

# Comprehensive Oral Health Care System for Frail Elders in Residences

**Review Article**

Volume 2 Issue 4 - 2015

**Lisette Gutierrez\****Universidad de Sevilla, Spain*

**\*Corresponding author:** Lisette Gutierrez, Universidad De Sevilla, Jaume I Num 5 4to 1ra, Spain, Tel: 644557951; Email: liguva08@gmail.com

**Received:** April 21, 2015 | **Published:** June 15, 2015

**Abstract**

The increases in the proportion of older persons have implications for health services. Advances in oral health care and treatment results in a reduced number of edentulous people. So have the need for care in preventive and curative oral health. Oral health in elders is important in aspects of general health and social environment. Several studies indicate that poor oral hygiene increases the risk of systemic diseases. Preventive treatment is then the most important tool to decrease the need for oral treatment and acquire a life with more dignity. The limitation on oral function is one of the factors that can restrict the selection of food and nutrition of the elderly. The results of numerous studies indicate that oral care has a low priority in the activities of daily living and there is a lack of routine oral care. So as a general objective we have to improve and maintain oral health of elders, establishing effective guidelines in the daily care of oral health by implementing Gerontagogic workshops in Oral Health. To promote an oral health policy where assistants of the centers have access to information that allows them to form in oral health care for elders, so that they can implement daily oral revisions at the centers

**Keywords:** Oral Health; Elders; Residences; Aging; Prevention; Education

**Introduction**

The international macro tendency advanced toward aging does not imply only increased population over 65 years, is based on greater proportion of person who exceeds 80 years. This population tends to suffer more disabilities. Spain is a European country where despite the magnitude of the problem is anticipated, less sensitive citizenship shown (and apparently politicians) to the need for reform. For its larger Andalusia meets most of the dependent population, being also one of the regions with the highest dependency ratio (Caston, IE). However Andalusia is below average within equipment. The regional economy is more fragile and dependence has an economic cost not only for the state but for families who want to financially support their dependents.

Increasing the retired population and the relative decline of the working population in the 2020 horizon leads to planning the future of pensions and therefore the economic situation of the Andalusian elderly. What if we have a lot of seniors in need of oral health? The increase in the proportion of older persons has implications for health services. Advances in oral health care and treatment results in a reduced number of edentulous people. An increasing number of older people are aware periodontal disease, oral implants, and prosthetic restorations and sophisticated. So have the need for care in preventive and curative oral health. Oral health weakened due to ignorance, personal habits and professional negligence and limited or is present in this population and in times of admission to these oral care centers are often in urgent need of dental treatment.

Aggression (especially during activities of daily living) and alterations in the activity (such as drowsiness, fatigue, screaming and restlessness), can be caused by dental pain and oral health problems.

Oral health in elders is important in aspects of general health and social environment. Several studies indicate that poor oral hygiene increased the risk of systemic diseases [1-4] and the developing evidence supporting link. The increasing prevalence of chronic disease between oral health and chronic disease are significant factors which will impact on demand for care in coming years. People with chronic disease are less likely to report good oral health than those without a chronic health condition [5]. While there is no overall difference in attendance patterns between those with and without chronic disease, those with some specific conditions, e.g. stroke or diabetes, are more likely to seek care for a problem rather than a check-up and are more likely to use the public system [6]. Elders living in residential care situations are at greater risk of developing complex oral health problems. This is a result of the multiple general health, functional, cognitive, and social service access challenges facing this group. The role of careers is critical to effective management of oral health in this population.

Preventive treatment is then the most important tool to decrease the need for oral treatment and acquire a life with more dignity. The limitation on oral function is one of the factors that can restrict the selection of food and nutrition of the elderly. The results of numerous studies indicate that oral care has a low priority in the activities of daily living and there is a lack of routine oral care. So as a general objective we have to improve and

maintain oral health of elders, establishing effective guidelines in the daily care of oral health by implementing Gerontagogic workshops in Oral Health. To promote an oral health policy where assistants of the centers have access to information that allows them to form in oral health care for elders, so that they can implement daily oral revisions at the centers [7].

### Conclusion

A study by the University of Rochester, New York, found that only 16 percent of residents received adequate oral care. Solving the access to care problems for vulnerable elders will not be simple, for they present an assortment of distinctive characteristics that generally serve to inhibit access to dental care. In general, their daily support systems do not consider dental care to be a high priority in the scale of things. In fact, many elders themselves do not perceive a need for ongoing dental care. Government assistance is insufficient-or more likely, nonexistent-to meet their oral care needs. Residential facilities seldom have dental capability. This lack of facilities and/or financial support makes it impractical for the average dental provider to adequately serve the oral health needs of vulnerable elders. With more people living longer, there will also be an increase in the prevalence of systemic and oral diseases. There is a need for Legislative initiatives to improve oral care of vulnerable elders in collaboration of stakeholders in the aging network. Persuade to make frail elders' oral health a priority through increased funded

legislation for care, education and research. Care providers have specific barriers regarding their provision of oral hygiene care to the resident, so there comes the need to promote an oral health policy that can teach care providers to excel in oral health care.

### References

1. Nishimura F, Iwamoto Y, Mineshiba J, Shimizu A, Soga Y, et al. (2003) Periodontal disease and diabetes mellitus: the role of tumor necrosis factor-alpha in a 2-way relationship. *J Periodontol* 74(1): 97-102.
2. Preston AJ, Kearns A, Barber MW, Gosney MA (2006) The knowledge of healthcare professionals regarding elderly persons' oral care. *Br Dent J* 201(5): 293-295.
3. Shanies S, Hein C (2006) The significance of periodontal infection in cardiology. *Grand Rounds in Oral-Sys Med* 1: 24-33.
4. Ellershaw AC, Spencer AJ (2011) Dental attendance patterns and oral health status. *Dental statistics and research series No. 57*, Canberra, Australia.
5. Barnett ML (2006) The oral-systemic disease connection. An update for the practicing dentist. *J Am Dent Assoc* 137(Suppl): 5S-6S.
6. Gapski R, Cobb CM (2006) Chronic inflammatory periodontal disease. A risk factor for cardiovascular disease and ischemic stroke? *Grand Rounds in Oral-Sys Med* 1(1): 14-22.
7. Chalmers JM, Spencer AJ, Carter KD, Wright C, King LP (2009) Caring for oral health in Australian residential care. *Dental statistics and research series No: 48*, Canberra, Australia.