

Dental health for senior citizens



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Along with the problems of normal physiological process of aging, elderly population is at increased risk of chronic diseases and increased intake of medications and their side effects (Altani, and Wyatt, 2002). The aging process, chronic disease and medicines contribute to various dental problems of the elderly. Those in the dental professions are seeing more and more need for dental services for the aged. As such, improved dental care, use of fluorides and increased dental awareness has improved the edentulism rates (Altani, and Wyatt, 2002).

Hence, it becomes of paramount interest for both dentist and dental hygienist to identify the dental needs of the elderly and also to know the implications of the general health condition of the body on the provision of dental care to the aged people. This essay explores the dental hygiene issues of the elderly and the suitable services and interventions that be provided as a dental hygienist. Dental problems in the elderly The main dental problems in the elderly are oral infections like caries and periodontal disease, inflammatory mucosal diseases of the mouth and the oral cavity, and denture-related problems (Altani, and Wyatt, 2002).

It is important to properly identify the needs of dental hygiene in this age group because, research has shown that poor oral health is associated with other general health issues like respiratory infections and nutritional deficiencies (Altani, and Wyatt, 2002). Dental health is not only related to teeth, but also to the gums and other tissues in the mouth like bone. In many elderly, only the lower front teeth remain and because of decreased salivation and lack of mineralization, decay, especially around the necks of

the teeth can be seen. This type of decay seen in the aged population is mainly darker leathery decay and spreads very slowly.

Aging by itself does not cause periodontal disease. The decreased physiological capacity of the aged people to handle infection is what contributes to periodontitis and caries. Other factors contributing to periodontal infection problems are decreased access to dental care, poor dental hygiene practices including poor brushing and also other oral care practices on the part of care givers especially in institutionalized elderly (Simunkovic et al, 2005). Frail elderly people with poor teeth have less pleasure in taking a proper diet consisting of soft or pureed food (Altani, and Wyatt, 2002).

This can result in certain restrictions in food selection and can also lead to low intake of important nutrients. All these contribute to under-nutrition. Old people also suffer from xerostomia which further contributes to poor nutrition (Altani, and Wyatt, 2002). Xerostomia is a condition in which there is decreased saliva production. Saliva is essential for maintaining a healthy environment of the mouth and also is essential for the normal process of digestion and absorption. Xerostomia occurs not only due to the physiological process of aging but also due to many medications which the aged people may be taking for chronic illnesses.

Saliva has protective properties against infection and when it is decreased, it can lead to increased risk of periodontal disease and dental caries. Chewing may be impaired in the elderly because of improper dentures, poorly maintained teeth or dentures, absence of sufficient number of healthy teeth

and poorly occluding teeth, be it natural or dentures (Altani, and Wyatt, 2002). Impaired chewing can also be due to reduced muscle function. Impaired chewing leads to poor nutrition, which further increases the risk of dental infection.

Elderly people also have decreased olfaction and perception of taste contributing to decreased intake of food and thus decreased nutrition (Altani, and Wyatt, 2002). Another important aspect to be noted is that many elderly people, especially those who are institutionalized receive more refined carbohydrates, especially sucrose which contributes to dental caries (Simunkovic et al, 2005). Dental health becomes even more important when the aged person has other problems like cardiac pacemakers. This is because; poor dental hygiene can increase the risk of endocarditis.

Management of dental problems of the elderly

1. Treatment of decay: Decay has to be treated by a dentist and involves movement and cooperation from the elderly person. Hence it is best to prevent decay. The risk of decay can be decreased by improved brushing with the help of a caregiver and improved mineralization by using remineralizing pastes and mouth rinses. Also avoiding intake of refined carbohydrates has good implications as far as prevention of dental infections are concerned. Chlorhexidine is a varnish which can be applied once or twice a day to prevent dental caries. Concentrated fluoride varnish may be applied one in 3- 6 months to decrease the risk of caries (Kay, 2000).

2. Improvement in saliva flow: The elderly may be advised some artificial saliva to rinse and lubricate the dry mouth. However, these solutions are

actually expensive. 3. Improved chewing of food: This can be done by advising properly fitting dentures, adhesive pastes, powder and pads. Any painful condition associated with chewing must be dealt with appropriately to enhance the act of chewing.

Conclusion Elderly persons have decreased ability to take care of oral hygiene and are dependent on their care-givers for brushing and mouth rinsing. They often find it difficult to move out and meet dentists for proper treatment of oral conditions. The aged persons also suffer from many chronic illness and take many medicines, both of which contribute to decreased oral health. The most common dental problems are decreased number of teeth, improper teeth, xerostomia and periodontal infections. Oral health has an impact on the general health condition of an individual and hence as far as possible efforts must be made to preserve good dental hygiene of the individual.