MINI REVIEW

Oral disease burden and access to dental care in an aging society

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ABSTRACT

Ageing societies have seen an increase in the overall number of years that older people have lived with a disability as well as the associated burden of tooth loss. This study provides a general review of oral disease burden and oral health care accessibility in an ageing society. We looked at the pertinent literature and chose a few critical problems regarding the prevalence of oral illnesses and availability to dental care.Their need for oral health care is increased by the growing number of older persons who still have teeth. With regard to universal health coverage, affordability of care is a major challenge to increase access to dental care. Additionally, accessibility is a major problem, especially for frail elderly persons. In ageing nations, efforts are being undertaken to incorporate oral health care into general healthcare to increase access to dental treatment.

Key Words: *Oral care; Older persons; Cemento-Osseous dysplasia; Biopsy; Maxillary antrum*

INTRODUCTION

The concept of functional capacity and participation in society has been advanced as a result of the demographic shift towards ageing societies and the associated health burden. These factors have prompted a global focus on ageing and health as well as a fundamental change in how we think about ageing. An epidemiologic shift has significantly increased the impact of the demographic shift on oral health, with significant consequences for the burden of oral diseases on older populations. One of the most common medical illnesses worldwide is oral disease, and the elderly population is particularly affected by it due to tooth loss. Despite the age-standardized prevalence data showing an overall improvement in oral health, there are more people with oral disorders due to the ageing population. It's critical to understand the distinction between age-standardized prevalence and crude prevalence when assessing the burden of oral illness in the elderly population. The better socioeconomic, lifestyle, and medical standards over the past few decades have reduced the risk of tooth loss in many nations. The improved age-standardized prevalence of tooth loss reflects this. On the other hand, the number of older adults with significant tooth loss has increased due to the ageing population [1]. Along with the rise in older adults missing some teeth, additional oral disorders such root caries, periodontal disease, partial tooth loss, and dry mouth are becoming more prevalent in older adults and have a negative impact on their ability to eat and their quality of life. For instance, the study found that older persons had higher rates of untreated caries, periodontal disease, and tooth loss, respectively. For current and future cohorts of older persons, the retention of natural teeth into later adulthood, many of them already heavily restored, results in a high burden and complex dental care demands. the percentage and number of Japanese adults aged or older who have no teeth or have fewer teeth, as determined by the Survey of Dental Diseases and the population census [2,3]. Because of the growing proportion of the older population, the percentage has decreased linearly but the number has not. Despite the recent improvement in the number of remaining teeth, a sizable portion of the population need prosthetic therapy.

Social factors that affect oral health during the course of a person's life

Only focusing on the significant impact oral problems have on older individuals' quality of life and how to manage their disproportionately high treatment costs is only one facet of the problem. The many social groupings in society do not all bear this responsibility equally. There is substantial evidence of socioeconomic gradients in oral health among elderly persons. Oral problems are socially structured. It is significant how widespread the disparities are in this age range. For instance, in England, persons aged and older in the poorest quintile had nearly fewer natural teeth than adults in that age group in the richest quintile. Therefore, it is crucial to reorient policy towards reducing these excessive and preventable disparities in oral health. As oral diseases and disparities in oral health are caused

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by a complex array of individual, social, environmental, economic, and political determinants, most of which are shared with other no communicable diseases, the theoretical framework of the broader determinants of health is very helpful in that regard. Although behavioral factors and the use of dental services have traditionally been given more attention, there is growing recognition that social position (such as education, income, and wealth) can have an impact on health through the material conditions and psychosocial factors (such as social capital) in which people live, work, and age [4-6]. Health (and oral health) inequalities are largely shaped by structural factors in the economic, political, and environmental context (such as welfare states and macroeconomic policies), and these factors are also greatly influenced by commercial factors, which refer to the "strategies and approaches of the private sector to promote products and choices harmful to health. “In order to develop successful strategies to address oral health disparities, it might be highly helpful to understand these intricate relationships among the factors affecting health.

The social determinants of health have an impact on older persons' oral health, which is a reflection of their lifelong exposure to oral diseases and oral health care [7]. The nutritional health of the mother and the amount of fluoride in the local water supply both have an impact on how fetal teeth develop. Due to exposure to many risk and protective variables, including nutritional consumption, oral hygiene practices, fluoride exposure, smoking, and access to dental care, oral health varies after birth. Through the course of a person's life, upstream social determinants of health have an impact on these oral disease's primary causes. For instance, timely access to dental treatment is crucial for both preserving oral health and recovering from oral disorders. Individuals' attitudes about receiving dental treatment are influenced by their socioeconomic situation and the health care system in the community in which they reside. Because of their medical issues, older persons may find it challenging to receive routine dental care. In order to provide proper oral care for older persons, it is important to avoid dental caries and periodontal disease, understand diet and dysphagia, and have a thorough awareness of and regular monitoring of systemic disorders [8,9]. The five A's—affordability, availability, accessibility, accommodations, and acceptability—are traditionally used to describe access to healthcare. Any of these things may be an access barrier for elderly individuals. The number of elderly disabled people who have trouble accessing dental clinics is rising in nations with ageing populations. The main determinants of access for elderly residents of care facilities are whether the facility provides or arranges for the provision of oral health care services and the attitudes of family members. Public insurance, such as universal health care insurance and long-term care insurance, cover oral health care in facilities and home visits by dentists and dental hygienists in one of the nations with the most advanced ageing populations in the world. This makes it easier for elderly people with disabilities to get dental care, lessens the financial load, and safeguards human resources [10]. The situation is much different in other nations, though, and even in wealthy nations, attention to vulnerable older individuals' dental health has just recently been prioritized. Integrating oral health into general primary care is crucial for promoting oral health care in institutions and other settings, which necessitates taking a range of issues into account at both the micro and macro levels. Multidisciplinary oral health treatment in institutions and other settings is advised, along with non-dental professionals monitoring oral health status, according to a review of oral health care for frail older individuals in Australia. There are resources available globally to encourage oral health evaluation in settings without dentists. In affluent nations like the United States and Japan, health care expenditures rise with age and rise more quickly for older adults than for younger adults.

Therefore, oral health promotion in older persons is seen as a means to improve overall health and lower health care costs. Health policy is focused on enhancing population health to reduce the use of scarce health care resources [11]. Older adults may encounter a range of oral health issues that can make it harder to chew, which can reduce food intake and ultimately result in malnutrition diminished functional capacity, compromised immunological function, impaired muscle function, diminished cognitive function, poor wound healing, greater hospital and readmission rates, and mortality are all linked to malnutrition. Additionally, there is a connection between systemic diseases including diabetes, cardiovascular disease, and pneumonia and dental problems, particularly periodontal disease. The body of research demonstrates that numerous disease states are influenced by poor dental health. Recent research has revealed a link between oral health issues and older people's medical care costs in terms of the relationship between oral and systemic health. Higher inpatient and overall medical care expenses were associated with older patients who had severe periodontal inflammation. This shows that those with periodontitis have a higher risk of inflammatory disease, which raises the expense of medical care. Additionally, there was a negative correlation between the number of teeth and decreased stroke-related medical care expenses.

A research of a different sample revealed that having fewer teeth was linked to increased hospital stays and higher stomach cancer treatment costs. According to these studies, fewer teeth increase the likelihood of prolonged hospitalization. Hospitalization accounts for a significant portion of medical care expenses; as a result, increases in medical care expenses in older individuals with fewer teeth appear to be predominantly driven by greater hospitalization risk.

To maintain good oral health, you must receive preventive dental treatment throughout your life. It is well knowledge that dental care services go from treatment to preventive care. With a rise in the need for preventive care and a decline in the need for treatment, these trends are predicted to continue. Even while the prices associated with oral preventative care are rising, the increased usage of these services could reduce the need for some medical care, which would reduce costs associated with dental treatment. By preventing oral diseases and many sorts of systemic deterioration in elderly patients, oral preventive treatment may be effective in lowering health care expenses.

CONCLUSIONS

Older adults need oral care more than ever because oral health is so important. It is necessary to provide oral health care to elderly people in need, particularly inhabitants of nursing homes. The quality of life for elderly individuals will likely increase, and health care expenses will go down, if oral care is integrated with general care.

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