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Quintessenz

Oral Health and Institutionalised Elderly – Old News?

The importance of oral health and its influence on general health has been gaining attention in recent years. The premise of a healthy mouth being essential for general well-being is the fundamental basis of periodontal medicine and serves as a working model to provide high quality care for patients.[6] Ongoing research has illustrated that oral health is linked with diabetes, cardiovascular disease and a range of other systemic diseases.[2,9] It is increasingly recognised that oral health plays an influential role in general health; this has helped facilitate changes in the health care field, such as confirmation of good oral health prior to various medical procedures and cancer treatment.[4,9] Despite the advancement in oral health, the time invested in it seems skewed by 'age discrimination', where the elderly population sometimes receives less attention for their oral heath performance, behaviours and overall care.

In many parts of the world, as individuals age and their ability to perform activities of daily living diminishes, they move into institutions, e.g. long-term care facilities, nursing homes or senior facilities. These facilities may be public or private and often have different services and health care professionals available, depending on its residents' level of need. As early as the 1970s, the oral health of the individuals living in these facilities has been documented as poor.[5,10] Problems such as limited access to care, ill-fitting dentures or lack of dentures were a known challenge already 50 years ago. In 2008, it was reported that oral health is not only poor within the elderly population, but was even associated with both morbidity and mortality.[3] In 2017, it was demonstrated that oral health-related quality of life is low in the institutionalised elderly population.[4] Between these periods, numerous studies have documented poor oral health status in this specific elderly population.

Oral health and its association with overall health is not new, but it seems nothing has changed dramatically. It is not surprising that calls for action to address the oral health concerns in the elderly institutionalised population have been made since 2010[7] and more recently by the EFP/ORCA workshop.[8] The latter document provided actionable items for policy makers, researchers, educators, practitioners, caregivers and the public.

Thus, the problem regarding oral health in this specific aged population is well-documented. Going forward, we need to begin implementing changes or interventions to address and continually evaluate these problems. Oral health policies need to be implemented, enforced, and monitored. Dental schools need to increase the awareness amongst students about the oral health disparities in the aged population and provide experience in treating them. Researchers need to study what implementations or programmes are effective and how to strategically improve them. Given the limited progress in the past 50 years, its time to stop reporting the deficit and start addressing it. After all, it might someday be our own personal problem.

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Danielle Clark

Prof. Dr. Liran Levin

Division of Periodontology
School of Dentistry, Faculty of Medicine and Dentistry
University of Alberta
Edmonton, AB, Canada
liran@ualberta.ca