

FOR NON-ORAL HEALTH PROFESSIONALS

Oral Health of Older Adults

Background

Oral In this fact sheet, non-dental healthcare professionals (HCP) will learn about:

1. Common oral health problems which affect older adults;
2. Steps that can be taken to help older adults improve their oral health.

Dental caries (tooth decay) and periodontal diseases (gum diseases) are common in older adults. Both are preventable; risk factors include poor cleaning of teeth and gums, dry mouth, sugary diets and smoking.

Why do non-dental HCP need to identify oral health problems in older adults?

1. Oral health is a very important part of general health and well-being.
2. Oral diseases are preventable.
3. Oral diseases have a higher prevalence than systemic diseases and represent a major health burden for many countries.
4. Oral health and systemic health have a bilateral relationship.
5. Older adults may become dependent on others for self-care, including oral hygiene.



Dental caries and older adults

Some facts about dental caries¹:

1. Dental caries is one of the most significant health problems facing older adults. An increasing number of older adults are retaining some or all of their natural teeth, increasing their caries risk.
2. Older adults are more likely to develop caries on the exposed root surfaces of their teeth as a consequence of gum diseases.
3. Dental caries are preventable and implementing oral hygiene measures will help to prevent them.
4. Fluoride has been shown to be effective in preventing caries, either in toothpaste, in mouth rinses or through professional application by a dental professional.
5. Dental caries are fuelled by dietary sugars.
6. In older adults, a dry mouth can further contribute to the development of dental caries.

Clinical features

1. The earliest visual sign of dental caries is the so-called white spot lesion. If demineralization continues, the surfaces of the white spot will cavitate, resulting in a cavity. Dental caries can be very painful and may cause tooth abscesses.
2. Dental caries can occur throughout life and can damage the tooth crown and, in later life, expose root surfaces.



Gum diseases and older adults

Some facts about dental caries¹:

1. Gum diseases are commonly found in older patients who have some or all of their natural teeth.
2. Gum diseases are preventable. Implementing good daily oral hygiene measures will help to prevent them.
3. The initial stages of gum disease are reversible but, once established, gum disease can lead to the loosening of teeth, or even tooth loss.
4. Gum disease has been shown to be associated with a number of other medical conditions, including diabetes and heart disease.
5. Patients can be genetically susceptible to gum disease; other factors, particularly smoking, are major risk factors.

Clinical features

1. Early stages of gum disease can feature swollen and red gums, which may bleed, particularly during toothbrushing.
2. As gum disease progresses, the supporting bone around teeth can resorb (shrink), leading to loosening of teeth and tooth loss.

Tooth loss and older adults

Some facts about dental caries¹:

1. Tooth loss can occur throughout life, and is most commonly associated with dental caries, gum disease or trauma. Tooth loss has been linked to cognitive decline.
2. In most older adults, missing natural teeth can be replaced by removable or fixed dentures (bridges or implant-retained crowns).
3. Good daily oral hygiene (brushing and cleaning between the teeth) is critical to prevent tooth loss. Bridges, crowns and dentures should also be carefully cleaned.

Clinical features

1. Older patients may have fewer natural teeth. They may have spaces where teeth previously were or have had treatment to replace their missing teeth.
2. Tooth loss can diminish older patients' ability to chew, speak, and socialize freely.
3. A reduced number of natural teeth may limit older patients' food choices, ultimately leading to malnutrition.

Oral hypofunction (oral conditions) among the older population

1. Many older patients suffer from a dry mouth which can cause difficulty in speaking and swallowing; a dry mouth may cause a decline in taste and make wearing dentures very difficult. Dry mouth is commonly associated with the medications which older patients take.²
2. Ageing leads to declining tongue pressure and motor function of the lips; both cause difficulty in swallowing (dysphagia) so it takes more time and effort for food or liquid to move from the mouth to the stomach.

Oral healthcare delivery framework

Ask

1. For detailed dental, social and medical histories, including all prescribed drugs/medicines. Particular attention should be paid to discussing how patients look after their natural teeth and mouth;
2. About common risk factors such as sugar, tobacco and alcohol use;
3. About difficulty chewing/biting;
4. About difficulty swallowing/choking;
5. About difficulty speaking.

Look

1. Look at the following:
 - Poor oral hygiene;
 - Oral dryness and the corners of lips;
 - Difficulty with lip and tongue movements;
 - Speaking or pronouncing particular words.



Decide

1. Determine conditions which require immediate intervention including:
 - Untreated dental caries or gum disease;
 - Poor oral hygiene;
 - Management of oral hypofunction;
 - Replacement of missing teeth;
 - Addressing risk factors, including smoking and alcohol consumption.
2. Decide if specialist referral is required.

Act

1. Provide basic oral health education and assess whether the patient is capable of implementing hygiene measures and brushing his/her teeth. If not, provide basic oral health education to caregivers.
2. Implement behaviour change interventions to minimize risk factors, such as tobacco cessation.
3. Collaborate with other healthcare professionals; following identification of an oral health problem, it's possible to diagnose a systemic condition.
4. Consider referrals for:
 - effective treatments and interventions in dental settings;
 - effective treatments for tobacco dependence in primary care settings;
 - dietary counselling to promote good nutrition for health and to reduce the oral disease risk caused by high and frequent sugar consumption;
 - fluoride applications in primary care settings.

Document

Oral health status, constituent of an ageing population, and prevalence of risk factors associated with oral diseases.

This factsheet is supported by:



References

1. Patel J, Wallace J, Doshi M, et al. Oral health for healthy ageing. *Lancet Healthy Longev* 2021;(2): e521–527.
2. Agostini BA, Cericato GO, Silveira ERD, Nascimento GG, Costa FDS. How Common is Dry Mouth? Systematic Review and Meta-Regression Analysis of Prevalence Estimates. *Braz Dent J.* 2018;29(6):606-618.
3. Minakuchi S, Tsuga K, Ikebe K, et al. Oral hypofunction in the older population: Position paper of the Japanese Society of Gerodontology. 2016. *Gerodontology* 2018 Dec;35(4):317-324.

Other Resources

FDI World Dental Federation. Oral Health for an Ageing Population. Available from: Oral health for an ageing population | FDI (fdiworlddental.org) [Accessed on 10 April 2024].

FDI World Dental Federation. Educational module for other healthcare professionals. Available from: Educational Module for Other Healthcare Professionals | FDI (fdiworlddental.org) [Accessed on 12 March 2024].

FDI World Dental Federation. Tobacco Cessation. Available from: Tobacco Cessation | FDI (fdiworlddental.org) [Accessed on 10 April 2024].

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