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Dementia and oral health

Dental caries is the most prevalent chronic condition in the world. It affects more than one in three people in the world.^{1–2} Often seen as a disease of childhood, dental decay increases as people age.³ In a number of high-income countries, despite reduction in caries among children, prevalence increases in the older population, constituting a major challenge, public health challenge.

The population susceptible to chronic or debilitating diseases is growing. The most common chronic conditions affecting older adults are cardiovascular disease, cancer, diabetes, pulmonary disease, Alzheimer's disease, and psychiatric disorders, and most commonly depression and dementia.

In 2014 the World Federation of Public Health Associations' General Assembly passed a resolution on the need to address the importance of oral health care for individuals with dementia. The International Council of Nurses supported the resolution.

The prevalence of dementia is increasing worldwide and those who are demented frequently have difficulty in communicating with their caregivers. Thus, they often suffer unnecessarily. Studies have shown that, when matched for socio-economic status, age, and gender, older people with dementia have poorer oral health than others in the community.⁴

Those with dementia are often unable to communicate that they have painful or uncomfortable mouths. Frequently they are taking medication that cause xerostomia, dry mouth syndrome. This in turn can lead to increased risk of candida infections and dental caries that cause soreness and pain.

Individuals with dementia, moreover, frequently either forget to perform good daily oral hygiene or are unable to do so. They therefore need assistance maintaining good oral hygiene.

Caregivers find it difficult to provide oral hygiene and denture care, perhaps because of a lack of training. Dementia may diminish communication skills, and this prevents cooperation with caregivers in daily tooth cleaning regimes. Unfortunately, those with dementia are also less likely to visit a dentist for regular dental care.⁵

Programmes in which nurses or caregivers have been trained to clean the patients' teeth after meals have been highly effective in preventing pneumonia in older nursing home residents.⁶ A programme led by a dental professional would prevent many of the problems associated with inadequate oral care, and prevent many of the acute problems that develop.⁶ The dental nurse or therapist would provide a link between specialist dental services, and other medical disciplines, coordinating an enhanced team with structured care policies. In the United Kingdom, the General Dental Council states that the scope of practice of dental therapists may include diagnosis and treatment of periodontal disease and caries, as well as preventative regimes <http://www.gdc-uk.org/Pages/default.aspx>.

For people with dementia, whether they are living at home or in residential care homes, family members, caregivers, and dental professionals should work together to meet their oral health needs.

In 2014, the WFPHA oral health group proposed a resolution to the General Assembly on the importance promoting oral health to every individual with dementia. The resolution, supported by the Council of Nurses, called for:

- (a) a designated provider and coordinator of dental care to assure access to regular oral health checks from suitably trained dental professionals;
- (b) good oral hygiene every day, provided where necessary by trained caretakers;
- (c) therapy to prevent, or minimize, the effects of xerostomia (dry mouth), dental caries, periodontal disease, and oral ulceration;
- (d) a healthy diet with minimal sugar content and, where necessary, treatment with suitable fluoride products to prevent dental caries.

Through good oral health, all individuals with dementia will have a better opportunity to live more comfortably with dignity.

The passing of the resolution is a landmark event in the advocacy for better oral health for this population. The WFPHA oral health group has promoted the recommendations in public health associations around the world. At the WFPHA conference in 2015 in Kolkata, India the oral health group will lead a major conference session on the subject.

What else is needed?

The evidence base for the best oral health care for people with dementia is still in its infancy. Few randomly controlled studies have been undertaken and no systematic review on appropriate oral health care has been published. In addition, the issue of workforce needs to be tackled. The role of mid-level dental providers in serving residential elders still generates heated debate.

The growing number of people with dementia worldwide and the complexity of advanced restorative procedures (for example, dental implants) will mean that a growing population of fragile people with complex dental maintenance needs will be a major public health and dentistry challenge. Surely, a major worldwide research programme is needed on oral health challenges for people with dementia. A centre for dementia and oral health should be developed to build the clinical protocols, develop the research agenda, and lead the advocacy for better oral health for this group. In 2015 at the Kolkata meeting these recommendations will be discussed and underlined to the public health community.

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