Oral Health and Nutrition
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 Today, the fastest growing group in the United States is older adults aged 65 and above. They will represent 20% of the US population by 2030. Even though many of older adults live as healthy independent individuals, many of them have significant dental problems, especially older adults who are chronically ill and/or homebound or institutionalized, and those with limited finances. Approximately 1/3 has untreated dental caries, 40% have periodontal disease, and those who live in poverty are twice as likely to be edentulous. The percentage of older people without natural teeth is more than 30%, mainly because of periodontitis. Latest facts indicate that periodontal diseases are linked with chronic diseases such as cardiovascular, cerebrovascular diseases, and diabetes. (Touhy, Jett, Ebersole, & Hess, 2010, p. 107-108).

 Professional dental care and good oral hygiene are very important to the health and well-being of older adults. Yet, oral health and dental care is often overlooked and still a low priority in the existing health care system. Medicare does not cover oral health care at all, and Medicaid provides only limited coverage for routine oral health care for low income and disabled elderly. Thus, most dental care expenses are out-of-pocket for seniors. (Miller, 2009, p. 367-368).

 There are factors that contribute to inadequate dental care in older adults: fear of pain associated with dental procedures, low income, less education, lack of transportation and inaccessibility of services (distance/stairs to dental offices), lack of dental insurance and high cost of dental services. Also, older adults can have many other urgent health concerns that make them postpone the dental visits and as result to have poor oral condition. Older adults residing in nursing homes require constant assistance with oral care. (Miller, 2009, p. 367-368).

Physiological changes in teeth and supporting tissue also affect on dental problems and poor oral hygiene. Soft tissues in the mouth (gums and cheeks) lose their ability to stretch, and muscles become soft and weak. The tooth enamel becomes harder and more brittle. The amount of saliva produced by glands is often reduced. As a result, chewing process becomes more difficult, and the mouth becomes more easily irritated and heals more slowly. Without practicing good oral health, advancing age will put older adults at risk for a number of oral health problems, including: oral pain, diminished sense of taste, root decay, gum disease, uneven jawbone caused by tooth loss, denture-induced tissue inflammation, overgrowth of fungus in the mouth, known as thrush, attrition (loss of teeth structure by mechanical forces), and oral cancer. Another common oral problem is dry mouth or xerostomia which is a risk factor for dental decay (caries) and periodontal disease. Xerostomia is not an evitable result of aging but usually the most common drug-induces oral side effect. More than 500 medications (prescribed and OTC) have the side effect of reducing salivary flow. (Eliopoulos, 2010, p.167).

 Tooth loss and replacement with dentures, can impact functional ability to bite, chew, and swallow food. These facts ultimately affect diet quality, adequate nutritional intake and may lead to dehydration and malnutrition. Eating abilities and chewing capacity with dentures (partial or full) are not equivalent to natural teeth (only 20% to 25%). Seniors with dentures tend to bite and chew larger sized particles of food and avoid some fresh fruits and vegetables that are difficult to chew. As a rule, dentally compromised older adults place themselves in nutritional well-being risk in lowering intake of healthy foods: dietary fiber, whole grains, vitamins A, C, B-group, E, folate and Calcium, fruits and vegetables. Thus, oral health and nutrition have a complex and interdependent relationship. (Smith & Parnell, 2008, p. 211-213).

 In summary, good oral health influence nutritional status, physical and psychosocial health among older adults. Whether caring for natural teeth or dentures, daily oral hygiene and routine annual checkup can mean older adults will be free of oral pain, will maintain a well balanced diet, enjoy interpersonal relationships and have a positive self-image.

References

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