

# Dental health and oral health behaviors of selected 45 years-74 years olds

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### ABSTRACT

The purpose of this study was to evaluate the dental status and oral health behaviours of 45 years-74-year old. A questionnaire was used to collect demographic information, socioeconomic status, and oral health behaviours. Clinical evaluations of dental caries experience, oral hygiene, and a number of edentulous patients were performed. More than half of those polled said they washed their teeth once a day. Almost half of those polled said they had a check-up once every two years or less. Active nicotine is harmful. The prevalence of decay, the

mean DMFT, the mean API, and the edentulism prevalence. Increased DMFT and MT levels were substantially associated to age. Subjects with a high educational status had considerably reduced DMFT and MT scores. The participants in this study had limited health awareness and an inferior dental state. Dental and oral hygiene level were linked to sociodemographic and behavioural factors. The research population's low oral health suggests the need for increased pro-health education about dental care among elders.

**Key Words:** Smoking; Oral hygiene; Periodontal ligament; Buccal crest; Maxillary region

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### INTRODUCTION

**A**dentition is an important aspect of oral health. Poor dentition can have a negative impact on patient quality of life, particularly in terms of physical pain, functional limits, and social handicap. Furthermore, a study suggests that poor dental health (tooth loss) may be an early predictor of hastened ageing.

Caries is still the most common oral condition affecting individuals of all ages, according to a recent WHO research. Caries is still a global public health issue. Poland is one of the only European countries with a nearly 100% prevalence of caries in the adult population, and epidemiological data has never been sufficient. Chronic caries in adults can cause significant hard tissue loss, reducing tooth longevity and treatment prognosis. The most common type of dental caries in the elderly is root caries, which is associated with gingival recession exposing the root cement, a high intake of fermentable carbohydrates, and the possibility of xerostomia induced by age-related salivary changes and multimедication [1]. Pulp inflammation is a complication of caries that can disseminate infection to neighbouring tissues and have catastrophic systemic implications. Along with dental caries, other oral disorders frequent in older persons include periodontal disease, dry mouth, lip and oral cancer, and substantial tooth loss. Untreated tooth decay and periodontal disease not only cause premature tooth loss, but can also

lead to tooth loss. This contributes to a decline in senior patients' well-being and self-esteem, as well as a deterioration in their social functioning [2]. Furthermore, mouth infections (particularly periodontitis) may be regarded as a separate risk factor for some diseases such as diabetes, cardiovascular disease, lung infections, renal disease, and dementia.

The world's old population has recently expanded dramatically, and forecasts show that this trend will continue in the coming decades. According to demographic projections, every second urban-dwelling man and every second woman in Poland will die in the next few years. Rural residents will be a few years younger. Furthermore, life expectancy would rise over the forecast period, surpassing levels reported in by nine years for males and six years for women. Men will live to be years old, while women will live to be years old.

Because men are often more dismissive of their own health than women, sex can have an impact on oral health. Men and women have different attitudes towards self-care, preventive health care, and health-threatening or anti-health behaviours. Gender stereotypes have a profound impact on both women's and men's physical and emotional health. The average life expectancy, according to the National Epidemiological Data Centre. These diseases are linked to an unhealthy lifestyle, alcohol consumption, smoking, a high-fat diet, and a lack of physical activity. Injuries are also more common among men, owing to their proclivity for risky behavior [3,4]. Furthermore,

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men are less likely than women to seek health care and medical treatment, attend check-ups, and follow medical recommendations.

Adult oral health epidemiological studies often include certain age groups. Publications on the dental health of adults aged 45 to 74 are rare, and findings are rarely gendered. Several publications on the dental health of middle-aged and older men are available in the literature; nevertheless, groups of male respondents rarely exceed individuals. Given the forecasted growth in human life expectancy and the size of the older population (including men), it appears vital to perform additional research on the subject of men's oral health. Studies of oral health issues in ageing males, along with sociodemographic research, may become a critical step in understanding the factors that influence the oral health of the aged, as well as in the development of public health programmes. This could help with the creation of health-promoting education initiatives and sex-specific dental prophylaxis care planning to improve men's oral health behaviours.

The purpose of this study was to evaluate the dental status and oral health behaviours of 45 years-74-year-olds.

The study group ranged in age from 45 years to 74 years old. They were former employees of an industrial plant in Bialystok classed as the metal industry [5-7]. This was a group of workers who were covered by the industrial health service for medical treatment (including dental care). Following that time, a general practitioner with a dental office operated at the site. Each patient was invited to participate in this trial through letter. A clinical evaluation of the patients was performed by an expert dentist who performed a comprehensive examination of the oral cavity to determine oral status. Patients were examined in an office setting using standard instruments under artificial lighting. Clinical evaluation was limited to 28 teeth, excluding third molars. To evaluate, the information gathered during the oral history and clinical examination was employed [8]. The presence or absence of dental plaque in the approximal areas was used as an evaluation factor for the success of oral hygiene practises conducted at home by patients using the Approximal Plaque Index (API). The API calculates the proportion of total dental plaque surfaces in relation to total investigated regions. Dental plaque was found in quadrants of the approximal areas on the oral side and quadrants of the approximal areas on the buccal side. The relationship between demographic and socioeconomic characteristics and dentition and oral hygiene; oral and dental hygiene status was related to environmental factors such as age, education, and family per capita income [9-11]. Oral hygiene and dental status were linked to health behaviours such as tooth brushing, flossing, mouthwash use, dentist visits, smoking, number of cigarettes smoked per day, and duration of smoking habit.

Spearman's non-parametric correlations were used to analyse the links between quantitative and ordinal variables. To compare quantitative variables between subgroups, non-parametric tests were performed. When comparing two subgroups, the Mann-Whitney test was employed, and when there were more subgroups, the Kruskal-Wallis test was utilised.

#### DISCUSSION

We discovered that more frequent tooth brushing and flossing were substantially associated with better oral hygiene in the current study. Previous research has found a similar pattern. The effect of dental hygiene on the rate of tooth loss, on the other hand, was not validated among Lithuanian elderly inhabitants. This was most likely

owing to the respondents' proximity to areas with high fluoride levels in the environment. The association of oral hygiene with the average number of fillings found in the same study supported our findings.

Maintaining oral hygiene becomes more difficult as we age, and the following bias factors may be present: lower manual abilities, general infirmity of the elderly, visual impairments, removable prostheses in the mouth, decreased Geographic region, economic growth of the country, age, gender, education, income, comorbidity, and lifestyle may all play an impact. Toothlessness is more prevalent in women than in men, however this distinction is becoming increasingly muddled. The interruption of calcium metabolism during pregnancy and menopause is the cause for the higher frequency of extractions among women. Furthermore, women have a higher caries prevalence than men, which is attributed to earlier tooth eruption in girls potentially extending exposure to cariogenic oral factors, hormonal influences, genetic predisposition, such as X-linked amelogenin gene variants, as well as the nature of group selection. The prevalence of edentulism is gradually declining in Poland and the northeast region. This is most likely owing to the National Health cover's failure to cover endodontic treatment for molars and premolars, as well as a lack of reimbursements for fixed prosthetic dentures used to replace missing teeth. Removable partial dentures are an iatrogenic etiological component of periodontitis, and their use results in tooth extraction, limiting the space between missing teeth in the dental arch. Patients are more prone to seek surgical therapy, and the dental care system undervalues the value of preventative care.

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