



DENTAL DECAY: A PROBLEM FOR SENIORS

by Dr Ian Sweeney*

THERE ARE A number of problem areas facing the ageing population in regards to their dental needs.

Reduced manual dexterity and failing eyesight are two major contributing factors behind increased oral disease in senior years. If patients cannot see the plaque or are unable to remove it, problems will occur.

A history of gum recession or past gum disease results in longer teeth with more root surface being exposed. Root surface is softer than tooth enamel and more prone to dental decay. Prolonged exposure to plaque will result in decay in this area.

Teeth that have been heavily restored with a number of fillings are prone to fracture. Fracture of key teeth in the mouth may have dramatic effects, particularly if the tooth in question is a front

tooth or a key support for a partial denture.

These problems are increasingly likely to occur after the age of 60 and the patient may live for another twenty or thirty years in gentle medical and physical decline. Maintenance of dental health presents a series of unique problems under these circumstances.

An Adelaide study into nursing homes showed large numbers of tooth surfaces were covered in plaque and debris. The existing residents had caries (decay) on both coronal and root surfaces. Coronal caries incidence was 64 per cent and root caries incidence was 49 per cent of existing residents.

The conclusions of the study were that oral disease experience was high in both existing and new residents. New residents were being admitted to nursing homes with a compromised oral health status. Coronal and root caries were high for existing residents over the one-year period.

Another study compared the incidence of coronal and root caries in community-living older Australians with and without dementia. Their conclusions showed the incidence of both coronal and root surface decay was significantly higher in the community-living older adults with dementia over a one-year follow-up period. Contributing factors were: sex (males), dementia severity (moderate-severe), high carer burden, oral hygiene care difficulties, and use of medications that dry the mouth.

In order to minimise the effects of decay in the ageing population, regular dental maintenance of all patients is recommended.

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