

Common Dental Problems in Older Individuals- A Monograph

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Abstract: There are a number of oral health problems seen in geriatrics. As age advances, an elderly is more prone to dental caries and periodontal diseases which results in tooth loss. Denture stomatitis occurs as a result of continuous wearing of dentures and improper cleaning. Xerostomia are common findings due to salivary gland under function. Individuals who have long habits of tobacco chewing and alcohol consumption are at higher risks for developing malignancy. This article highlights the common oral health problems in geriatrics and warrants the needs for drafting effective policies for improving their conditions.

Keywords: Geriatrics, dental caries, tooth loss, oral health policy.

INTRODUCTION

Geriatric dentistry is the delivery of dental care to older adults involving diagnosis, prevention, management and treatment of problems associated with age related diseases [1]. Geriatric dentistry is emerging special branch in dentistry. The study of physical and psychological changes which are incident to old age is called gerontology [2].

Demographic and socioeconomic trends:

Italy and Japan have the highest proportion of older persons (about 16.7 per cent and 16 percent respectively in the year 2003)[3]. In US the most rapid increase is expected between 2010 and 2030 when the "baby boom" generation, persons born between 1946 and 1964, reaches age 65. [4] By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 900 million in 2015.

Today, 125 million people are aged 80 years or older. By 2050, there will be almost this many (120 million) living in China alone, and 434 million people in this age group worldwide. By 2050, 80% of all older people will live in low- and middle-income countries [5].

In India, as a result of the change in the age composition of the population over time, there has been a progressive increase in both the number and proportion of aged people. The Indian population has increased from 361 million in 1951 to 1.027 billion in 2001 and further to 1.21 billion in 2011. Simultaneously, the number of older people has increased from 19 million (i.e. 4 percent of total population) to 77 million and further to roughly 93 million (i.e. 7.5 percent of the total) during the same time span [6].

Classification of elderly

According to WHO,

Aging individuals 45-60 years old

Older individuals 61-75 years old

Old individuals 76-90 years old

Very Old individuals 91-100 years

Oral health problems in elderly

- **Tooth Loss:** The loss of tooth is a common finding seen in elderly population. As age advances, due to periodontal disease progression; there is loss of tooth. The mechanical wearing of tooth and excessive use of tooth including dental caries are other reasons associated with the loss of tooth.
- **Stomatitis:** 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 [7]. In many cases of denture stomatitis, colonization of yeast to the fitting surface of the prosthesis is observed. Other factors of stomatitis include allergic reaction to the denture base material or manifestations of systemic disease. The prevalence of denture stomatitis correlates strongly to denture hygiene or the amount of denture plaque. Usage of denture at night, neglect of denture soaking at night and use of defective and

unsuitable dentures are also risk factors for denture stomatitis, as is tobacco and alcohol consumption [8-10].

- **Root caries:** Root caries is a common finding in elderly population. Due to the result of periodontal disease progression, inadequate dental visits, improper brushing of teeth, frequent sugar consumption, smoking and reduced immunity; the prevalence of root caries is reported to be higher in elderly population.
- **Periodontal disease:** The prevalence of periodontal disease is relatively higher in elderly population [11]. Low education, no dental check-ups, few teeth present, and regular smoking have independent effects on progression of periodontal diseases in older adults. In some industrialized countries, studies have shown that use of tobacco accounts for more than half of the periodontitis cases in adults [12].
- **Xerostomia:** Dry mouth is a common complaint in older people and the condition is reported in approximately 30% of the population aged 65 and older [13]. Persons suffering from dryness of the mouth are likely to experience severe oral problems, including high levels of dental caries, in addition to difficulties in chewing, eating and communicating. A reduced un-stimulated salivary flow and subjective oral dryness are significantly associated with age and the female gender. Drug-induced xerostomia is most common in old age because high proportions of older adults take at least one medication that causes salivary dysfunction. The drugs mostly responsible for dry mouth are tricyclic antidepressants, antipsychotics, atropinics, beta blockers and antihistamines, thus the complaint of dry mouth is particularly frequent in patients treated for hypertension, psychiatric or urinary problems [13]. Smoking is another important risk factor for dry mouth [14].
- **Oral pre cancer and oral cancer:** Age-specific rates for cancer of the oral cavity increase progressively with age, most cases occurring in the groups above 60 years [15]. Oral cancer is widely prevalent cancer type in developing countries and although it is less prevalent in developed western countries but in recent times a change in trend has been observed due to changes in lifestyle. It is the most common type of cancer in South Asian Countries like India, Srilanka, Pakistan and Bangladesh and contributes nearly one-fourth of all new cases of cancer [16, 17]. Tobacco use is the most important determinant of oral cancer and premalignant lesions including leukoplakia, but heavy consumption of alcohol is also a significant factor in relation to these conditions [18]. Socio-economic status such as low levels of education and income is a risk factor for oral cancer [19].

- Financial hardships following retirement
- Negative attitude to oral health care
- Dental fear and anxiety
- Irregular dental visits
- Lack of knowledge and awareness

CONCLUSION

The elderly people are prone to a number of oral health problems and needs urgent interventions. The barrier to oral health care needs to be identified and effective steps should be taken by the government to improve the oral health of elderly. There is a need for oral health policy focusing on needs of geriatrics. Dental health education should be provided and effective steps should be taken to alleviate the oral health care needs of this population.

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Barriers to oral health care

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