



The importance of oral health



Having healthy gums and teeth is not just about looking good. It's also about staying healthy.

Unhealthy gums and teeth can cause painful infections, tooth loss and difficulty eating and speaking. These can lead to nutritional and digestive problems, a low self-image and social isolation. Poor oral health also puts seniors at greater risk for developing, or making worse, serious health problems such as heart disease, stroke, pneumonia and diabetes.

Despite the disproportionate effects of dental and oral disease on seniors, they generally have less access to oral care services and a greater incidence of poor oral health than other age groups in the Canadian population. Because dental care is not part of Canada's universal system of health care, many seniors don't know how to protect their oral health, or simply choose to ignore problems because of the high cost of dental care.

The importance of oral care to overall health is such that Health Canada has recently named a Chief Dental Officer to raise awareness about oral health. This is a positive step towards a public recognition of the essential role dental care plays in overall health. But one person cannot solve the problem alone.

Seniors, and those who care for them, need to learn how to take good care of aging teeth and gums, implants and dentures. Dentists, dental hygienists and caregivers need to receive training that will help them provide care that meets the oral health needs of Canada's growing senior population. And governments at the federal, provincial and community levels need to find ways to include affordable oral health services in their health agendas and program delivery.

Michael Gordon, M.D., FRCPC
NACA member

NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, his colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

Joyce Thompson, Chair, PEI
Bubs Coleman, SK
Mary Cooley, NS
Michael Gordon, ON
Don Holloway, NF
Reg MacDonald, NB
Mohindar Singh, MAN

Expression is published four times a year by the National Advisory Council on Aging. The bulletin is available on the NACA Web site. Please send your comments or change of address notice to:

**National Advisory Council
on Aging**
Postal Locator 1908A1
Ottawa, Ontario
K1A 1B4
Tel.: (613) 957-1968
Fax: (613) 957-9938
E-mail: seniors@phac-aspc.gc.ca

Web site:
www.naca.ca

Agreement No. 40065299
ISSN: 0822-8213

■ Oral health matters

It's most unfortunate that seniors' oral health doesn't benefit from widespread promotion campaigns and funding considering its huge impact on health maintenance and the prevention of disease. Tooth and gum problems can be prevented through good habits and regular checkups. Left untreated though, they may lead to serious conditions:

Heart attacks and strokes. If germs collect between or in the rough spots of aging teeth, or inside old or broken fillings, infection can attack the gums and enter the bloodstream through sores in the mouth. This may lead to heart attacks and strokes.

Lung problems. Germs that collect in the mouth because of poor oral hygiene can also travel to the lungs. They may make existing lung problems worse, or may cause pneumonia. These are very serious health problems for older seniors, especially those living in long-term care (LTC) facilities.

Diabetes complications. If you have diabetes, you are at greater risk for gum disease and tooth decay. Why? Because diabetes makes it harder for you to fight the infections that bacteria and plaque in your mouth can cause.

Studies also show that people who do not control their blood sugar levels are more likely to have serious oral infections and lose more teeth than people who do. This means that controlling your diabetes is a good way to take care of your teeth and gums.

Oral cancer. Most people suffering from oral cancer are seniors. The good news is that if found early, there is an 80-90% cure rate. The bad news is that there are few warning signals in its early stages, so many cases are found too late. The best way to detect oral cancer early on is by visiting your doctor or dentist regularly.

Tobacco use in any form raises the risk of mouth, tongue and throat cancers. Using both tobacco and alcohol makes the risk even higher. If you are a senior who smokes and/or drinks alcohol, having regular dental exams is even more necessary to help maintain general and oral health.



Poor diet. Gum disease can destroy the bone that holds your teeth in place. If left untreated, teeth will fall out. Tooth loss can make eating certain foods such as meats, raw vegetables and fresh fruits difficult, and can result in an unhealthy diet. This can make it hard to maintain health, or to control diabetes and other diet-controlled diseases.

Loneliness or isolation. Missing teeth may change the way we speak, look and eat. Embarrassment makes many seniors avoid company. This can cause loneliness or isolation, which can lead to serious mental health problems.

■ Teeth change with age

A lifetime of good oral hygiene habits is the best way to keep your teeth for life. But age does bring changes that mean you need to be more careful than ever in taking care of your gums and teeth. These changes may include:

- **darker teeth:** teeth may change colour because plaque builds up faster as we age, and it becomes harder to keep teeth clean and white. Another reason for darker teeth is a change in dentin,

the bone-like tissue under the tooth's enamel.

- **“dry mouth”:** many seniors notice that they have less saliva in their mouths. This is usually a side effect of medicine that they take. A dry mouth can result in more cavities because saliva helps wash away germs from teeth. Speak to your dentist, dental hygienist or pharmacist, for ways to keep your mouth moist.
- **exposed roots:** your gums may begin to pull away from your teeth. Tooth roots, which are not protected by enamel, may be more exposed to the germs that cause cavities.
- **sensitive teeth:** exposed roots may be sensitive to hot and cold, sweet and sour. Try using an anti-sensitivity toothpaste. If the problem does not go away, see your dentist.

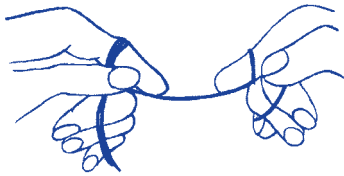
■ Oral health care tips

Whether you have all, some or none of your natural teeth, you can protect or improve your oral health by taking a few minutes every day to care for your teeth and gums.

Natural tooth care

Flossing removes bits of food and plaque from between your teeth and under the gum line that can cause gum disease. Flossing before you brush will give you best results. Be sure to floss on both sides of every tooth, every day. If using long strands of floss is difficult because of arthritis, or if you feel your fingers are getting in the way, ask your pharmacist about plastic floss holders.

How to Floss



Hold floss as shown.



Use floss between upper teeth.



Use floss between lower teeth.

National Institute on Aging. U.S. Dept. of Health & Human Services, 2002.

Brushing your teeth is an important part of keeping your mouth healthy. For best results:

- brush twice a day with a soft brush with rounded bristles
- change brushes every 3 months
- choose the size and shape brush that lets you reach all the way to your back teeth
- use toothpaste with fluoride. Brush every tooth surface (front, back, top)
- brush in gentle circles – don't scrub your teeth
- take your time. Brush for 2 to 3 minutes
- brush your tongue

If arthritis makes brushing difficult, try putting a tennis ball or a bicycle handle grip on your toothbrush, to make it easier to hold. Or, you may want to buy an electric toothbrush to do much of the work for you.

False teeth

Dentures (full or partial). Removable false teeth need just as much care as natural teeth so that you can protect your gums

and body from germs and infection that may cause serious health problems. Some simple habits to adopt are:

- clean them every day. Plaque that can damage your gums can build up on false teeth too
- take them out every night. Remove and brush your teeth. Massage your gums carefully with a soft toothbrush or a clean damp cloth, wrapped around a finger
- soak them overnight. Plaque and tartar will come off more easily when you brush dentures that have been soaked in denture cleaner or a mix of warm water and vinegar (half and half). If your denture has metal clasps, soak them in warm water only
- see your dentist regularly. Changes in your mouth can change how your dentures fit. A poor fit can cause painful sores and infection

Dental implants. Since implants are attached to your bone, they are treated much like natural teeth. But since they are not as strong, you must be very gentle when flossing or brushing them.

Oral health tips

- Drink fluoridated water and use fluoridated toothpaste to help prevent tooth decay
- Don't smoke. Tobacco is a major cause of gum disease and mouth cancer
- Clean your teeth and massage your gums every day
- Have regular dental checkups
- Between checkups, visit your dentist if you notice you have:
 - red, swollen, tender or bleeding gums, exposed roots
 - pus around a tooth
 - a loose or chipped tooth or filling
 - a change in the fit of your dentures
 - cracked, swollen or blistered lips
 - difficulty chewing

■ Barriers to oral health

While good personal oral care habits are a prerequisite for oral health, so are regular visits to the dentist. Unfortunately, despite growing proof that oral health is linked to overall health and well-being, there are as yet no policies on oral care and no universal publicly-funded dental care programs. This means that not all Canadians are aware of the importance of oral health or have equal access to dental care. There are barriers to oral health at all levels – seniors, health professionals, caregivers and health care workers. Inability to pay for dental care, insurance or transport is also a major factor.

Seniors

Many seniors see healthy gums and teeth as part of how people look, not how they feel. Since oral health problems are not usually life threatening, and dental care has not been part of Canada's public health system, they may not understand the strong link between oral health and overall health and may not know that most tooth loss is the result of gum disease, not age. When brushing and flossing become difficult because of age-related problems such as arthritis or Parkinson's disease, they don't think it matters if they stop.

Seniors who have lost some or all of their teeth may think that because they wear false teeth, they don't need to worry about their mouths. This is not true. Aging and tooth loss can make the jaw change shape. Dentures that don't fit properly anymore may cause sores in the mouth that can spread infection to other parts of the body.

Health professionals

Many healthcare providers who are trained in medicine and nursing have not been trained to screen for oral health problems as part of their professional practice. This may put the overall health of their older clients who do not access dental care, at risk.

Caregivers and care providers

Dependent seniors who are cared for at home should not have to suffer from poor oral health. Caregivers need to be: aware of the importance of oral care, trained in basic oral hygiene and expected to supervise or conduct oral cleaning as part of their daily routine of caring for seniors.

A growing number of seniors in long-term care suffer from poor oral health. Cavities and gum disease are often unnoticed or left untreated if staff is not trained in oral health care, if the facility is not equipped to provide dental treatment, if transportation to off-site dental care is expensive or if the senior has little or no insurance.

Oral health workers

The number of seniors is growing faster than the number of oral health care workers. To make matters worse, many private dental practices do not actively seek clients from the senior population. There is a need for the continuing education of oral health care workers to face the challenges of an aging population, such as setting up dental programs in LTC facilities and providing training in handling medical emergencies when treating elderly patients.

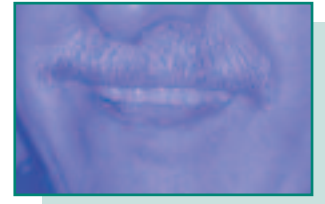
Cost and insurance

In Canada, most dental care is linked to the ability to pay – whether for services or for insurance. While many Canadians benefit from private dental insurance plans through their jobs, **only 21% of seniors are insured.**¹

Few programs

There is no national policy on the oral health of Canadians. Despite the fact that submissions on the issues of oral health and oral health care were made to the *Royal Commission on Health Care*, they were excluded from consideration in the Commission's final report.

The federal government does provide oral health care for veterans and native peoples. And while Alberta, the Yukon and the Northwest Territories do fund seniors' oral health care, nine other provinces do not. Prince Edward Island's Department of Health provides screening, referral and oral hygiene to seniors in the provincial LTC facility.²



Some municipal governments offer oral health programs. For example, Toronto provides free dental services to low-income seniors, children up to Grade 8 and ESL high school students. Many efforts to address the oral health needs of seniors at the community level in other parts of Canada lag because of lack of money and/or participation from oral health care workers. And while some local programs are doing good work, many seniors do not live close enough to benefit from their services.

No transportation

Some seniors are housebound and may depend on others for rides to appointments. If no transportation is available or if it is too expensive, they may be reluctant to impose or insist on visits for oral health care.

Family members or caregivers may decide that getting older, frail seniors who live in LTC facilities to a dental office for routine screening and cleaning is too complicated or expensive.

¹ Millar, Wayne J. and Locker, David. Dental insurance and use of dental services. *Health Reports*. Summer 1999, Vol. 11, No. 1, p. 58.

² Leake, James L. *The History of Dental Programs for Older Adults*. JCDA 2000; 66: 316

The findings of the **Oral Health of Nova Scotia Project** confirm the impact of oral health on healthy aging, identify barriers to care, and report a lack of accessible services and research data.³ The report recommends that Canada:

- establish an infrastructure for oral health care for seniors
- increase accessibility of oral health care services (especially for seniors in rural areas, the homebound and residents of LTC facilities)
- foster and fund research
- provide geriatric training for care providers

■ Costs

Since most costs for dental services are out-of-pocket, many seniors on limited income don't access dental care. Even with insurance, many visit the dentist only when they have a problem: they can't afford the regular visits and cleaning. This constitutes a widespread health risk when we consider the following facts:

- less than half of Canadian seniors have annual dental checkups⁴
- of Canada's homebound seniors, 60-90% reported a need for dental services, but

only 26% reported visiting a dentist at least once every two years⁵

- only 9-25% of seniors in LTC facilities see a dentist once a year. Between 30-78% of seniors in LTC facilities have not visited a dentist in over 5 years⁵
- persons 65 and older are 7 times more likely to be diagnosed with oral cancer than younger individuals⁶
- many seniors take medications that produce "dry mouth". This reduced flow of saliva allows for more rapid tooth decay

■ Who pays?

Many people believe that Canada can't afford public oral health care. But when you look at what oral health problems cost Canadians and Canada's economy, we must ask how Canada can afford **NOT** to develop a national oral health plan.

Individuals

Over half of Canadians have dental insurance, but they still end up spending more on premiums and dental care costs than on prescription medicines. In 2003, only 6% of 9 billion dollars in oral health care costs were covered by public funds.⁷ Among OECD countries, only the U.S. spends less than Canada on oral health.

³ Atlantic Health Promotion Centre and Dalhousie University, Faculty of Dentistry. *The Silent Epidemic of Oral Disease: Evaluating Continuity of Care for the Oral Health Care of Seniors*. 2004.

⁴ Millar and Locker, *op. cit*

⁵ Marwin, Melladee F. *Access to Care for Seniors – Dental Concerns*. JCDA 2001; 67(9): 504.

⁶ Palmer, Craig. *Seniors face more oral health problems: Surgeon General*. ADA News. Sept 25, 2003.

⁷ Baldota, Kalyani and Leake, James L. *A Macroeconomic Review of Dentistry in Canada in the 1990s*. JCDA 2004; 70(9): 608.

The Canadian economy

The costs of poor oral health to the economy are high and rising. These costs include missed work because of pain and suffering, as well as expensive health care costs related to illness or complications brought on by poor oral health. In 1993, only heart disease and mental health problems cost the economy more than tooth decay and gum disease. Just five years later, only heart disease costs Canada more. In fact, oral health problems cost more than all cancers combined.

Unequal treatment

A system based on private insurance provides good oral health care to people who can afford it, but makes it out of reach for low-income Canadians, many of them seniors. This unequal treatment is the result of policies that:

- place limits on dental coverage for people on welfare
- provide nearly no dental coverage for the working poor and seniors
- allow income-tax-free care for those with employer-paid dental insurance

■ Taking action

Given that oral health provides so many benefits, it is critical to spread the word to encourage change in the oral health of Canadians. You can help by:

- taking good care of your own oral health
- telling others about the importance of good oral health
- speaking to your oral health care provider about the need for local oral health programs for seniors
- writing to your member of parliament about the need for a national strategy on oral health care

For more information...

The Canadian Dental Association

www.cda-adc.ca

The Canadian Dental Hygienists Association

www.cdha.ca

Geriatric Dentistry Program, UBC

www.dentistryubc.ca/community_development/geriatric/default.asp

Oral Health of Seniors: A Nova Scotia Project. The Silent Epidemic of Oral Disease: Evaluating Continuity of Care and Policies for the Oral Health Care of Seniors.

www.ahprc.dal.ca/oralhealth



Dr. Michael Gordon is Head of Geriatrics and Internal Medicine at the Baycrest Centre for Geriatric Care, Head of the Division of Geriatrics at Mount Sinai Hospital and Professor of Medicine at the University of Toronto.

He has participated on many professional and government committees on aging and age-related subjects, and has published extensively.

Dr. Gordon was appointed to NACA in 1998.