



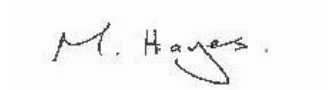
Oral Health for Older Adults

Introduction

Thanks to improving healthcare, we are now living longer than ever. We are also keeping more and more of our teeth throughout our lives. Research tell us that 60% of Irish adults aged over 65 years now have some of their natural teeth. However, studies have shown that people aged over 65 years are at higher risk of a number of oral diseases including dental decay, gum disease and oral cancer. Also the teeth in older adults tend to have fillings, crowns and bridges and sometimes these are starting to break or get decay around their edges.

This booklet was designed to give you an introduction to oral health for older adults. Your dentist can give you more information on any of the topics covered and can give you the best advice for your individual needs. This booklet and other useful information about dentistry can also be found online on www.ucc.ie/en/dentalschool/patients/

I hope you find it helpful,



Martina Hayes

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What's Changed?

As you get older your mouth can change in several ways. Some of these changes are part of the normal ageing process, and some are knock-on effects of other health issues.

Typically, in the mouth of a healthy older person, the dentist might expect to see some wear of the teeth and also some shrinking back of the gums.

For example, the picture below shows the mouth of a 69-year-old lady. Her teeth and gums are generally healthy, but over the years she has lost a few teeth, her gums have shrunk back in some areas, and some of her teeth have worn down a little bit. However, she can eat a healthy, varied diet and is happy with the appearance of her teeth.



Unfortunately, some of the effects of ageing put you at a higher risk of oral disease. As your gums shrink back, the roots of the teeth become exposed. The roots of the tooth is not as hard as the rest of the tooth and is more vulnerable to decay. Shrinking gums can also make it more difficult to clean effectively with your toothbrush, increasing your risk of gum disease.

The picture below shows the back of the lower front teeth (under the tip of your tongue). In this 75-year-old lady, the gums have shrunk back in this area making it very difficult to clean the back of these teeth effectively. This area is now at a high risk of decay and gum disease.



Cleaning your teeth and gums

Older adults are at a much higher risk of dental decay and gum disease than younger adults. This is for a number of different reasons. Other health issues may have an effect on your ability to brush your teeth well. For example, the lady below has arthritis in her hands. This can make gripping a toothbrush very difficult and makes flossing impossible.



Other health issues that can make tooth brushing difficult include stroke and Parkinson's disease. Aids to help grip the toothbrush can be recommended by your dentist. Some of these can be bought and some are home-made, such as elastic bands wound around the handle. For some people an electric toothbrush can be easier to manage. Tell your dentist if you are struggling to use a toothbrush.

The picture on the left below shows a TePe Extra Grip. This is one brand of toothbrush gripping aid which can be bought. The picture on the right shows home-made aids made from elastic bands and foam.



Dentists also recommend cleaning in between your teeth to remove plaque from areas which your toothbrush cannot reach. This is called interdental cleaning. Usually your dentist will recommend dental floss or interdental brushes to use in between your teeth. Gripping these can be difficult but again your dentist can give you advice and help you to find something that works for you. Some interdental brushes or flossers come with long handles that can be easier to use.

Reducing the risk of decay

Tooth brushing

As mentioned before, a number of studies of the oral health of Irish adults have shown that those aged over 65 years of age are at high risk of dental decay. One of the ways to reduce your risk of decay is to use a fluoride containing toothpaste twice daily and another is to have a tooth-friendly diet.

Dentists advise all adults to brush twice a day with a fluoride-containing toothpaste. Your dentist may even prescribe you a high strength fluoride toothpaste if they feel that you have a particularly high risk of decay (for example, if you have a dry mouth). This type of toothpaste is only available on prescription and will have to be dispensed by a pharmacist.

You should brush your teeth twice a day, at morning and at night. You should brush right down as far as your gums so that you are removing plaque from the area near the gums where it tends to collect the most. If you notice that your gums bleed when you do this, do not stop brushing but do tell your dentist as it can be a sign of gum disease.

When you brush you should brush for two whole minutes which is quite a long time! Give particular time to areas which are difficult to reach- the inside of your teeth by your tongue, and your upper teeth at the back. After brushing, spit out as much toothpaste as you can but do not rinse out your mouth with water. The toothpaste left behind on your teeth will

continue to work. This is most important at night time. Your dentist might advise you to use a soft toothbrush if they see signs that you are brushing your teeth too hard.

Diet

It is important to know that certain habits in our diet can cause decay. The amount of sugar we consume during the day is less important than the number of times throughout the day we consume sugar. If you eat five sweets in one sitting, your teeth are vulnerable to decay for the next hour. However, if you have one of those sweets every hour, your teeth will be vulnerable for 5 hours. A “grazing habit” is damaging to your teeth. If you are going to have a sweet treat it is better for your teeth to have it after a meal rather than as a separate snack. If you are going to have a packet of sweets it is less damaging to have them all in one go, rather than space them out over a number of hours.

One very common grazing habit is in people who drink five or six cups of tea a day and put sugar or honey in the tea. Simply substituting the sugar or honey for an artificial sweetener can dramatically lower the number of sugar attacks on your teeth throughout the day. It is also important to know that natural sugar such as honey is just as harmful to teeth as refined sugar. Products which are labelled “no added sugar” or “organic” are not sugar-free and are not necessarily tooth friendly.

Acid is as damaging to our teeth as sugar as it can soften the teeth. Adding lemon juice to tea or drinking water with lemon can cause acid erosion which makes the teeth appear thin and chipped.

Root Decay

If the roots of your teeth become exposed as a result of your gums shrinking they become vulnerable to decay. This decay is difficult to spot- as it is very far down the tooth it is not easy to see. It travels around the root of the tooth in a circle and weakens it. People with root decay usually do not feel any pain in the tooth and so they might not be aware of any problem until the tooth breaks off at the gum.

Unfortunately, this usually leads to extraction of the tooth. For this reason, it is very important to catch root decay in its early stages. If you have some exposed roots it is very important to have regular check-ups with your dentist.

These roots are vulnerable to decay because a large amount of the root is now exposed.



The picture below shows a tooth with decay travelling around its root. There is no pain from the tooth and if this decay is not treated it will progress until the crown of the tooth breaks off.



Some people are at a higher risk of root decay than others. People who suffer from “dry mouth” are particularly at risk. You can have a dry mouth for a number of reasons. It can be caused by some medications, by a course of radiotherapy to treat head and neck cancer, or it can be caused by some auto-immune diseases. If you are aware that your mouth often feels dry it is important to tell your dentist. There are gels and creams available to ease the discomfort of dry mouth and there are also steps which can be taken to reduce your risk of root decay. Your dentist can paint a varnish on your teeth or may decide to give you a prescription for high-fluoride toothpaste. You will also need to see your dentist more regularly than people without dry mouth.

Replacing missing teeth

Not every tooth which is lost needs to be replaced. If you are able to eat a normal diet with your remaining teeth and you are happy with the appearance of your smile, then you have enough teeth. However, sometimes missing teeth do need to be replaced if you do not have enough teeth to chew or you are unhappy with the appearance of a gap. Teeth can be replaced using dentures, bridges or implants.

Dentures

Dentures can be “full dentures” to replace all of your teeth, or “partial dentures” which replace a few teeth. If you have some of your own teeth and you wear dentures, it is important to know that your remaining teeth are at higher risk of decay and gum disease. This is because dentures keep plaque and food in your mouth for longer.

Complete dentures

If you have full dentures and you do not have any of your own teeth left you do not need to worry about decay or gum disease. However, you can get fungal infections underneath the dentures. Dentures can also cause bad breath if they are not cleaned properly.

Your dentures need to be cleaned every morning and night. Use a soft toothbrush with soap and warm water to remove any debris. Toothpaste can scratch the plastic of your denture. It may be wise to clean your denture over a sink of water to reduce the risk of breakage in case the

denture slips out of your hand. You can use denture cleaning tablets or solutions for soaking your denture after you have brushed it but take care if you have a denture with any metal. Some denture cleansers can damage the metal. Ask your dentist which cleansers are appropriate for your denture. Dentures should be taken out every night and stored either in a cup of water or a denture-cleaning solution. These denture-cleaning solutions are available in supermarkets as well as pharmacies.

It is important to use a soft toothbrush and water to clean any debris from your gums and the roof of your mouth after you have removed your dentures.

Even though you do not have any teeth, you should still visit your dentist annually. Your dentist will check the fit of your denture and will also check your mouth for any signs of a fungal infection or oral cancer. Usually you need new dentures made every five years as your mouth changes shape over time. Your very first denture may need to be replaced sooner than this if you have had teeth taken out shortly before it was fitted.

The picture below shows an upper full denture which is clean and free of any staining or tartar.



Partial Dentures

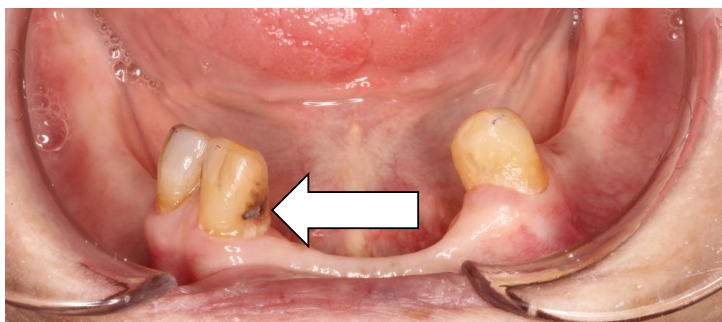
Partial dentures replace some missing teeth. They can be made of plastic or a combination of plastic and metal. They sometimes have wires (or clasps) which wrap around some of your remaining teeth to prevent the denture moving.

The three pictures below show three different examples of partial dentures. The first is completely plastic, the second is plastic with metal wires, and the third has a metal frame.



Your natural teeth are at higher risk of decay and gum disease if you wear a partial denture and so it is very important to see your dentist every six months to catch any problems as early as possible to prevent losing more teeth. The teeth sitting next to the denture are at the highest risk of disease as food is often trapped in these areas.

The picture below is of a partial denture to replace some missing lower teeth in a 70-year-old gentleman. The denture is made of plastic. The second picture shows the teeth when the denture is removed. As you can see there is a black spot of decay on one of the teeth next to the denture.



Bridges

Missing teeth can also be replaced using bridges. These are cemented in place and are not taken out of the mouth at night. For this reason, many people prefer bridges to dentures but bridges can only replace a small number of missing teeth and they require the remaining teeth to be healthy enough to take the extra load. Your dentist can examine the space where you would like teeth replaced and can tell you if a bridge is an option.

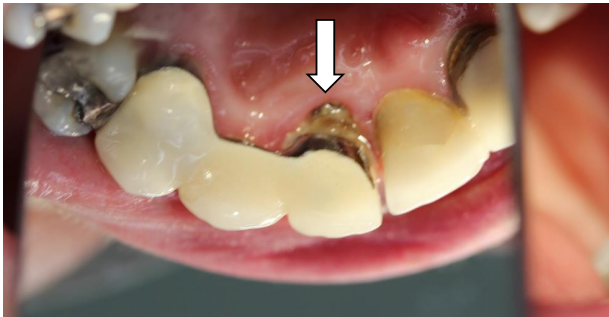
Bridges are usually made from a combination of metal and porcelain and can appear very natural. Your dentist would need to examine your bite to tell you which type of bridge is most appropriate for your mouth. Some bridges do involve cutting away a significant amount of the tooth being used to hold it in. This carries a risk to the nerve of this tooth. Again your dentist can best advise you of the risk involved in your individual case.

The lady below was unhappy with the gaps where she was missing two upper front teeth. These were replaced with two bridges in the second photo.



If you have a bridge in your mouth, you need to clean it really well. Many bridges are lost because the teeth to which they are attached develop decay or gum disease. No bridge will last forever, but you can get the longest out of your bridge by taking good care of it. Your dentist or hygienist can show you how to clean around the bridge using special brushes or a wide furry floss made specifically to clean around bridges. Decay around bridges is extremely difficult to see but your dentist can check for it using a dental probe.

This photo is of the back of a bridge replacing the upper front teeth. One of the teeth holding in the bridge has developed decay. This bridge and the tooth holding it in had to be extracted as the decay had travelled very far down the root.



Implants

Many older adults do not think that dental implants are an option for them. However, many studies have shown that dental implants are just as successful in older adults as they are in younger adults. Implants can also be very useful for keeping loose dentures in place (lower dentures in particular).

If you are considering getting dental implants it is important to let your dentist know if you are a smoker, are taking blood-thinning medications, are taking a group of medications called bisphosphonates (which are used mostly to manage osteoporosis), have ever had radiotherapy to your head or your neck area, or have diabetes. Not all of these will rule implants out for you completely but they may affect the surgical procedure or your healing afterwards.

The lady below is 67 years old and was unhappy with wearing a denture. She has had three dental implants placed. These implants are holding a bridge which replaces seven missing teeth.



Worn teeth

Because we are keeping our teeth for so much longer, more people suffer from tooth wear. Teeth can be worn down by many things. If you are missing a number of back teeth and you use your front teeth for all your chewing, these may start to wear down. Brushing too hard or using a tooth brush with hard bristles can wear notches in your teeth close to the gum. If you suffer from acid reflux, acid from your stomach can thin your teeth and cause them to chip and wear. Acid from your diet (in the form of fizzy drinks, wine, fruit or fruit juices) can have the same effect.

If you have worn teeth your dentist will first try to discover the cause of your tooth wear. This will involve questions about your diet, your medical history and any habits you may have such as grinding your teeth. Once the cause has been found steps can be taken to stop the tooth wear from progressing further. At this point you can decide if you are happy to see your dentist regularly to have the wear monitored, or if you need some treatment to improve the appearance of your teeth.

Worn teeth can have tooth-coloured dental fillings added to them to make them appear longer if the wear is not too severe. Teeth with more advanced wear may need crowns. Treating worn teeth can be very difficult as it often involves changing your bite completely. Your dentist may provide this treatment but sometimes they will recommend referral to a specialist dentist called a prosthodontist.

Oral Cancer

Oral Cancer is more common among older adults than younger adults. You are at a higher risk of oral cancer if you smoke or drink alcohol, particularly if you do both. People who spend a lot of time outdoors are also at a higher risk of cancer on their lips, noses, ears and head. This might be people who work outdoors such as farmers, but also people who spend time outside gardening or playing golf. While we might not associate Ireland with sunshine, it is important to wear sunscreen all year long if you are outdoors. Wearing a peaked cap can also give the face and head some cover.

If you see a spot or sore on your lip, nose, ears or head that is not healing you should get it looked at by your doctor. Your dentist will check your lips, your tongue and the lining of your mouth for any signs of cancer at your check-up. Oral cancer is usually painless in its early stages and may develop in areas which are difficult for you to see yourself, such as underneath your tongue.

Even if you do not have any of your own teeth left it is important to get checked for oral cancer by your dentist once a year.



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