

DENTAL CARE FOR SENIOR CITIZENS

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ABSTRACT

Throughout the world, the number of senior citizens which is synonymous with older adults above the age of 65 years is increasing, and these individuals are retaining natural teeth for longer period. This population has unique problems that necessitate alteration in their treatment plan. Thus, it has proportionately increased the challenge of dental profession for maintaining oral health of this ageing population. Longer they live more dental and periodontal diseases they accumulate and seek dental care. The ageing dental patients have particular dental and general health conditions that the dentist must be familiar with for proper diagnosis and treatment. The reduced manual dexterity of this group of population makes it difficult for him to perform regular oral hygiene practices efficiently. Many systemic factors are also responsible for this reduced efficiency. The importance of medical and dental history cannot be ignored. Many medical diseases that occur more often with age may require modifications to dental preventive as well as curative treatment planning.

INTRODUCTION

The purpose of this article is to provide readers with information on the interrelationship between ageing and oral health. The term senior citizen is synonymous with older adults above the age of 65 years and is used by many in the literature. Ageing does not cause disease; however, age is associated with more disease. Jim Beck stated this association during 1996 World Workshop on Periodontics: saying "It may be that risk factors do change as people age, or at least the relative importance of risk factors change." The growth in the older population is result of the dramatic increase in life expectancy during the past century.

Despite advances in modern medicine that have increased life expectancy, the number of senior citizens with acute and chronic diseases also continues to increase. Visual impairment, cataract, glaucoma, and hearing impairments etc. increase in frequency with advancing age. Hypertension, heart diseases, diabetes, arthritis, sinusitis etc. also affect a large population of senior citizens. Advancing age puts many senior citizens at risk for a number of oral health problems also. Some of them are:

Darkened teeth. These are caused to some extent by changes in dentin, that underlies the tooth enamel and by having consumed stain causing f o o d s a n d

beverages throughout lifetime.

Dry mouth. Dry mouth is caused by reduced salivary flow with advancing age which can even be a result of cancer treatment that use radiation to the head and neck area. Certain diseases, such as Sjögren's syndrome and other medications also lead to reduced salivary flow and cause dry mouth.

Diminished sense of taste. While advancing age impairs the sense of taste, s o m e d i s e a s e s , medications and artificial dentures also contribute to this sensory loss.

Root caries. This is caused by exposure of the roots of teeth to decay causing acids. These roots of teeth become exposed as gingival tissue recedes apically.

Gingival disease. These are caused by plaque and made worse by food particles left in and around teeth. Use of tobacco products, poor-fitting b r i d g e s a n d partial dentures, poor diet, and certain diseases such as anemia, cancer, hypertension and diabetes are often a problem for senior citizens.

Tooth loss. Besides dental caries, Gingival and periodontal diseases are leading cause of tooth loss among senior citizens.

Uneven alveolar bone. This is caused by untimely loss

of teeth in various quadrants of maxilla and mandible.

Denture-induced stomatitis. Ill-fitting dentures, poor oral hygiene, or a buildup of the fungus cause this condition which is inflammation of the tissue underlying a denture.

Thrush. Diseases or drugs that affect the immune system can trigger the overgrowth of the fungus *Candida albicans* in the mouth and cause thrush.

Age in itself is not a dominant or sole factor in determining oral health. However, certain medical conditions such as arthritis in the hands and fingers may make brushing or flossing teeth difficult or impossible to perform. Medications which are taken on regular basis can also affect oral health and make a change in his dental treatment plan necessary.

ORAL HYGIENE TIPS FOR SENIOR CITIZENS

Dental plaque causes most common dental diseases such as dental caries and periodontal disease. Daily brushing and flossing of natural teeth is essential to keeping them in good oral health. Plaque can build up quickly on the teeth of seniors, especially if oral hygiene is neglected leading to tooth decay, gingival and periodontal disease. Anti plaque agents in the form of mouthwashes can be used as adjunct to mechanical plaque control methods. For evaluation of self administered plaque control measures, disclosing agents can be used periodically, may be weekly or for nightly. To maintain good oral health, it is important for all individuals regardless of age to:

Brush at least twice a day with a fluoride-containing toothpaste

Floss all inter dental areas at least once a day

Visit dentist on a regular basis at least once in 6 months for an oral examination as well as oral prophylaxis

What Senior Citizens Can Expect During An Oral Examination

A senior citizen reporting to the dentist for an oral checkup examination should be seated comfortably to conduct a thorough medical/ dental history and clinical examination. It should include past restorative, other dental and periodontal treatment; head and neck

cancer and its treatment; allergies, oral hygiene technics and frequency; use of tobacco and alcohol etc. The questions asked during dental history should also include:

When he last visited dentist and for what ailment?

Has he noticed any recent changes in his mouth?

Has he noticed any loose or sensitive teeth?

Has he noticed any difficulty in tasting, chewing, or swallowing?

Has he any pain, discomfort, sores, or bleeding in his mouth?

Has he noticed any lumps, bumps, or swellings in his mouth?

During oral examination, the dentist should check the following:

Face and neck for skin discoloration, moles, sores etc.

Bite for any problems while teeth come together.

Jaws for signs of clicking in the temporo-mandibular joint.

Lymph nodes and salivary glands for any sign of swelling or lumps.

Cheeks mucosa for infections, ulcers, traumatic injuries.

Tongue, floor of the mouth, soft and hard palate for any ulcer/growth .

Gingival tissue for signs of infection or enlargement.

Teeth for wear and tear, decay, condition of

If dentures or other appliances are worn, the dentist should ask

about when he wears and takes out denture, if removable.

He will also look for any irritation or problems in any area in the mouth that the appliance touches, and examine the denture or appliance itself looking for any worn out or broken areas.

MAINTENANCE OF ORAL HEALTH IN SENIOR CITIZENS

The most important factor determining a successful outcome of dental treatment is plaque control and frequency of oral examination and professional oral prophylaxis. Advancing age does not decrease

requirement of plaque control; however senior citizens may have difficulty in performing adequate oral hygiene because of compromised health and mental status, medication, or altered mobility and manual dexterity. They may change tooth brushing habits due to disabilities such as hemiplegia secondary to CVA, visual difficulties, dementia, and arthritis etc. In this situation, lightweight electric-powered toothbrushes may be more beneficial than manual toothbrush. To compensate for the impairment of motor skills secondary to disease or injury, interproximal brushes or wooden toothpicks can be of immense help instead of flossing.

Those persons who are unable to adequately remove plaque secondly to disease or disability may benefit from anti plaque agents such as chlorhexidine and Listerine etc. 0.2% concentration of chlorhexidine has been used for many years as a preventive and therapeutic agent. Chlorhexidine binding to oral structures results in substantivity. It is either bacteriostatic or bactericidal depending upon its dose. Some adverse effects of chlorhexidine include; increase in calculus formation, dysgeusia and staining of teeth. Therefore, it should be used for shorter periods. It is particularly useful in persons taking phenytoin, calcium channel blockers, or cyclosporine and are at risk of gingival hyperplasia. Those who do not tolerate taste of chlorhexidine may use Listerine comfortably.

Fluoride is another cavity fighter used universally. Fluoride's effects are:

Reduced enamel solubility.

Promotion of remineralisation of early carious lesions.

Bactericidal property affects metabolic process of bacterial plaque.

Topical fluorides are recommended for the prevention and treatment of dental caries. Most of the commercially available tooth pastes contain 1000-1250 ppm fluoride ions. Professionally applied fluoride gels, foam, and varnish products contain between 9050 to 22,600 ppm fluoride ions.

CONCLUSION

Future oral health care trends will see increased number of senior citizens seeking dental treatment. Dental practitioners of twenty-first century should be comfortable providing comprehensive dental care for this segment of population. Aging dental patients have particular oral and general health conditions that dentists should be familiar with detecting, consulting and treating. Medical diseases which occur more often with age may require modification to dental preventive tools as well as for planning and treatment phase of dental care.

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