## EDITORIAL

## Towards oral healthy aging: integrating oral health into age-friendly health systems through interprofessional collaboration

The shifting aging demographic provides a compelling call to action as the older population is poised to constitute a guarter of the total population in the US by 2050. This demographic transformation brings to the forefront the crucial need for comprehensive geriatric health care and specialized oral health services. The impacts of aging on oral health, encompassing issues such as untreated dental cavities, tooth loss, and periodontitis, require age-specific preventive measures, procedural strategies, and personalized treatment planning. Recognizing the intrinsic connection between oral and systemic wellbeing extends the concept of healthy aging to include oral health. A decade-long observational study<sup>1</sup> underscores this urgency by revealing significantly higher all-cause mortality rates in older adults with 20 or fewer teeth. Furthermore, poor oral health has been linked to aspiration pneumonia, ineffective chewing, and an elevated risk of gastrointestinal disorders and obesity. Understanding the links between oral health and prevalent systemic diseases, including diabetes, heart disease, and Alzheimer disease, underscores the significance of comprehensive oral care and improving health outcomes for older adults.

Age-friendly health systems (AFHS)<sup>2</sup> have emerged as an essential framework for health care providers, guided by evidence-based interventions and principles of the 4Ms: What Matters, Medications, Mentation, and Mobility. They were initially proposed by the John A. Hartford Foundation and the Institute for Healthcare Improvement,<sup>3</sup> in partnership with the American Hospital Association and the Catholic Health Association of the United States. Embraced by many national groups, the AFHS has gained traction in the medical care of older adults. However, a critical need exists for more formal representations and standard procedures tailored to AFHS-themed dental care. This approach offers personalized, needs-based treatments and adapts to the evolving landscape of geriatrics, which considers the profound impact of oral health on systemic wellbeing.

Incorporating oral health into the 4Ms framework, especially when considering "What Matters" most to older adults, necessitates a collaborative effort between medical and dental providers. Together, they can improve oral and overall health and enhance the quality of life for older adults. The 4Ms framework necessitates the engagement of interprofessional teams, and oral health considerations can help mitigate the impact of chronic illnesses. Interprofessional collaboration plays a central role in this paradigm shift, placing dental providers as "oral health experts" working with physicians and other health care providers, ensuring the knowledge is available to comprehensively manage interrelated medical and dental conditions. Dental health professionals, trained and prepared to focus on preventive measures and early intervention, could become pivotal contributors within interprofessional health care teams. An AFHS interprofessional approach ensures more efficient diagnosis and treatment of conditions with oral manifestations, minimizing the risk of overlooking potential health issues, mitigating risks for complications with dental treatments, and enhancing the overall effectiveness of treatment plans.

The seamless collaboration between dental and medical professionals encourages interdisciplinary research and innovation and paves the way for a more nuanced understanding of the intricate relationship between oral and systemic health in the context of aging. As the health care landscape continues to evolve, embracing this collaborative model becomes beneficial and essential for promoting individuals' overall health and wellbeing. Integrating oral health into age-friendly systems through interprofessional collaboration stands as a beacon for a more holistic approach to health care, recognizing the integral role of oral health in the broader context of wellbeing. This approach should not be limited to specialty clinics; it should also be embraced by general dentistry practices as a standard of care.

## References

1. Ishikawa S, Konta T, Susa S, et al. Association between presence of 20 or more natural teeth and all-cause, cancer-related, and cardiovascular disease-related mortality: Yamagata (Takahata) prospective observational study. BMC Oral Health 2020;20:353.

2. Mate KS, Berman A, Laderman M, Kabcenell A, Fulmer T. Creating age-friendly health systems: a vision for better care of older adults. Healthc (Amst) 2018;6:4–6.

**3.** Fulmer T, Patel P, Levy N, et al. Moving toward a global age-friendly ecosystem. J Am Geriatr Soc 2020;68:1936–1940.

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