

Global status of oral health



Oral health encompasses good oral function and psychosocial well-being without pain, discomfort, and embarrassment¹



However, more than **3.5 billion** people experience impaired oral health due to oral diseases²

The most common findings affecting oral health in older adults include:^{2,3}



Oral infection



Untreated caries



Periodontal disease



Tooth loss



Mucosal disease



Dry mouth



Oral cancers

Oral diseases in older adults

Currently, it is estimated that oral diseases affect more than **280 million** older adults aged 70 years or more⁴



Global prevalence



Global incidence



Older adults **living alone** or in **long-term care homes** carry a higher burden of oral diseases than the general public¹

Impact of oral diseases in older adults

Oral conditions impair the oral health-related quality of life (QoL) and may contribute to poor general health and well-being as they are associated with:⁵



Pain and discomfort



Local or systemic infection and chronic inflammation



Impaired chewing and swallowing, and dysgeusia



Constrained food choices



Nutritional deficiencies



Difficulty in speaking



Poor dental appearance and halitosis



Low self-confidence and social isolation

Modifiable risk factors for oral diseases

Risk factors⁶



Poor oral hygiene



Sugar-rich diet



Medication/
therapy/
disease-induced
hyposalivation



Trauma



Poorly
maintained
dentures



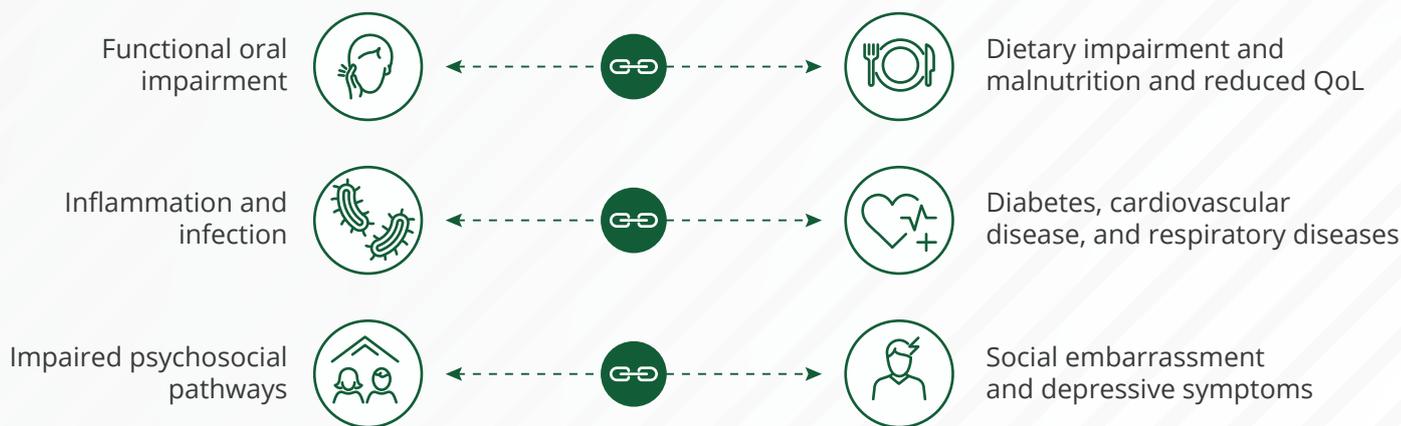
Tobacco
use



Excess
alcohol
consumption

Associations with systemic health

Poor oral health is associated with impairment in systemic health and reduced QoL⁶



Current preventive and treatment approaches

A majority of oral diseases are preventable and treatable with:⁶



Oral self-care



Assisted oral hygiene



Professional oral healthcare



Healthy lifestyle

Barriers to optimal oral care in older adults

Despite being preventable and treatable, oral diseases continue to remain prevalent among older adults owing to several barriers and misconceptions^{4,6}



Personal

- Refraining from routine dental care
- Negative/incorrect beliefs about oral health
- Consultations with non-dental healthcare providers who lack expertise and attention to oral health
- Limited financial resources
- Underdiagnosis or lack of treatment during serious illnesses and functional dependencies
- Limited mobility
- Cognitive impairment
- Care dependency and multi-morbidity
- Lack of access to dental care



Professional

- Dental professionals with limited training and unwillingness to provide domiciliary dental care
- Care providers with limited knowledge on oral health and preventive measures
- Limitations of time and staff
- Low priority towards oral hygiene provision among carers of care-dependent persons
- Primary health services ill-equipped to cope with huge oral care needs
- Shortage of geriatric dentistry specialists and educators



Policy

- Shortage of public funding coverage
- Lack of priority for oral health in healthcare policies
- Socioeconomic inequalities in oral care access
- Unavailability of domiciliary dental care
- Unsupportive care systems for individuals confined at home and nursing home residents
- Poor oral health literacy of citizens

Improving the management of oral diseases among older adults

General recommendations^{4,6}



Regular dental visits



Integration of oral and general healthcare



Improved oral hygiene at home and in institutions with self or assisted care



Universal coverage for oral health



Evidence-based, people-centred healthcare and interprofessional collaboration

Recommendations proposed by the European College of Gerodontology (ECG) and the European Geriatric Medicine Society (EuGMS) for oral health in older adults⁶



Education for healthcare providers

- Additional training opportunities for dental professionals
- Gerodontology education programmes for non-dental care providers
- Interprofessional training programmes in geriatrics and gerontology



Health policy

- Universal health coverage for essential oral care
- Incorporation of oral assessment in general health assessment
- Integrated model for the delivery of oral and general primary care
- Integration of oral care into public healthcare coverage
- Oral health promotion measures
- Access to dental care and domiciliary dental care for patients unable to visit clinics
- Policy developments and protocols on oral health promotion in institutional settings



Citizen empowerment

- Promotion of oral health literacy for self-care and care of others
- Personal motivation to seek dental care
- Guiding decision-makers in oral health promotion strategies
- Recording of oral care preferences, for future reference

Recommendations for oral health screening by non-dental care providers^{6,7,8}

Non-dental healthcare providers should be able to screen and promote oral health in older adults with limited access to a dental professional

- 1 Consider the impact of current medication regimens on oral health
- 2 Query patients and carers about current oral health practices
- 3 Conduct oral health assessment using validated tools specific to non-dental healthcare providers (e.g., Oral Health Assessment Tool [OHAT])
- 4 Identify abnormal findings in the oral cavity and common oral conditions in older adults
- 5 Decide on required dental referral and/or follow-up
- 6 Provide oral health counselling, including advice on daily hygiene, denture maintenance, diet, and frequent dental review



Conclusions

- Oral health is essential for general health and well-being
- Despite being preventable and treatable, oral diseases are becoming more prevalent among older adults due to a wide range of personal barriers and shortcomings in existing oral healthcare delivery and policy
- Hence, healthcare systems must undergo radical restructuring to allow for a more preventive and responsive model of healthcare delivery
- Catering to the personal, professional, and policy-related issues in oral healthcare, these reforms should be aimed at improving the oral health-related QoL of older adults

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