



Impact of oral health factors on quality of life among the elderly population

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Abstract

The myriad of unique needs and challenges that geriatric patients face in healthcare have attracted the attention of the modern world. Various basic oral functions contribute to good physical and psychological health and are likely to worsen in the event of impairment. This article aims to review the effects of aging on oral health-related quality of life (OHRQoL) and assess the importance of oral care in older adults. Prevention and early intervention with therapeutic modalities in the growing elderly population with clear concern for their health needs.

Keywords: Health status, oral health-related quality of life, patient acceptance of health care

Introduction

Geriatrics involves the provision of dental care to the elderly, with special attention to patients with various conditions as well as care for physiological, physical and/or psychological needs. The “geriatric population” is defined as a chronological age of 65 years or older, while those aged 65–74 are called “early elderly” and those over 75 years old are called “late elderly” [2, 3].

Elderly people’s oral health is closely linked to their overall well being and has a significant impact on their interests and general health, influencing many facets of public life, communication and self worth. The importance of oral hygiene and oral health in older adults lies in the fact that these patients have many overlapping comorbidities, such as cardiovascular disease, osteoporosis, dementia, and osteoarthritis. and diabetes [4, 5].

The concept of geriatrics should be applied by oral health care providers before providing oral health care. Impaired oral function leads to poor diet and weight loss in elderly patients, thereby affecting their psychological and social status as well as their ability to fight infections [6].

The relationship between numerous oral health parameters and oral health quality of life in the elderly

Here are listed the various oral health variables and related conditions that have an impact on oral health quality of life (OHQoL).

Xerostomia

Patients in their later years frequently have xerostomia, which is subjective. Within the elderly population, xerostomia is prevalent in 25–30% of cases [7]. While the impact of ageing on salivary function is controversial, it is generally accepted that the major salivary glands' capacity to sustain regular salivary flow declines with age as their anatomy shifts from secretory to fibrotic, regardless of the presence of multiple medical conditions. Xerostomia has a

clear correlation with age-related systemic illnesses, medical procedures, and a range of drugs utilised in their treatment. Its prevention include chewing sugarless gum or suck on sugarless hard candy to stimulate saliva flow; citrus, cinnamon, or mint-flavored candies are good choices. Some sugarless chewing gums and candies contain xylitol and may help prevent cavities [8].

Risk of Dental Caries

Dental caries is a major oral health concern for the elderly and is responsible for changes in salivary function caused by polypharmacy and periodontal damage, which in turn causes gingival recession [9]. A decrease in salivary function leads to a rise in the colonisation of cariogenic microorganisms, which produce acids that demineralize the tooth surface. Caries increases as a result of the homeostatic demineralization/ remineralization cycle being disrupted by this disturbed microenvironment. Given that enamel breaks down at a lower pH than cementum and dentin, the result is also indicative of root decay. For high-risk elderly patients, use of a high-level (prescription level) fluoride toothpaste such as Colgate PreviDent 5000 Booster Plus offers enhanced remineralization and caries protection [10].

Periodontal Disease

The periodontal ligaments and gingiva get weaker with age as a result of decreased collagen. Gingival recession and consequent root caries are caused by the disintegration of the periodontal ligament [11, 12]. The correlation between periodontal disease and conditions such as dementia and Alzheimer's disease could be explained by changes in the proportion of various inflammatory mediators that are directly linked to the pathogenesis of both periodontal disease and neurodegenerative diseases. Non-Surgical Treatments includes, minimally invasive procedures such as: Deep Cleaning (Scaling and Root Planing) & antibiotics. Surgical treatment includes Flap surgery and bone grafting [13, 14].

Disorders of Taste

Dysgeusia, which impairs the quality of life in elderly patients, may be caused by physiological modifications in taste cells that modify taste perception. Other factors affecting it include malnourishment, autoimmune disorders, drugs, and poor dental health. Plaque bacteria and food debris can also contribute to unpleasant taste. To reduce the effects of dysgeusia, drink plenty of water, stop smoking, Regular preventive oral health care and promotion of routine self-care and healthy lifestyle can diminish degrees of dysgeusia

Mastication and Swallowing

An important risk factor for both malnutrition and poor oral health in the elderly is difficulties with chewing and swallowing. Furthermore, because it directly affects mastication and swallowing, tooth loss exacerbates impairment in the elderly. If disorders like traumatic ulcers or palatal stomatitis occur, improper prosthesis rehabilitation could exacerbate their ability to eat. These complications are also more common in older people who have neurodegenerative diseases and chronic illnesses that impair palate control in the central nervous system^[15, 16, 17]

Burning Mouth Syndrome

Burning Mouth Syndrome (BMS) means a burning sensation in the oral cavity that is continuous or intermittent and increases in intensity. The highest BMS occurrence occurred in the anterior two third of the tongue, followed by the gingiva and palate. Dysfunction of sensory input from the tongue may contribute to BMS. BMS can be prevented by avoiding,

- Alcohol.
- High-acidic foods or drinks (like citrus juices).
- Hot and spicy foods or drinks.
- Mouthwash containing alcohol.
- Tobacco products.

Candida Infections Prevalent in Older Age Group

In older people, Candida infections are caused by immunosuppression, xerostomia, corticosteroid use, blood dyscrasias, immunodeficiency, and disruption of oral microbiota brought on by long-term polypharmacy. The distinct clinical appearance aids in diagnosis, and antifungal oral solutions, lozenges, gels, or tablets can be used in conjunction with predisposing factor and treatment to control the condition. It can be prevented by Maintaining good oral and physical hygiene, Eating a well-balanced diet, Managing your stress^[20].

Prosthetic Status and Ohrqol

Edentulism impairs an aged person's ability to bite, swallow, taste, or eat. A variety of illnesses, including acute and chronic disease, changes in the gastrointestinal tract, functional limitations, chewing issues, psychological and social aspects, are made possible by the shift in nutrition intake and decrease in mastication efficiency^[21, 22].

Preventive Dental Care for Geriatrics

Preventing dental disease remains a top priority for the elderly as well as other patient groups. Many older adults have difficulty effectively controlling plaque on a daily basis; Manufacturers have developed and marketed a number of toothbrushes designed to facilitate tooth cleaning.

People with impaired self-care should be consulted more frequently for preventive treatment. Because denture related and other oral mucosal lesions are common in older adults, edentulous patients should be evaluated periodically by dental professionals^[23, 24].

Conclusion

There is an association between OHRQoL and dental care in older adults. This demonstrates the need for prevention and early intervention with treatment modalities in the growing elderly population with clear concern for their health needs.

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