

### Introduction to oral diseases in older adults<sup>1</sup>



- Globally, the population of people aged 65 years and above is 700 million+ and is expected to cross 1.4 billion by 2050
- The population of people above 80 years of age is 140 million+ and is expected to cross 400 million by 2050

#### Problems<sup>2-13</sup>



Older adults are at a high risk of undiagnosed/underdiagnosed oral diseases



Older adults are commonly prescribed one or more medications to treat underlying chronic diseases, and polypharmacy is found to be associated with poor oral health status



Older adults are still susceptible to the predisposing risk factors which are common to oral diseases and other co-morbidities



Misconceptions and barriers further reduce the access to care for older adults, signifying a crucial role for HCPs in oral health promotion



#### Which factors make older adults particularly vulnerable to oral diseases?

- Age-related physiological changes and diseases<sup>4</sup>
- Care dependency<sup>3</sup>
- Lack of incentives and policies supporting oral care<sup>5</sup>
- Lack of professional support for the frail and care dependent ones<sup>4</sup>
- Limited mobility and access to oral care services<sup>3</sup>
- Multimorbidities<sup>2</sup>
- Poor oral hygiene<sup>2</sup>



#### Which conditions increase the risk of oral diseases in older adults?<sup>6-9</sup>

- Physical decline and frailty
- Poor motor function
- Sensory changes
- Under- and mal-nutrition
- Neurogenerative disorders
- Cognitive disorders
- Depression
- Living alone
- Diabetes
- Cardiovascular diseases (CVD)
- Polypharmacy



**Prioritising oral health in older adults before the onset of dependency and decline in physical health—i.e., before it becomes difficult to maintain good oral health—can ensure better health outcomes**

# What oral health issues plague older adults?

## Older adults face...

- Dry mouth<sup>3</sup>
- Plaque on teeth and dentures, and deposits on the tongue<sup>3</sup>
- Caries<sup>3,11</sup>
- Edentulism<sup>3,11</sup>
- Denture-related conditions<sup>3</sup>
- Mucosal conditions<sup>3</sup>
- Oral cancer<sup>3,11</sup>
- Periodontal disease<sup>3,11</sup>
- Risk of aspiration pneumonia<sup>3</sup>
- Traumatic injuries<sup>3</sup>



## ...and polypharmacy-related complications<sup>8,10</sup>

- Dry mouth
- Altered haemostasis
- Altered alveolar bone
- Altered oral microbiome
- Aphthous and non-aphthous ulcers
- Dysesthesia
- Fissuring of tongue
- Glossodynia
- Mucosal lesions
- Osteonecrosis
- Erosion and abrasion of the teeth

## What barriers to oral health do older adults encounter?

### General<sup>12</sup>



Difficulty in accessing appropriate dental care



Lack of availability of necessary care



Lack of affordability/  
Shortage of public funding coverage



Unsupportive care systems for confined individuals at home and nursing home residents



Care providers with limited knowledge of oral health and preventive measures



Shortage of geriatric dentistry specialists and educators

### Specific<sup>14</sup>



Reduced self-care



Poor oral hygiene maintenance



Limited access to dental care



Limited financial resources to fund dental care



Negative/incorrect beliefs about oral health

## Why is it important to address the gaps in oral healthcare delivery?<sup>2</sup>



Good oral health is essential for daily functioning and overall health and well-being



Despite this, oral diseases remain highly prevalent, though they are largely preventable



Moreover, many non-communicable diseases share common risk factors with oral diseases



They disproportionately affect underprivileged and marginalised groups in society, including older adults



For example, excess sugar consumption is linked to diabetes, dental caries, and obesity; its effects extend to the whole body and are not restricted to the oral cavity



Addressing gaps in oral healthcare delivery can ease the economic burden of treating oral diseases



Oral health of older adults represents an accumulation of their individual life experiences



# Ensuring better healthcare for older adults<sup>11</sup>

Improvements at three levels are necessary

Individual

Organisational

Policy

Improvements should broadly address



Better oral health literacy for the public



Integration of essential oral care into public health care coverage



Improved training of dental professionals for managing older patients



Training of non-dental healthcare professionals in screening and promoting the oral health of older adults



Improving access to dental services

## Oral health promotion practices by HCPs must<sup>15</sup>

Assess the impact of medications on oral health and adapt prescriptions accordingly



Determine referral needs of patients based on the initial assessment

Provide oral health and nutritional counselling to patients and carers

Recognise the importance of oral health on general health and quality of life

**Collaborative efforts by all HCPs can ensure the promotion of oral health in older adults**

## How can HCPs help?<sup>15</sup>

- Focus efforts and target the prevention and control of oral conditions which are more prevalent in older adults
- Evaluate at-risk older adults via patient interviews to assess rapid oral health deterioration (ROHD)<sup>14</sup>

Most relevant ROHD risk factors include

- Dementia
- Demotivation
- Depression
- Diabetes
- Diet
- Drug intake
- Poor dexterity

### What should be discussed during patient interviews?<sup>14</sup>

- ✓ Is there anything that is bothering you in your mouth?
- ✓ Do your gums bleed? Does this occur when eating, brushing, or both?
- ✓ Does your mouth feel dry?
- ✓ Do you have partial or complete dentures?
- ✓ How regularly do you clean your teeth and dentures?
- ✓ When did you last have a dental assessment?



Provide personalised oral health counselling that addresses

- ✓ Daily oral and denture hygiene and care
- ✓ Diet
- ✓ Promoting healthy habits
- ✓ Regular dental assessments
- ✓ Use of medications
- ✓ Xerostomia/hyposalivation

Visit [oralhealth.knowledgehub.wiley.com/older-adults/](http://oralhealth.knowledgehub.wiley.com/older-adults/) for additional resources

# The correct way to perform an oral assessment<sup>15,16</sup>



- Oral examinations should be part of regular geriatric assessments
- Initial oral screenings should be short and easy to perform
- They should include
  - Screening the condition of teeth, dentures, lips, tongue, gums, oral mucosa, the level of dental and dentures hygiene, and the presence of oral pain and discomfort
- Leverage the following tools
  - Brief Oral Health Status Examination
  - Oral Health Assessment Tool
  - The Holistic and Reliable Oral Assessment Tool

## An integrated, collaborative approach to oral healthcare for older adults<sup>15, 16</sup>



Deliver comprehensive services through collaboration involving HCPs, patients, caregivers, and the community

Provide geriatric oral health training to non-dental HCPs like physicians, nurses, dietitians, speech therapists, pharmacists, and formal carers of older adults

Promote collaboration between dentists, non-dental HCPs, and older persons' carers

Improve HCP training to better address the needs of ageing societies

## Key takeaways

- Older adults are at a greater risk of oral disease, and this is exacerbated mainly by factors such as low socioeconomic status, multimorbidity, polypharmacy, care dependency, a lack of awareness, low access to dental care, poor professional support, and lack of appropriate oral health policies
- To tackle the barriers and misperceptions associated with dental care, it is important to envision an important role for non-dental HCPs within oral health practice
- HCPs need to implement oral health care management into their routine patient care practice, especially when treating older patients
- Oral health promotions should focus on communicating the importance of oral health in older adults, assessing the impact of medications, performing an initial oral assessment and referral requirement, and providing counselling to patients and carers
- Collaboration at multiple levels between dentists, physicians, other HCPs, formal and informal caregivers, and community health workers, can go a long way in reducing disparities in oral health care for older adults

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