] The mean number of decayed and filled root surfaces in older people lies between 2.2 and 5.3 in developed countries.[5] The available data worldwide show that dental caries is a major public health problem in older people and closely linked to social and behavioral factors those who do not visit a dentist regularly, tend to suffer more from coronal and root surface caries.[6]

Periodontal problems

Gingivitis and chronic periodontitis are the most common periodontal diseases affecting older adults.[7] Globally, the percentage of the subjects with Community Periodontal Index scores 4 (deep pockets) ranges from approximately 5 to 70% among older people.[8] Epidemiological studies show that poor oral hygiene or high levels of dental plaque are associated with high prevalence rates and severity of periodontal disease. [9]

Xerostomia

It is a common complaint in older adults and the condition is reported in approximately 30% of the population aged 65 and above. A dry mouth can make swallowing more difficult. Moreover persons suffering from dryness of the mouth are likely to experience severe oral problems, including high prevalence of dental caries, difficulty in eating, chewing and communicating. Drug-induced xerostomia is most common in old age because high proportions of older adults take at least one medication that causes salivary dysfunction.[9,10]

Denture-related problems

Denture stomatitis is a common oral mucosal lesion of clinical importance in old-age populations. The prevalence rate of stomatitis is reported within the range of 11–67% in complete denture wearers. In many cases of denture stomatitis, colonization of yeast to the fitting surface of the prosthesis is observed.[4]

Deteriorated oral health affects quality of life

In recent years, many researches proved the impact of oral health on quality of life and general health.[11] The interrelationship between oral health and general health is particularly pronounced among older people. Poor oral health can increase the risks to general health and with compromised chewing and eating abilities, affect nutritional intake. Similarly, systemic diseases and/or the adverse side effects of their treatments can lead to increased risk of oral diseases, dry mouth and altered sense of taste and smell. The high prevalence of multi-medication therapies in advanced age may further complicate the impact on oral health and oral health care.[12]

Barriers to access oral care among older people

According to Federation Dentaire Internationale (FDI) there are separate categories of barriers to access oral health care among older peoples. First is 'lack of perceived need, anxiety and fear, financial considerations and lack of access'. The second category related to the dental profession. They included: 'inappropriate manpower resources, uneven geographical distribution, training inappropriate to changing needs and demands and insufficient sensitivity to patient's attitudes and needs'. The third and final category of barrier related to society: 'insufficient

public support of attitudes conducive to health, inadequate oral health care facilities, inadequate oral health manpower planning and insufficient support for research'.[12]The main barriers are availability, accessibility, accommodation, affordability and acceptability. Barrier to dental care occurs for both the functionally dependent individual and the functionally independent person residing at home or in an institution.

General health

Pitiable systemic health and multiple continual diseases like cardiovascular disorder can also deter the older person from obtaining needed dental care. Indeed, those who make frequent medical visits and who spend more on medications and medical visits are less likely to use dental services.[13] Dental patients with cardiovascular complications such as a history of hypertension, stroke, congestive heart failure, angina, or myocardial infarction require discretion when administering a local anesthetic. Strong vasopressors should be avoided and dosages should be adjusted for such patients. Aspirin, NSAIDs, and certain herbs potentiate the effects of anticoagulants.[14,15,16]

Homebound adults

Many older adults with mild to severe functional limitations can continue to live at home with the cooperation and support of family, friends, and programs such as home health, and hospice. These homebound individuals remain at home while their family work thus they have no time for visiting a dentist. They often require a dentist to make house calls or they must be brought to a hospital-based dental facility via an ambulance. Mobile dental units and laws that, in some states, permit the dental hygienist to provide care to the homebound or the residents of long-term care facilities offer more options for these individuals.[17,18] Many of the residents with or without teeth required immediate dental care at their door steps. The literature is replete with evidence that suggests the oral health care in long-term facilities is poor at best.[19,20]

Recommendations to improve oral health of geriatric population Office plan

The dental office should include design features that consider the unique needs of older patients. The entire office should be climate controlled. Loose rugs or mats and highly waxed floors should be avoided to prevent tripping or falling. Entrances, doorways, restrooms, and operatories must be accessible to the disabled.[21]

Health care team behavior

Respect and awareness of the complex needs of older adults by all practitioners in the office is critical.[22] The office manager should be knowledgeable about how to effectively communicate with older adults, particularly if hearing or vision impairment exists. In addition, the dentist must be able to offer creative and flexible financing options, such as senior discounts. The staff must be trained and able to assist the patient in wheelchair transfers.[22].

Patient education

Educating the older adult patient can prove challenging, especially if communication is ineffective between the patient and care giver. Introductions can be very important in establishing a patient-provider relationship. The patient should always be addressed by his or her last name. Establishing rapport with older adult patients may enhance their interest in improving their own oral health.[23,24]

Health promotional programs

Oral health programmes should apply the appropriate strategies to older people; this group includes the physically and economically vulnerable, the homebound, the institutionalized as well as the active. Where active older people are concerned, outreach activities may target social environments such as clubs, recreational centers, health care centers. Such programmes must focus on enhancing awareness of the importance of oral health and help translate oral health knowledge into practice.[4,25]

Oral diagnostics for geriatric population

Oral diagnostics may be used for diagnosis and treatment of many oral diseases like dental caries, periodontal diseases, oral lesions, etc and systemic diseases like infectious diseases, including HIV and AIDS, carcinomatous growths and endocrine disorders. The benefits of oral sampling as opposed to blood sample

include safety (little or no contact of blood), cost effective and increased patient compliance, and particularly in compromised subjects. Indeed whether because of dehydration, sclerosed veins, or limited tolerance to the procedure geriatric patients demonstrate unique difficulties as in case of blood draws. Sometimes it is not possible to collect blood sample in such kind of patients so oral sample is ideal.[26] It is well known that most molecules found in blood or plasma can also be detected by sampling the oral cavity. The accuracy of any diagnostic test is defined by its sensitivity, specificity, predictive value and efficiency.

Oral health promotion for older adults

Public health programs should apply the appropriate strategies for adult population specially those who are at home, physically and economically vulnerable, as well as the active. Some interventions should be produced for clinical benefit for older people. Those caring for the elderly must be sensitive to and aware of specific indications and dangers of medications. Health care providers must carefully and routinely monitor the use of all medications, including prescription drugs and proprietary medications. The essential question we must think over is whether the lack of commitment to the elderly population affects the principles on which society is based.

Conclusion

Health promotion has become an important means of improving older adults' behaviors in a variety of areas, including exercise, weight loss, management of diabetes and hypertension. Unfortunately it has received less attention in dentistry. Community-based health-promotion efforts are one method of addressing this problem. The dental care community must find creative ways to reach out to underserved segments of older adults as part of a continuing education requirement. Such clinical programs may take place through dental education or by performing necessary dental care procedures. If we do not understand that the way we treat our older community reflects on our values and those we in still in our children.

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