

Self-Perception of Oral Health in the Elderly in the City of Ambato. An Observational Study

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Abstract

In this research, very different from the conventional way, we want to present the information data that elderly people (over 65 years of age) have about their oral health with the aim of evaluating the self-perception of the state of oral health and the visits to the dentist by people over 65 years of age in the Ambato canton. And it was observed that, of the total, very few older adults have knowledge about this topic, in the same way we perceive the percentage of people who have difficulty getting to the dentist since their family does not have both economic and social support.

Keywords: Allied Health Personnel, Ambulatory Care, Oral Health

Introduction

Older adults are more exposed to developing oral health problems: they have a higher risk of tooth loss, gum disease, oral cancer and other pathologies, as well as problems related to their prosthesis and inadequate nutrition. Dry mouth can also be a problem, and is due to many medications such as tricyclic antidepressants: amitriptyline. - Heterocyclic antidepressants: Imipramine, haloperidol, mirtazapine. - Other: bupropion, olanzapine, etc. A considered number of elderly people live in homes with the diseases mentioned above. With the increase in age, the number of visits to the dentist decreased either for different reasons such as: mobilization for them is not very easy, the place where the dentist is located is not nearby, etc. (1)

Sustainable oral care of older people requires a holistic view of aging, which must extend far beyond the narrow field of dental expertise to help reduce the effects of sociobiological changes on oral health in time. Objective of the work. In addition, physiological aging is often accompanied by diseases such as diabetes, respiratory pathology, polymedication, frailty and dependence on daily activities. Decreased vision, reduced tactile sensitivity, reduced dexterity, cognitive decline, and dementia often compromise daily oral hygiene routines. (2)

In older adults with age, teeth weaken and there is a greater risk of some oral problems. For this reason, the dental care of older adults is a priority to maintain good oral health, closely related to general health. As in childhood, teeth in the stage of old age have their own needs. (3)

The mouth is used every day of our lives. To breathe, talk, drink, eat, and do all kinds of activities that can affect the general health of our body. Teeth and gums, like the rest of the body's tissues, also age. But the deterioration of the mouth can be less if more attention is paid to its care. Chronic-degenerative diseases and oral pathologies, such as caries and periodontal diseases, are common in older adults.

These have an impact on their physical, psychological and social well-being. Previously, older adults were not given much importance, much less their oral health. Remember that practicing good oral hygiene and using fluoride treatments and getting regular dental care reduces oral infections and their complications (4). The deterioration of oral health continues to be a major

global problem that harms the quality of life, especially in developing countries as they cause chronic and acute stomach and pancreatic diseases, which can cause death. (5)

Therefore, measures should be taken to contribute to the success of oral health policies with special emphasis on older adults. The vulnerability in the oral health of older adults affects the quality of life, affecting various aspects of their lives such as masticatory function, articular phone, physical appearance and interpersonal relationships. Poor oral health can lead to diseases such as diabetes, pneumonia and cardiovascular disease. (6)

The objective is to evaluate the self-perception of oral health status and visits to the dentist by the elderly (over 65 years old) of the Ambato canton in the period June 2022

Materials and Methods

From the deductive method present in the inquiry it was intended to develop an interpretation of the social reality of a group of specific people. In this way, a problem of social cause is debated and the survey is given in which the content, structure and methods used in the oral health of older adults were evaluated. A 12-item electronic survey using Google Forms was developed and distributed electronically to older adults in the city of Ambato. The sample size was calculated taking into account the population of 10,372 older adults in the Ambato canton. With a confidence level of 95% and a margin of error of 5%, 370 responses were needed. Due to the lack of published data on the number of older adults who go to the dentist, we help people who maintain a close relationship with older adults to help us by filling out the surveys and thus obtaining the necessary data.

The questionnaire was distributed on Monday, June 28, 2022 through a shared survey of specific people. For a better reading comprehension easier and comfortable answers, we review the questionnaires with the help of our manager in order to obtain a simple questionnaire to perform, in addition to maintaining anonymity the answers obtained from each survey. (7)

The information collected in the survey is as follows:

1.- Demographic data: Aim to know how often, and how many older adults go to the dentist and general data related to the age of the respondents, focused directly on obtaining knowledge of the age range from which the data is being obtained.

2.- Data of interest: Factors that affect the patient's data, such as if any of them have or had dental diseases.

Take into account what is the level of knowledge you have about oral health and diseases that occur at a certain age such as:

- Hyperthyroidism
- Candidiasis
- Problems tasting, chewing, and swallowing.
- Canker sores

Results

In the survey we obtained a total of 114 responses and the minimum sample number needed was not met, so the results must be interpreted with surveys.

In the survey by the question of "age" is the percentage 61.4% of people under 65 years (n = 70) and another percentage of 38.6% of people over 65 years (n = 44). When conducting the survey is the question "Do you have information on how to properly maintain your oral health?" of which there is data from 59.6% answered YES (n = 68) and the other percentage of 40.4% answered NO (n = 46). In the question of "Importance" they answered 89.5% YES (n = 102) and on the other hand answered 10.5% NO (n = 12).

In the survey we found the question of "Dental prosthesis" there is a number of very similar answers and are those that answered the survey 56.1% NO (n = 64) and 43.9% answered Yes (n = 50) and with this it is observed that the population to which the survey was carried out has at least one dental prosthesis. In the question "How often do you go to the dentist?" the following data were found and of them answered the survey 50% YES (n = 57), and 39.5% almost never (n = 45) and on the other hand 10.5% never (n = 12).

The variable "age" was associated with "Whether or not you have information on how to properly maintain your oral health", where it was observed that 52.27% (n = 23) of those over 65 years of age chose "You do have information on how to properly maintain your oral health" and 47.72% (n = 21) chose "You do not have information on how to maintain your oral health". Regarding those under 65 years of age, 64.28% (n=45) chose "Yes you have information on how to properly maintain your oral health" and 35.71% (n=25) chose "You do not have information on how to maintain your oral health". No statistically significant differences were found ($p > 0.05$).

The variable "age" was associated with "Importance", where it was observed that 84.09% (n= 37) of those over 65 years of age chose "Yes it is important" and 15.90% (n=7) chose "It does not matter". Regarding those under 65 years of age, 92.85% (n=65) chose "Yes it is important" and 7.14% (n=5) chose "It does not matter". No statistically significant differences were found ($p > 0.05$).

The variable "age" was associated with "If any type of dental treatment has been performed", where it was observed that 83.78% (n= 31) of those over 65 years of age chose "Yes dental treatment was performed" and 16.21% (n=6) chose "No type of dental treatment was performed". Regarding those under 65 years of age, 73.84% (n=48) chose "If dental treatment was performed" and 26.15% (n=17) chose "No dental treatment was performed". Therefore, no statistically significant differences were found ($p > 0.05$).

The variable "age" was associated with "If you use any type of dental prosthesis", where it was observed that 74.19% (n= 23) of those over 65 years of age chose "Yes used" and 25.80% (n=8) chose "Did not use any type of prosthesis". Regarding those under 65 years of age, 37.5% (n=18) chose "Yes used" and 62.5% (n=30) chose "Did not use any type of prosthesis". A statistically significant difference ($p < 0.05$) was found, where the variable age under 65 years were more likely not to use dental prostheses than people under 65 years.

The variable "age" was associated with "has or does not have knowledge about diseases in oral health", where it was observed that 56.25% (n = 9) of those over 65 years of age chose "Yes they have knowledge of oral diseases" and 43.75% (n = 7) chose "They do not have knowledge of oral diseases". Regarding those under 65 years of age, 45.83% (n=22) of men chose "Yes they have knowledge of oral diseases" and 54.16% (n=26) chose "They have no knowledge of oral diseases". No statistically significant differences were found ($p > 0.05$).

Discussion

In the results of this research it can be realized that there is a large population of elderly people over 65 years of age who have extensive knowledge about information about oral health and in the same way it can be observed to see that there is a minority that even having their own knowledge about their health do not give importance to their oral care because having many treatments of the How to treat a carious lesion or a badly damaged tooth gives you an idea of burning, yet having many methods of prevention.

This is due to a significant difference found in the surveys by which they imply that the information provided by the ministries of public health, whether dental control brigades, conferences on care and treatment of teeth, etc. This reaches most people and they still don't have good oral health. On the other hand, we find information about elderly people who want to maintain their dental health in good condition, but do not have support from their families and therefore have neglected their dental health which causes different types of oral diseases, becoming the worst permanent dental loss of a dental organ. (8)

In the proposed study there are some points of view that stand out in the research, as well as we talk about the lack of support on family members towards older adults either due to economic situations, time or simply a burning of

them. Young people do not give importance to their oral health even having information on how to keep it healthy, we can realize that it does not matter the economic, social or religious part, but the responsibility of each person to keep their body healthy.

Older people often suffer from dental disease and oral mucosal injuries that could have been avoided with proper daily oral hygiene treatment. With increasing age, risk factors for oral health and the importance of daily oral care increases, while the ability to manage oral hygiene often decreases. At the same time, the need for different oral health care support products increases. (9)

The problems encountered in dental care are often complex and necessary to adapt the treatment to the general conditions of the patient's condition and personal situation. This is especially true for frail elderly people whose functions, such as physical ability and cognition, are weakened. Dental treatments for subjects with cognitive impairment and as an active function can be perceived as a violation and invasion of personal rights integrity by not being treated in the same way only because of their disability and in the same way the planning of therapy and the objectives of treatment must be determined taking into account the capacity of the individual and his environment whether economic, social. (10)

An ethical dilemma can arise when the mentally impaired older person refuses to accept oral hygiene procedures as part of the care of the daily routine. Having mental problems makes things difficult so there must be a method that is only for cases like these, either directly with the patient or indirectly with the relatives of the same. The information of relatives who have mental health problems has been a big problem for professionals before, since they already have methods and procedures to be able to either with problems: somatic and psychotherapeutic. Being one problem individually and the other in a family way as a collective, but I get a discovery which is that it is more effective to treat them collectively but not separately. (11)

It was evidenced that there is a large group of people under 65 years of age who also have oral health problems, without having information on preventive measures and young people who have this information manage to have very good oral health, in addition it was possible to find non-significant data from the question of "There is support from third parties to maintain oral health for people over 65 years of age. On the other hand, a favorable arrival of prevention methods to older adults was evidenced and brought with it an improvement of their oral health as well as a better collaboration by their relatives or dependents. It is very important not only to have restoration or aesthetic procedures but to have preventive methods to avoid reaching cases such as tooth footwear and extremes such as loss of the dental organ. (12)

Conclusion

In the research carried out in the elderly (over 65 years old) in the city of Ambato and based on the results obtained, it was possible to establish why there are older adults with dental diseases who have information on how they should take care of their oral health. Older adults are more exposed to developing oral health problems therefore it is very important to know about this, visits to the dentist by older adults is of great importance to maintain oral health.

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