



ISDH
Irish Society for
Disability & Oral Health

Neurodegenerative Conditions

Working Together To Regenerate Oral Care

Annual Conference
Friday 22nd June 2012
The Convention Centre Dublin
Spencer Dock, North Wall Quay, Dublin 1



ISDH
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Disability & Oral Health



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23 June 2012
All Blacks v Ireland at
Waikato Stadium,
Hamilton





Degeneration in the older generation? Ageing and oral health.

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Annual Conference 22 June 2012



Overview

- Chronological & physiological ageing
- Ageing, medical problems and oral health
- Treatment planning and care provision

Questions:



- Is ageing a degenerative process?
- What happens to our oral health if medical problems are super-imposed on this ageing process?
- What concepts are are useful to consider in planning oral health care for older people?



Questions:



- Is ageing a degenerative process?

Qin Shi Huang

- 秦始皇
- 259 – 210 BC



Aspects of Ageing

- Physical: physiological and medical
- Psychological: image of self, image of others
- Personal: social, relationships, economic

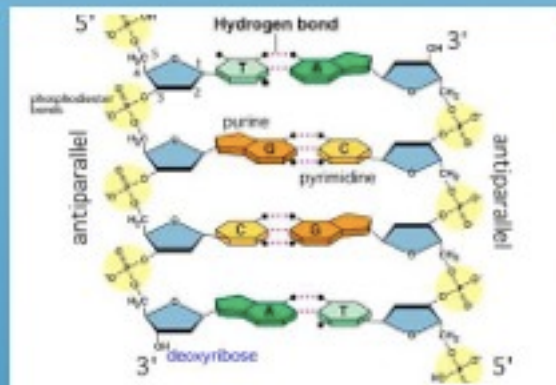


Aspects of Ageing

- DNA “damage” theory of ageing and genetic factors
- Decline in organ function
- Environment and detrimental effects
- Social environment and medical care

DNA

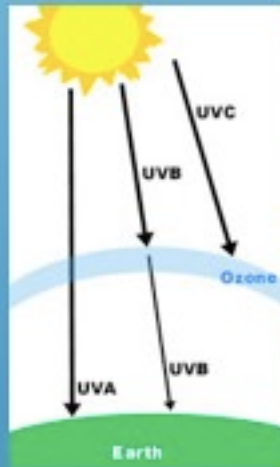
Benjamin P.B. (2009) Nuclear DNA Damage as a Direct Cause of Aging
Rejuvenation Res Vol. 12, No. 3



- Accumulated structural damage to cells
- genetic regulation - apoptosis
- Progeria

Environment & detrimental effects

- Smoking
- UV - Radiation
- Obesity
- Stress



http://www.msnbc.msn.com/id/33385839/ns/health-skin_and_beauty/t/twin-study-reveals-secrets-looking-younger/#.T9M50o7WHzl

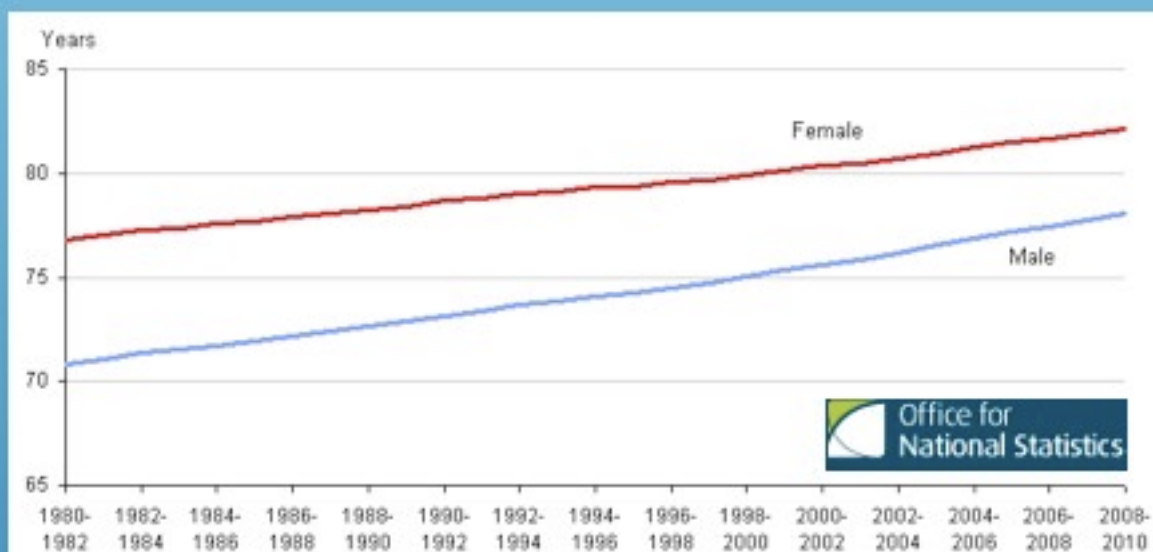




Psychological: image of self, image of others



Life expectancy at birth and at age 65, UK and constituent countries, 2008-2010

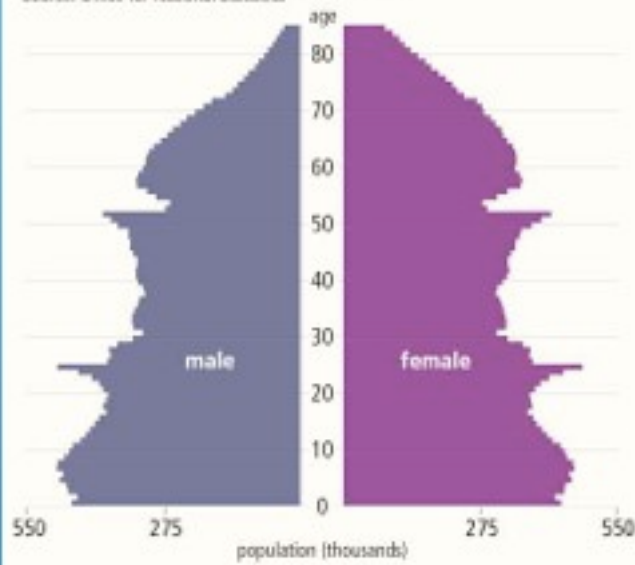


June 2012

<http://www.ons.gov.uk/ons/rel/lifetables>

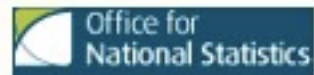
Age Structure of
United Kingdom, 1971-2085

Source: Office for National Statistics



1971

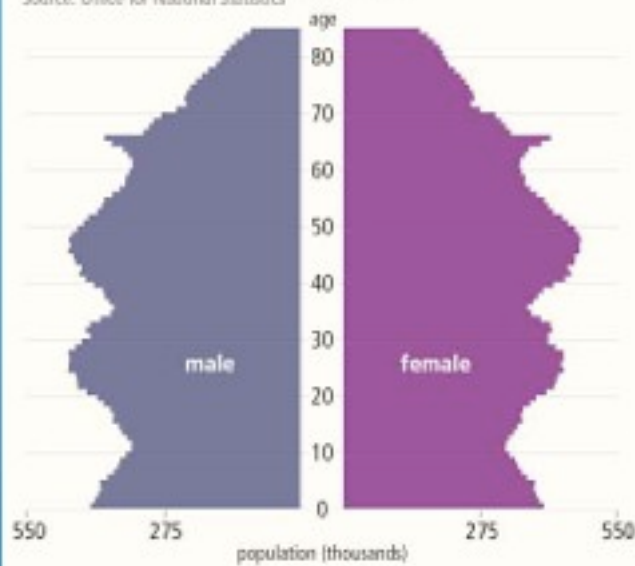
55.9 million people



<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc1/UKPyramid.html>

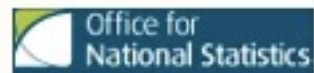
Age Structure of
United Kingdom, 1971-2085

Source: Office for National Statistics



2012

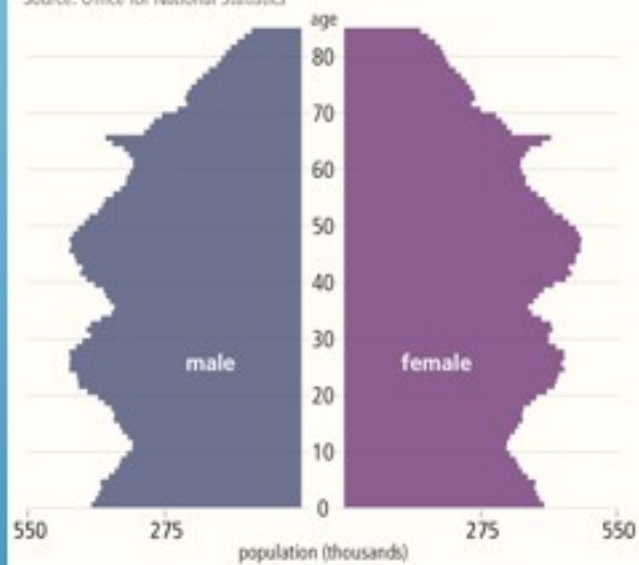
63.2 million people



<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc1/UKPyramid.html>

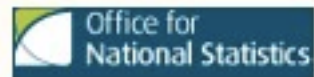
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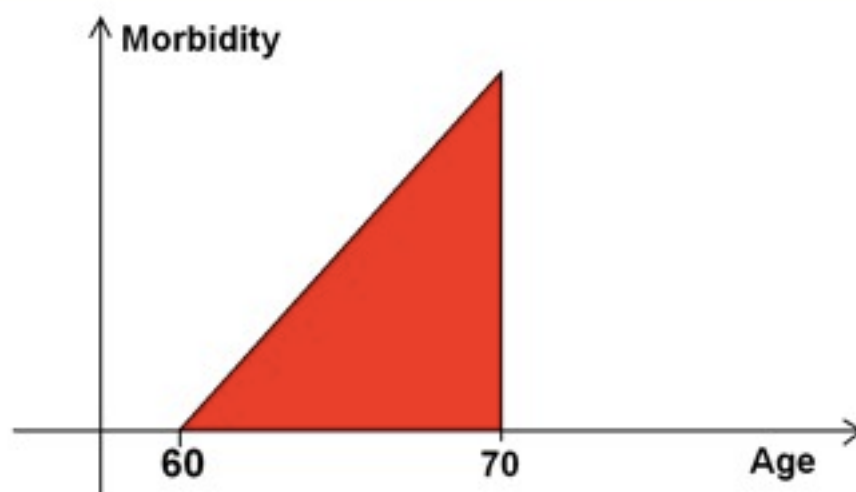


2012

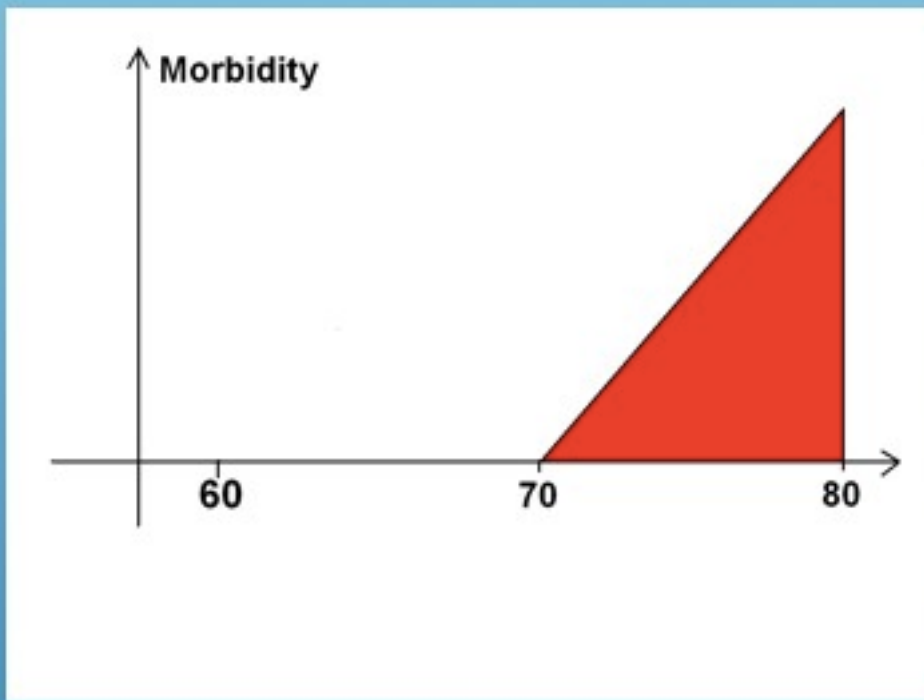
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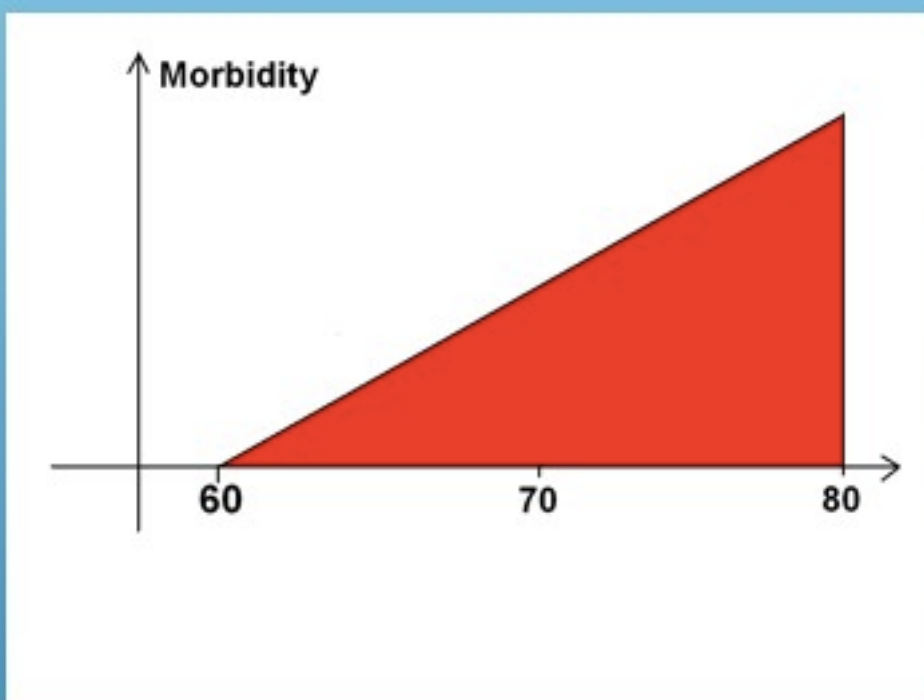
<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc1/UKPyramid.html>



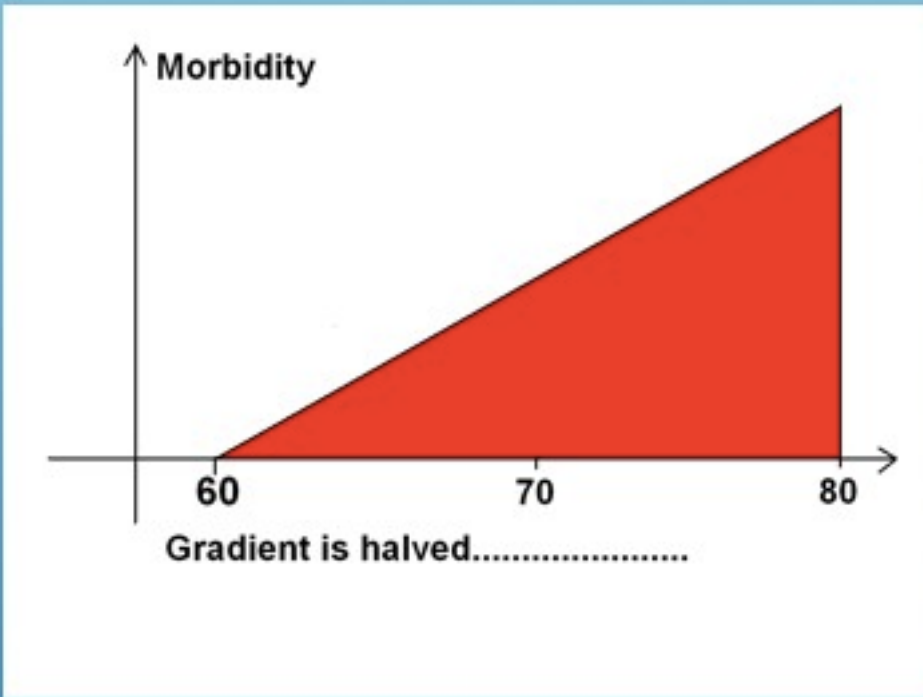
Concept from Dr Warren Shnider, Melbourne, Australia



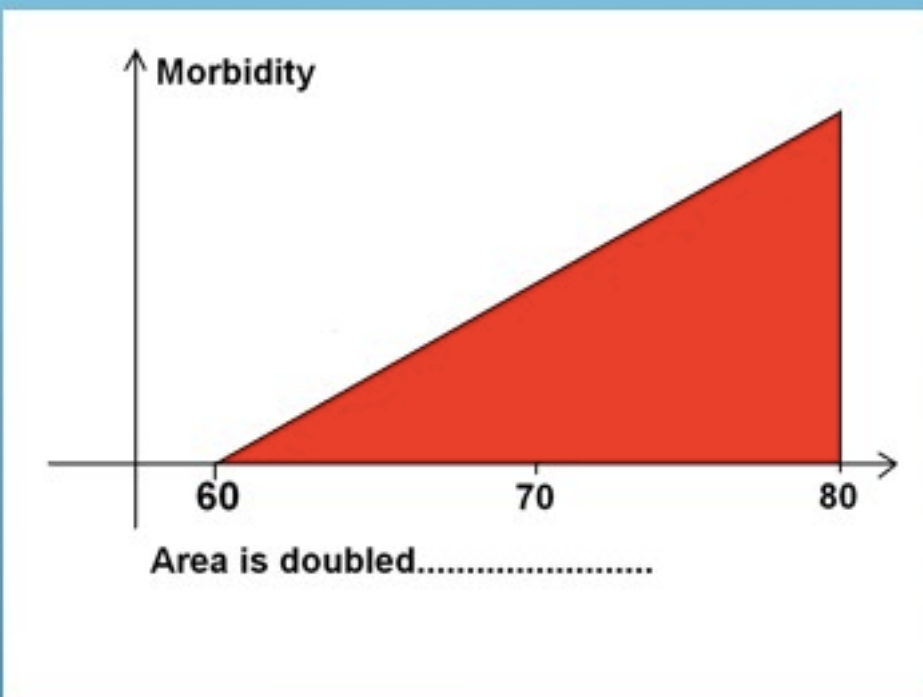
Concept from Dr Warren Shnider, Melbourne, Australia



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Concept from Dr Warren Shnider, Melbourne, Australia

Living Longer



- Genetics
- Environment and living conditions
- Medical conditions (including psychological)

Questions:



- what happens to our oral health if medical problems are superimposed on the ageing process?

DETOUR



Oral health for older people



Oral Health



- quality of life - be as healthy and independent as possible
- eat and talk with comfort
- nice appearance - social interaction and self esteem

General Health

- minimise the oral source of pathogens to decrease risks of infection via haematogenous spread or aspiration
- manage side effects of medications on the oral environment
- manage the oral manifestations of systemic diseases
- pain management
- optimised nutritional intake

Utilisation



- older people have the highest utilisation of medical services but the lowest utilisation of dental services when compared to other age groups
- public health planning is needed since it is expected that more and more older people will require dental services in the future

Equity in the utilisation of health care in Ireland

- all services *except* dental and optician services are used more by those at the lower end of the income distribution
- need for health care is highest among the elderly and this group also tend to be at the bottom of the income distribution.



Layte R., Nolan B. (2004)
Economic and Social Review, 35 (2): 111-134

Myths



- tooth loss was an inevitable part of the normal aging process;
- most teeth were lost as people became 'long in the tooth' because of advancing periodontal disease;
- all adults were susceptible to severe periodontal disease;
- dental caries was not a common oral disease in older adults, and occurred mainly in the young; and
- salivary flow decreased in all older adults.

Age-related changes

- Oral diseases such as coronal and root caries and periodontal diseases, and conditions such as tooth-loss and oral mucosal problems are 'age-related' changes.



Age-related changes

- Age-related changes reflect the **accumulation** of oral diseases over time and the influence of factors such as stress, trauma, medications, and psychological, neurological and medical conditions.



Factors influencing the need for dental care amongst the elderly in the Republic of Ireland.

- Being female, smoking, frequent snacking and anxiety about dental visits increased the odds of having a periodontal treatment need.
- Having primary education only, and being a smoker increased the odds of having a need for any treatment including dentures.
- Being female and regular usage of dental services reduced the odds.



Woods N., Whelton H., Kelleher V. (2009)
Community Dental Health Vol. 26 No. 4 pp. 244-249



Questions:



- what happens to our oral health if medical problems are superimposed on the ageing process?



**TOUGH
DECISIONS
AHEAD**

Oral health-related quality of life of a population of medically compromised elderly people.

- Locker D, Matear D, Stephens M, Jokovic A.
- Source: Community Dent Health. 2002 Jun;19(2):90-7.
- Community Dental Health Services Research Unit, Faculty of Dentistry, University of Toronto, Canada.

Decline in quality of life

- A cross-sectional survey 225 subjects with a mean age of 83 years.
- Most subjects were medically compromised and lived within a multi-level geriatric care setting
- Data collected by means of a personal interview and a review of dental records and explored two single-item indicators of oral health and two oral health indexes. It also included three measures broadly examining quality of life; namely morale, perceived life stress and life satisfaction.

Results

Main oral problems of this population were missing teeth, dry mouth and limitations in chewing ability

- One third rated their oral health as only fair or poor and 20% were dissatisfied with their oral health status.
- Using the GOHAI [Geriatric Oral Health Assessment Index (GOHAI)], 53% reported experiencing one or more functional or psychosocial problems 'very often' or 'all the time'.

Results

Functional and psychosocial problems; reported by 17%.

- All four oral health indicators were significantly associated with the quality of life measures, indicating that those with poor self-perceived oral health had lower morale, more life stress and lower levels of life satisfaction. These associations remained after controlling for other potential influences on quality of life such as general health, income and marital status.

THE NEW ZEALAND MEDICAL JOURNAL

Vol 117 No 1194 (2004)

Oral health status and oral treatment needs of dependent elderly people in Christchurch

Carter G, Lee M, McKelvey V, Sourial A, Halliwell R, & Livingston M.



- More dependent elderly people are retaining their natural teeth—but they are keeping no more teeth
- The health of the teeth has not improved
- Most elderly people do not regularly receive dental assessments or care.

Questions:



- What concepts are useful to consider in planning oral health care for older people?

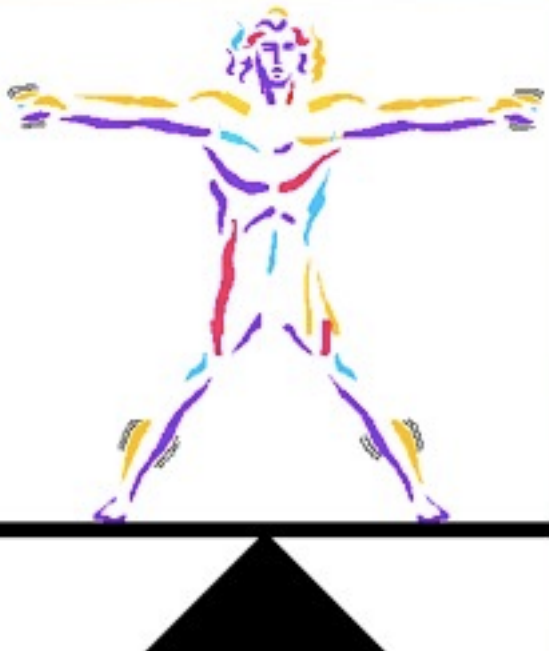


Clinical dental care for the older adult



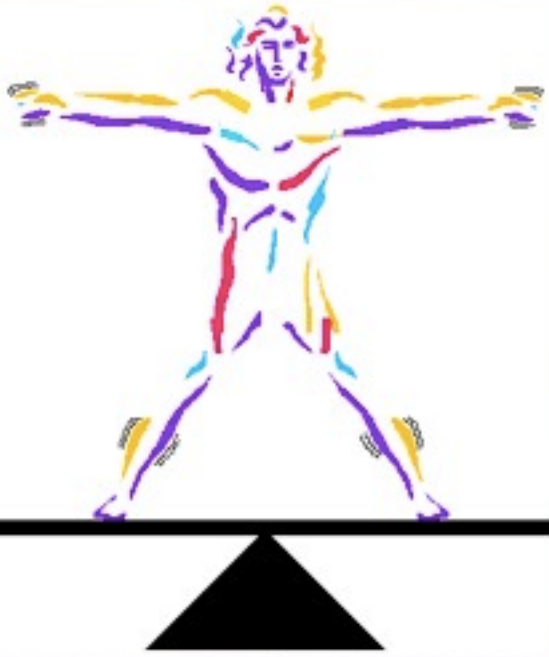
- older adults may have extensive dental problems that can be complicated by factors such as chronic disease and pharmacotherapy

Social



- Perceived need
- Home care
- Access to dentist
- Family & social
- Finance

Clinical



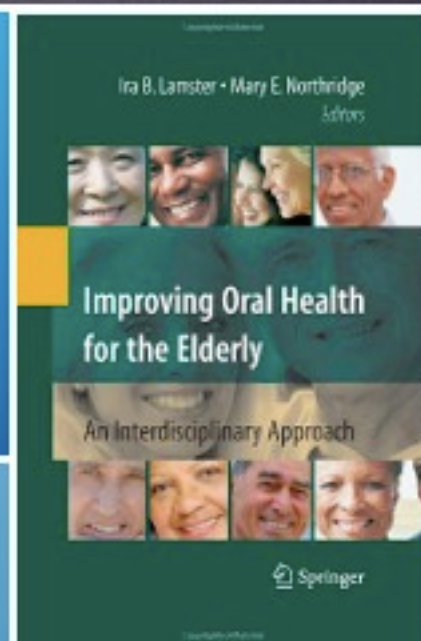
- Medical conditions
- Medications
- Oral conditions
- Dentist's skills and knowledge

Improving oral health for the elderly: an interdisciplinary approach

Ira B. Lamster, Mary E. Northridge

ISBN: 0387743367

2008. Springer Science and Business Media - Publishers



Population Health

- Population changes
- Oral disease burden
- Social disparities in health and oral health care
- Access and interdisciplinary opportunities

Lamster & Northridge (2008)

Medical Considerations

- Movement disorders
- Cognitive disorders
- Musculoskeletal conditions
- Cardiovascular and cerebrovascular diseases
- Diabetes and other co-morbidities
- Pharmacology including managing tobacco dependence

Lamster & Northridge (2008)

Oral Health Considerations

- Normal oral mucosal, dental, periodontal and alveolar bone changes associated with ageing
- The relationship between periodontal disease and systemic disease in the elderly
- Caries, tooth loss and conventional tooth replacement for older patients
- Implant dentistry as an approach to tooth replacement for older adults
- Saliva and salivary glands in the elderly
- Mastication, nutrition, oral health and health in older patients
- Orofacial pain and neurological disorders affecting the head and neck
- Oral Pathology affecting older adults

Lamster & Northridge (2008)

Ettinger RL & Beck JD (1984) Geriatric dental curriculum and the needs of the elderly. *Spec Care Dent* 4:207–13

- a. the functionally independent older adult;
- b. the frail older adult;
- c. the functionally dependent older adult.

- different older adults had different needs and that their **functional disabilities** affected their ability to accept and receive dental treatment.

Ettinger & Beck (1984)

Treatment planning considerations - 1

- Patient desires and expectations
- Identification of oral health needs
- Determination of treatment complexity
 - Impact of medical problems on treatment



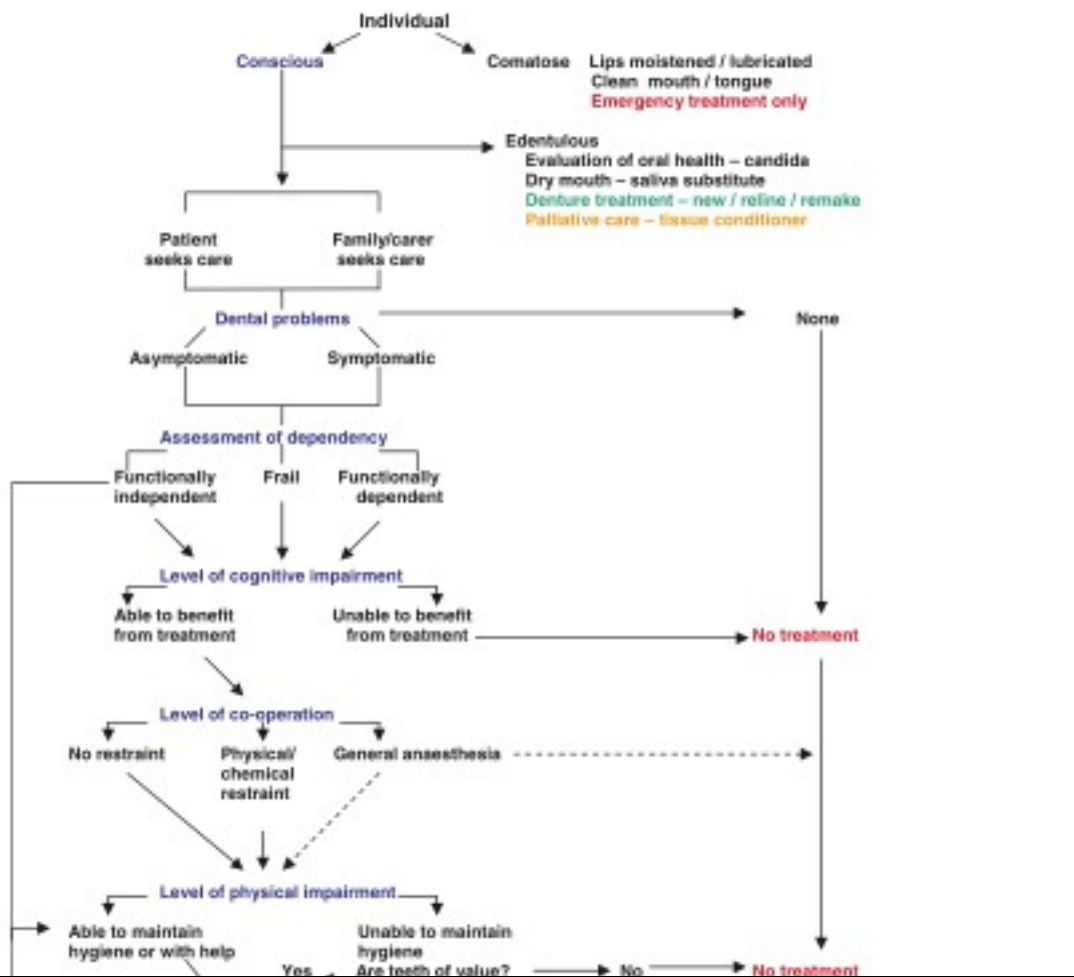
Ettinger & Beck (1984)

Treatment planning considerations - 2

- Determination of impact on quality of life
- Compliance with home care regimen
- Tolerance of treatment
- Financial and social limiting factors

Ettinger & Beck (1984)





A fine Chippendale chair c1880



“Age is not a particularly interesting subject. Anyone can get old. All you have to do is live long enough.”

Groucho Marx (1890 — 1977)

