International Effort on Geriatric Oral Health

Oral and dental health has an important bearing on the general health of the elderly. Epidemiological, bacteriological and immunological data support the contention that periodontal disease is a strong risk factor for atherosclerotic and cerebrovascular diseases. Epidemiological and clinical data clearly demonstrate that periodontitis hampers glucose control in diabetics, who in turn experience more severe periodontitis. There is evidence that individuals with moderate-to-severe periodontal disease are at higher risk of suffering from rheumatoid arthritis and vice-versa. Bacteria in the oral cavity can be the cause of serious metastatic infections in at-risk patients, affecting the heart, lungs, pleura, liver, brain and joints. Malignancies of the oral cavity and oropharynx are more common than cancers of the stomach, cervix, kidney or pancreas; and have better 5-year survival rates if detected early but dismal outcomes if the disease has metastasized.

Serious systemic diseases such as HIV, tuberculosis, leukaemia, thrombocytopenia, pemphigus and diabetes may have predominantly oral manifestations in the initial stages. Systemic diseases and their treatment in turn affect oral health by causing decreased salivation, altered sense of smell and taste, mucosal pain, gingival overgrowth, increased alveolar bone resorption and mobility of teeth.

Retention of teeth into advanced age has become widespread in industrialized nations as use of preventive measures such as fluridated drinking water and regular use of fluoride dentirifice have gained acceptance. However, this longevity of dentition is a double-edged sword. Diminished oral self-care skills in advanced age have far greater deleterious effects when natural teeth remain. Stroke, arthritis and degenerative neurological diseases such as Parkinson's and Alzheimer's diseases interfere with the ability to maintain oral hygiene and lead to the increased development of oral diseases. Loss of teeth is correlated with a decrease in nutrient intake, choice of food and self-esteem. An increase in the number of older individuals with their own teeth creates a serious obligation for daily oral care on caregivers, for oral assessment on health care providers, and for support of oral care services on society.

In view of the strong interrelationship between oral and systemic diseases, it is essential for physicians to build and maintain close linkages with oral health providers for the optimal management of older patients. Yet the historical separation of the medical and dental professions has resulted in most physicians and nurses having at best limited knowledge and skills in the assessmet and care of the oral cavity. Trends in health care funding are strongly influenced by physicians, who are less likely to advocate expenditure for prevention and management of diseases to which they ascribe little significance. However, evidence continues to mount that oral diseases may have important—even profound—direct effects on a person's overall health. The unsettling and unacceptable implication is that disease burden and overall health care costs are increased when the management of oral disease is regarded as optional. We recommend most emphatically that the medical profession undertake a focus programme to recognize and confront the impact of the oral cavity on general health and disease by:

— Enhancing curricular content in training programmes concerning oral anatomy, pathology and clinical assessment;
— Establishing and maintaining effective referral networks with dental personnel;
— Encouraging patients and caregivers to practice preventive oral health measures, including periodic dental examinations;
— Fostering and advocating the development of continuing education opportunities to build knowledge and skills in oral assessment; and
— Take advantage of online resources for professionals that concern oral health and disease, such as the Oral Health Clearinghouse of the US National Institute for Dental and Craniofacial Research.

The ultimate goal is for medical and dental professionals and caregivers to collaborate with an integrated approach to prevent oral disease, thereby improving overall health and quality of life for our patients.

THE ORAL HEALTH WORKING GROUP OF THE
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