Impacts of Oral Health among the Elderly

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Oral health is one of an indicator of the quality of life; oral health is encompassed of a wide range of diseases that includes loss of teeth, oral manifestations, oral cancer, dental caries, and oral dental trauma. Oral health also includes congenital disabilities like cleft palate and lip. According to the study by the global burden of disease, oral diseases have affected over 3.5 billion people across the world (Kilian and Chapple 2016). Permanent teeth caries is a common condition affecting most individuals. It has been estimated that over 2.3 billion people having oral diseases are suffering from permanent teeth caries.

The occurrence of oral diseases has continued to rise in low-income countries because of the rise in urbanization and the rampant changes in living conditions among their population's world (Kilian and Chapple 2016). The rise has been caused by little exposure to fluoride in the water and oral hygiene products such as toothpaste. There has also been inadequate access to oral health care in low-income countries. Another contribution of oral disease is the increased marketing of beverages and foods that contain high amounts of sugar and the increased intake in alcohol and abuse of tobacco substances.

Multiple perspectives may be used to explore the relationship between oral health and general health status. Some of the oral health issues that affect older populations include dry mouth, missing teeth, and limitations of mastication are collated with a poor quality of life. Researchers have established that poor oral health status in the elderly populations lowers their self-esteem and impairs their social interactions (Davis and Shorhose 2015). This leads to negative implications in their wellbeing and their health status.

The literature of epidemiology on the oral health of the elderly has indicated a very wide gap and imbalances among regions and countries. The function of institutionalization has evidenced it. The oral health disparity has mainly been attributed to the differences in the populations' social and economic conditions. Another factor has been on access to the health care facilities that offer oral services. Most oral health conditions face the population that is aged 65 to 74 years. Populations above 74 years are facing worrying satisfaction levels. Scientists have also proven that oral health is a very independent peril aspect for diseases like cardiovascular diseases, diabetes, pulmonary infections, kidney disease, preterm low weight birth, and erectile dysfunction (Davis and Shorhose 2015). A greater understanding of the relationship between systematic chronic disease and oral health is required.

Epidemiology has established that periodontal inflammation usually begins when nonpathogenic bacteria develop from gingivitis, leading to the destruction of alveolar bone. There is a possibility that periodontitis is a predisposing factor for dementia. Researchers have established a relationship between serum antibodies and periodontal organisms in cognitive impairment (Mahasneh, 2017). They have reported an observable improvement in the function of endothelial after the treatment of periodontal. The health of the optimal periodontal should be a priority in the elderly population to maintain their number of teeth and also to have proper comfort and proper nutrition.

According to the national diet and nutrition survey, there is a relationship between adequate dietary intake and dental state in the elderly populations (Mahasneh 2017). They reported that being toothless limits vegetables and fruits consumption in older people with less social strata. In older adults with less than 21 years, there was a report that they consumed food with fewer proteins. In an elderly population, there is a strong relationship between the status of their nutrition and the quality of their dental health. Poor nutrition in the elderly populations also causes problems in the swallowing of food caused mainly by a low amount of saliva and also due to some organic causes.

Some of the effects of poor oral wellbeing in the aging include dental carries. Dental caries increases the maintenance and treatment of teeth. It causes poor dietary practices, salivary changes that are age-related, and the exposure of the surface of the tooth root caused by the gingival's recession. Researchers have established that 20% of people living in England and above 75 years are having dental carries (Oliveila and Nemezio 2017). Older people are having a high probability of losing teeth due to dental caries. Dental carriers have mainly been caused by poor hygiene, excess consumption of alcohol, unhealthy lifestyles, and tobacco use.

The second effect is oral cancer. Oral cancers have been a major threat to the health of elderly populations in low-income countries. Oral cancer includes pharyngeal cancer and oral and lip cavity. Oral cancer has been ranked to be among the world's top ten most common cancers (Kerawala and Roques 2016). The occurrence of oral cancer increases as age increases. The south-central part of Asia is the most affected part of oral cancer. The most of treatment of oral cancer is very high and is treated by radiotherapy, chemotherapy, or surgery.

Another effect of poor oral hygiene in older adults is dry mouth. As life expectancy increases among different nations, there has been a rising need to stress the importance of health issues concerning dry mouth. In older adults, there have been increased possibilities of the prevalence of hypofunction of salivary glands and also the existence of xerostomia (Davis and Shorhose 2015). Several studies have been conducted to investigate the effect of dry mouth on older people's value of life. This is because dry mouth is one of the highly reported conditions, and there has been no established procedure for its treatment. Measures that could have been undertaken to control dry mouth include avoiding dry environment, drugs, foods, smoking, and alcohol. Older people having dry mouths require measures that are against saliva absence and periodontal diseases.

Poor oral hygiene can also result in periodontal diseases. Periodontal disease is a very contagious ailment that mainly damages the tissues that support the teeth. The condition is caused by the bacteria that are accumulated in the alveolar boner. The conditions have been proven to be very high among elderly populations.

If dental caries is not treated, they may eventually lead to edentulism. Edentulism is a failure of the system of dental care. It has been associated with liver impairment and predictor of mortality. Increased edentulism exists in 21.9% of the US population above 74 years old and 39.6% of the New Zealand population (Oliveila and Nemezio 2017). The condition is at a peak in the population aged 65 years.

In conclusion, oral health in the older population is very deficient and has caused periodontal diseases, dental caries, and tooth loss. These conditions are majorly responsible for difficulties in digestion, destabilization of the chronic disease, and reduced quality of life. I would recommend that oral health improvement be made especially to the elderly. There should be an introduction to a group of specialists who will be responsible for taking care of the health of the elderly.

**References**

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