Oral health-related quality of life in the elderly of Egas Moniz Dental Clinic

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Introduction:

The increasing number of elderly population created a need of knowing better this population and giving them better quality of life by finding which are the gaps missing¹. One of the ways to study the oral health-related quality of life (OHRQoL) is applying the Geriatric Oral Health Assessment Index (GOHAI). This index is compound by three domains (physical, psychological and pain/discomfort)^{2,3}.

Objectives:

Evaluate OHRQoL and the relationship between quality of life, sociodemographic characteristics and oral hygiene habits in the elderly of Egas Moniz Dental Clinic.

Methods:

For seven months, an aleatory sample of 150 participants (n=150) of Egas Moniz Dental Clinic with 65 years or more of age and non-institutionalized were evaluated. It was applied a questionary about sociodemographic, oral hygiene and OHRQoL was obtained through GOHAI. A descriptive and inferential statistical analyze methodologies were used, and a significance level of 5% was considered.

Results:

In the studied population, 37.3% had a high classification of GOHAI (Figure 1). The male participants had tendency to have higher GOHAI self-perception (p=0.042), and especially in the physical domain (p=0.032) (Table 1). Participants who lived alone had lower global classification (p=0.025) (Figure 2) and also in the pain/discomfort domain (p=0.025) (Table 1). Elderly who didn't clean oral cavity had lower classification (p=0.033) (Figure 3). The use of interdental cleaning aid (ICA) and not having the need of use an oral prosthesis showed higher GOHAI values, as it is possible to observe in Table 1.



Table 1 – Distribution of the GOHAI values (total, physical, psycological and pain/discomfort domains) in the studied population

	GOHAI (Total)	GOHAI (Physical)	GOHAI (Psychological)	GOHAI (Pain/Discomfort)
Gender	<i>p</i> =0.042	<i>p</i> =0.032	<i>p</i> >0.05	<i>p</i> >0.05
Living alone or not	<i>p</i> >0.05	<i>p</i> >0.05	<i>p</i> >0.05	<i>p</i> =0.025

Cleaning oral cavity	<i>p</i> >0.05	<i>p</i> =0.033	<i>p</i> >0.05	<i>p</i> >0.05
Use of ICA	<i>p</i> =0.021	<i>p</i> =0.009	<i>p</i> >0.05	<i>p</i> =0.009
Need of use oral prosthesis	<i>p</i> =0.019	<i>p</i> =0.021	<i>p</i> =0.025	<i>p</i> =0.001

Discussion and conclusions:

The majority of the participants had a moderate and high self-perception of quality of life, as it was observed in Carvalho et al.³ investigation. Male, not living alone, who cleaned oral cavity, used ICA and did not have the need of use oral prothesis presented significantly better oral health-related quality of life. The gender⁴ and not living alone^{3,5} are aligned with previous researches. However, further research is needed.

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