Managing Oral Health in Older Adults

A guide for healthcare professionals (HCPs) to optimise treatment and care outcomes

Introduction to oral diseases in older adults¹



- 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

Problems²⁻¹³



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 diseases⁴
- Care dependency³
- Lack of incentives and policies supporting oral care⁵
- Lack of professional support for the frail and care dependent ones⁴
- Limited mobility and access to oral care services³
- Multimorbidities²
- Poor oral hygiene²



Which conditions increase the risk of oral diseases in older adults?⁶⁻⁹

- 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 mouth³
- Plaque on teeth and dentures, and deposits on the tongue³
- Caries^{3,11}
- Edentulism^{3,11}
- Denture-related conditions
- Mucosal conditions³
- Oral cancer^{3,11}
- Periodontal disease^{3,11}
- Risk of aspiration pneumonia³
- Traumatic injuries³

...and polypharmacy-related complications^{8,10}

- 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?





Difficulty in accessing appropriate dental care



Lack of availability of necessary care



Lack of affordability/ Shortage of public funding coverage



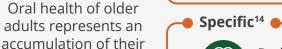
Unsupportive care systems for confined individuals at home and nursing home residents



Care providers with limited knowledge of oral health and preventive measures



Shortage of geriatric dentistry specialists and educators



individual life

experiences



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?²



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



Ensuring better healthcare for older adults¹¹

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 dental services oral health of older adults



Improving access to

Oral health promotion practices by HCPs must¹⁵

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



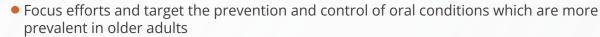
Determine referral needs of patients based on the initial assessment

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?¹⁵





• Evaluate at-risk older adults via patient interviews to assess rapid oral health deterioration (ROHD)14

Most relevant ROHD risk factors include

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

when eating, brushing, or both?

you in your mouth?

patient interviews?14



Does your mouth feel dry?

What should be discussed during

Is there anything that is bothering

Do your gums bleed? Does this occur

- 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
- Regular dental assessments

- Promoting healthy habits
- Use of medications
- Xerostomia/hyposalivation

The correct way to perform an oral assessment^{15,16}



- 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^{15, 16}



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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