

World report on ageing and health, World Health Organization 2015

- One crucial and often neglected area of *Healthy Ageing* is oral health.
- Particularly important in relation to disadvantaged older people.
- Poor oral health and dental problems can lead to difficulty chewing, inflammation of the gums and a monotonous diet that is poor in quality, **all of which increase the risk of malnutrition.**
- Poor oral health can have a profound bearing on general health and well-being, for example, **through its influence on nutrition.**

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- Poor oral health among older people is reflected in high levels of dental caries (tooth decay), a high prevalence of periodontal disease (gum disease), tooth loss, and dry mouth.
- The experience of pain, and problems with eating, chewing, smiling and communicating due to missing, discoloured or damaged teeth have a **major impact on functional ability** and older people's daily lives.
- Sensory impairments, such as a decreased sense of taste or smell, or both, may result in reduced appetite.

Oral status in Danish elderly citizens

“The greatest challenges for the dental care systems are those people, who no longer are able to use the available dental care system for the adult population because of physical or mental barriers.

The same barriers prevent these people from being able to brush and clean their teeth.

In these groups, dental health decreases very fast.

While elderly persons preserve their natural teeth to a greater extent, the occurrence of dental diseases will increase. Such development requires effective dental health programs for these population groups.”

Christensen LB et al. Demographic and social changes and occurrence of oral diseases among elderly people. Status and development. Danish Dental Journal 2017

Clinical example

You never miss the water
till the well runs dry

Xerostomia (subjective feeling of dry mouth)

10% of the total population

30% of the population > 65 years

50-80% of elderly citizens in institutional care

Causes of dry mouth

- Medication intake
- Co-morbidities
- Dehydration
- Mouth breathing
- Reduced chewing ability / reduced oral intake

Clinical examples

Dry mouth (salivary gland hypofunction)

- Dry lips
- Angular cheilitis

Clinical manifestations of salivary gland hypofunction

Mucosa

- Dry, atrophic
- Depapillated, fissured tongue
- Microbial deposits
- Fungal infection
- Ulceration, prolonged healing

Clinical examples

Teeth

Caries

Abrasion

Erosion (acid)

Tooth fractures

Loss of fillings

Gum infection

Gingivitis

Periodontitis

FOCUS AREAS

- Keeping the oral passage way functioning is one parameter in the multidimensional and interprofessional management of preventing undernutrition in elderly citizens.
- In particular, disadvantaged elderly citizens have an increased risk of oral diseases.
- Oral diseases have significant impact on oral function (chewing and swallowing) and thus meal intake.
- Focus on underserved elderly citizens in terms of oral/dental care.



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