

More oral health care needed for ageing populations

Millions of elderly people across the globe are not getting the oral health care they need because governments are not aware enough of the problem. By 2025, there will be about 1200 million people aged 65 years according to UN estimates. Failure to address oral health needs today could develop into a costly problem tomorrow.

Berta Diaz has a wide grin. What she lacks is a toothy smile. Like most elderly adults worldwide, she has lost most of her teeth.

“When they were bad, they just got pulled,” said the 70-year-old patient after getting her new prostheses fitted in Dr Hugo Zamora’s dental practice in Mexico City.

Diaz is one of the 60–70% of Mexicans aged over 65

with few or no teeth. Although the poor are more vulnerable to this and other problems, the oral health problems of the elderly cross class lines. Low awareness, lack of access to oral health services and the misconception that older people will not benefit

from health education and preventive measures such as fluoridation, conspire to deprive the elderly of crucial care.

Oral disease is the fourth most expensive ailment to treat in most industrialized countries, according to WHO’s *World oral health report 2003*. “Unless we take action today, many countries will not be able to pay for treatment programmes,” said Dr Poul Erik Petersen, head of WHO’s Oral Health Programme, with regard to the oral health needs of the elderly.

The burden of oral disease is likely to grow in many developing countries because of unhealthy diets rich in sugars and high consumption of tobacco, Petersen said. Industrialized countries spend 5–10% of their national public health resources on dental care a year, but most developing countries allocate no budget at all to the control of oral disease.

“In many developing countries, the only treatment is tooth extraction in

case of pain and problems with teeth,” said Petersen. “Millions of older people ... will suffer tooth loss. Eventually they will be without natural teeth.”

As with other health issues, older people have very different oral health needs to children and younger adults. They are more likely to take medication that causes dry mouth, leading to tooth decay and infections of the mouth.

More than 400 commonly used medications — many of them for chronic conditions to which the elderly are susceptible — can dry out the mouth.

Oral cancer is another danger that can strike after years of over-consumption of tobacco and alcohol.

The incidence of this cancer is rising in places with growing or high tobacco use, Petersen said, calling the burden of oral cancer a “major challenge to many countries”.

Mexico’s situation is typical of that worldwide. Dr Ernesto Acuña, who specializes in geriatric dentistry in Mexico City, agreed that it is common to yank a tooth that aches or is loose. People start losing teeth as early as their 40s, he told the *Bulletin*.

The main causes of tooth loss — gum disease and untreated cavities — are rampant in Mexico. Acuña believes that 90% of the Mexican population has untreated cavities, and Mexico’s health ministry says that the country’s six million people over age 65 have on average 18 missing or damaged teeth out of 32.

In many cases, ill-fitting dentures can reduce a person’s quality of life, for example by impeding their ability to chew. This is what happened to Diaz. Diagnosed with diabetes 15 years ago,

she eventually got gum disease, a common result. Today she has no natural teeth on top and only four below.

In Mexico, as in the rest of the world, the lower a person’s socioeconomic status the more likely that no preventive measures will be taken. An unfounded belief by families and health-care practitioners that tooth loss is inevitable during ageing, lack of education on the importance of oral health and components of dental care, poor access to services and a low dentist-to-population ratio complete the picture.

Even in developed countries such as the United States older people face a host of impediments to continuing dental care even if they used to go to the dentist regularly, said Dr Barbara Gooch, an oral health expert from the US Centers for Disease Control and Prevention (CDC). After retirement they may be unable to afford dental care. If they become less mobile, they may not be able to get to the dentist.

The results of oral health problems reverberate throughout the body. Nutritional problems are the immediate result of problems with chewing, which can start long before tooth loss. “I was chewing badly and I got stomach problems,” Diaz said.

“The mouth is the gateway to the digestive system,” Acuña said, adding that caregivers tend to think that if an older person is eating, then he or she is fine.

But chewing difficulty makes people shun foods that they can’t swallow easily, and those are often ones with fibre and essential nutrients, such as fruit and vegetables. Sometimes people gravitate toward softer, processed foods which are often laden with sugar. On the flipside, some people stop eating enough and lose weight.

“The point in public health is that if oral health promotion and

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Dr Poul Erik Petersen, head of WHO’s Oral Health Programme.

disease prevention are integrated with noncommunicable and chronic disease prevention, we can make progress for better oral health and prevention of oral diseases worldwide," Petersen said.

Even farther under the health-systems radar are the psychological problems associated with having discoloured, diseased or missing teeth. The person becomes uncomfortable socializing, loses self-esteem and begins a spiral of decline.

The good news is that much of the damage is preventable.

"Some people tend to think that if you're old, there is little chance that you will change your lifestyle in terms of tooth cleaning or dietary habits to be healthy, or other behaviour modifications," Petersen said. "But the experiences gained in some countries

have shown that you can also at old age achieve healthy lifestyles and have positive outcomes as an effect of health-education intervention programmes."

Starting people on dental care programmes and exposing them to fluoridated water and toothpaste improves dental health regardless of a person's age. Increasing the ratio of dentists to population, especially in poorer areas, is essential, as is educating caregivers such as workers in homes for the elderly. Alerting general medical practitioners on what to look for is also necessary.

In the United States in the 1950s — as was the case with most industrialized countries — more than half of the people aged 65 and over had lost all their teeth, the CDC's Gooch said. Now it is less than 30%. In addition to educating health professionals, CDC



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Many elderly people worldwide do not have a full set of teeth.

emphasizes the role patients can play in maintaining and monitoring their own oral health. ■

Theresa Braine, *Mexico City*

Recent news from WHO

- WHO and other UN partners said it was too early to recommend male circumcision services as part of HIV prevention programmes. They were responding to unpublished findings of clinical trials in South Africa presented on **26 July** at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment in Rio de Janeiro, Brazil. Results of the trials suggested that male circumcision could reduce HIV infection.
- WHO emergency teams were still receiving reports of possible cases of Marburg haemorrhagic fever and investigating these, WHO said on **28 July**. Clinical specimens from possible Marburg cases were being shipped to the Special Pathogens Program, Public Health Agency of Canada, for testing. By the end of July, Angola's health ministry reported a total of 368 cases and 323 deaths from Marburg fever.
- The Indonesian Ministry of Health has been monitoring more than 300 people who came into contact with the country's first laboratory-confirmed H5N1-positive human case of avian influenza, WHO said on **29 July**. The man in question died on **7 July**.
- The Chinese Ministry of Health reported on **1 August** an outbreak of a mystery illness on **22 July** in China's Sichuan Province, WHO said. The Ministry reported 181 possible cases and 34 deaths that may have been caused by infection with the *Streptococcus suis* bacteria from pigs. Sporadic cases of human *S. suis* infection are known to occur worldwide, usually through occupational contact with pigs.
- WHO's Regional Office for South-East Asia convened an informal consultation on avian influenza on **1–2 August** in Bangkok, Thailand. Representatives from Cambodia, Indonesia, Myanmar, Thailand and Viet Nam reviewed the pandemic avian influenza threat and the availability and use of antiviral drugs and vaccines.
- WHO said on 2 August it had been helping Niger's Ministry of Health respond to the famine in the African country. A 12-member emergency task force is being assembled for deployment to Niger to support the WHO country office. According to the latest available figures, an outbreak of cholera has affected 61 people and killed 10 in the district of Bouza.
- WHO is seeking broad consultation on next year's World Health Report on human resources for health via the internet and email. A draft outline will be posted on the internet by the end of October. WHO is encouraging schools for health professions to national, international donors and the general public to give their feedback. The report, subtitled "working for health", will be launched on World Health Day, 7 April 2006.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2005/en/index.html>



WHO

Mission leader, Dr Emilienne Anikpo (right), Communicable Diseases for WHO Niger, Dr Soga Garba (centre) and Operations Manager, Rob Holden, study a map to identify some of the most affected areas to be visited. They were part of a WHO rapid assessment team that travelled to Niger between 27 July and 2 August. The WHO rapid assessment mission was instrumental in helping WHO revise its flash appeal for Niger, which seeks US\$ 1.3 million to address health issues associated with the food crisis".



WHO

Members of WHO's rapid assessment team along with members from the Ministry of Health and local health workers visit a health centre in the village of Kelemé, in Bouza district (Tahoua region) where patients suffering from cholera are being treated.