Ageing and its effects in oral cavity

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This is going to hurt just a little bit

Some tortures are physical
and some are mental, but
the one that is both is dental.

~ Ogden Nash
Healthy older people are of valuable resources for society, family, community.
Erik Erikson - The final stage of emotional development is experienced around the age of 60 and older. Developing connections with a younger generation can help older adults to feel a greater sense of fulfilment.
AGEING

It is an accumulation of changes in a person over time.  
(Bowen 2004)

Multidimensional process of physical, psychological and social changes.

HEALTHY AGEING (WHO)

Process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.
Ageing vs Healthy ageing

- exercise
- social activity
- diet
- productive pursuits
- genes

HEALTHY AGING
Proportion of older group is growing faster than any other age group.

80% of this older group will be living in developing countries.
ORAL HEALTH → GENERAL HEALTH → QUALITY OF LIFE
Mouth - Gateway for the Holistic well-being
- Mirror of the body
Functions of teeth

Mastication - Grinding-proper digestion and absorption.

Speech - Proper and assertive communication.

Aesthetics - Personality.
Ageing = Edentulousness (no teeth)!!
Healthy Ageing With Dentition
- A Myth or Reality?
<table>
<thead>
<tr>
<th>INDIAN SCENARIO</th>
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<table>
<thead>
<tr>
<th>Population:</th>
<th>1,210,193,422 (2011 est.) (2nd)</th>
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<tbody>
<tr>
<td>Growth rate:</td>
<td>1.41%</td>
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<tr>
<td>Birth rate:</td>
<td>22.22 births/1,000 population</td>
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<tr>
<td>Life expectancy:</td>
<td>69.89 years</td>
</tr>
<tr>
<td>Male:</td>
<td>67.46 years</td>
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<tr>
<td>Female:</td>
<td>72.61 years</td>
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<table>
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<tr>
<th>Age structure:</th>
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<tr>
<td>0-14 years:</td>
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<tr>
<td>15-64 years:</td>
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<tr>
<td>65-over:</td>
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EDENTULOUSNESS
(Indian scenario)

• Complete edentulousness - 19.9%.

• Complete edentulousness - maximum (18.5%) in Delhi

• Lowest level of edentulousness - Arunachal Pradesh (1.0%).
Social inequality persists even in developed countries.

DEVELOPED COUNTRIES

- Life style
- Dietary habits
- Poor oral health due to negligence

DEVELOPING COUNTRIES

- Limited Service
- Economic restrictions
- Poor awareness

✓ Edentulousness is highly related to SOCIOECONOMIC status.

✓ Functional dentition is measured by presence of 20 natural teeth in elderly.
CARIES

GUM DISEASES

LOSS OF TEETH

CANCER

HABITS

NUTRITIONAL DEFICIENCY

Spirit

Mind

Body

Wellness Wholeness
TOOTH LOSS
DENTAL CARIES

(Indian scenario)

• Dental caries prevalence in 35-44 year old was reported to be 80-95% in the survey by the DCI.

• It was as low as 48% in Orissa to as high as 86% in Delhi and Maharashtra.(WHO India).

• In 65-74 yrs age group, the DCI survey reported caries prevalence to be about 70% while the WHO survey reported it to be 51-95% in various states.
CROWN AND ROOT CARIES

Major public health problem

Developed countries
• Mean DMFS - 2.2-3.5
• Root caries - 2.2-5.3

Developing countries
• Mean DMFS - 5.4
DENTAL CARIES

Factors are social and behavioral

- Habits, Sugar intake, Improper diet
- Home care - Improper Brushing
- Economic restriction
PERIODONTITIS 5-70% Globally

- Prevalence of loss of attachment (3mm or more) for 35-44 years to be 40.6% and for 65-74 years as 60.7%.

- Low prevalence of gingival bleeding in 12 and 15 year olds

- In 35-44 years and 65-74 years, higher prevalence up to 100% was reported from states like Orissa and Rajasthan
FACTORS INFLUENCING PERIODONTAL DISEASES

- **Social** - life styles
- **Behavioral** - Habits
- **Economic restrictions** - logistics and feasibility
- **Non communicable diseases** – diabetes
- **Hormonal and psychological**
- **Drug induced**
XEROSTOMIA  30 % Globally
(DRY MOUTH)

Most common in females.

Factors
• Hormonal imbalance
• Psychological
• Drug induced
• Habits
ORAL CANCER

-Most common above 60 yrs
-Seen mostly in developing countries.

Oral cancer and pre-cancer in India is the highest in the world.

• 3-10% in India
  • 7% in Orissa
  • 0.3% in Delhi
Squamous cell carcinoma
DENTURE RELATED PROBLEMS

Denture stomatitis

11-67%

Factors

• Poor oral hygiene
• Habits
• Defective dentures
• Diseases
ORAL MUCOSAL LESIONS

TRAUMATIC ULCERS

PAPILLARY HYPERPLASIA

Factors: ill fitting dentures, Allergies
NON COMMUNICABLE DISEASES (NCD)

• Health Promotion
• Specific Protection

QUALITY OF LIFE
NON COMMUNICABLE DISEASES

- CVS Diseases
- Hypertension
- Respiratory diseases
- Diabetes mellitus
Diabetic osteomyelitis
Drug induced periodontitis
Nutritional disorder
PREVENTION

• Awareness - School level, Community, Individual
• Source - Media, Health education by professional, social workers.
• Home care - Brushing habits,
  Interdental flossing and brushing
  Mouth washes
  Diet modification
Dentist – Oral prophylaxis, fluoride application, sealents, smart materials-ACP-CCP..,
ORAL HEALTH PROGRAMMES

• Socioeconomically deprived benefited most

• Clinical and Community based intervention.
FLUORIDE APPLICATION

PIT AND FISSURE SEALANTS

John’s Dental Clinic
Mettur
• Diet modifications
• Use of sugar substitutes
• Type and frequency of intake restriction
ORAL HYGIENE MEASURES

- Proper brushing, interdental brushing.
- Fluoride containing tooth pastes, mouth washes, and antiseptic mouth washes.
- Xylitol containing chewing gums.
- Oil pulling.
- Herbal medicines - G-32 / Alarsin / Gum tone.
Do you watch your intake?

Nutrition Facts
Serving Size 1 Smoke
Percent Daily Value
Acetic Acid 0%
Acetone 0%
Aluminum 0%
Ammonia 0%
Arsenic 0%
Arsenic 0%
Beryllium 0%
Butane 0%
Cadmium 0%
Caffeine 0%
Carbon Monoxide 0%
Cisplatinum 0%
Copper 0%
DDT/Dieldrin 0%
Ethanol 0%
Formaldehyde 0%
Hexamine 0%
Hydrogen Cyanide 0%
Lead 0%
Magnesium 0%
Mercury 0%
Methane 0%
Methanol 0%
Methane 0%

nicorette®
icy white
2mg gum nicotine
improves teeth whiteness
helps overcome your urge to smoke
2mg nicotine
low strength
30 pieces
TOBACCO CESSATION CLINIC
‘Oil-pulling’ — the latest panacea for all ills

H.G. Belgaumkar
The Times of India News Service
HUBLI, July 9:
It is the latest therapy that is being advocated as the new panacea for all the ailments ranging from common cold to cancer. Mr Tummala Koteswara Rao, a retired army Lt. Colonel, is the high priest of the new therapy in India.

The patients who continue to be afflicted with ailments and acute migraine.

The couple had to live with these diseases for years. The numerous medicines prescribed by experts had consulted only worsened their conditions, let alone curing them. Of course, Mr Rao chanced upon a booklet printed and circulated by Swami Shivamand, a spiritual leader, which dealt with the “oil-pulling” treatment propounded by Russian doctor Med Karach in 1991. Dr Karach had referred the treatment as “super natural” way of the human body by sunlight.

Mr Rao feels so indebted to Dr Karach and his new treatment that he has now decided to take up propagation of the method as his life’s mission. He has spent his money for getting the copies of Dr Karach’s booklet reprinted for circulation among the people. His two daughters and grand children too practise the “oil-pulling” treatment. One of his daughters, he says, got rid of the problem of falling hair.

The treatment has already been popular in Andhra Pradesh and is catching the imagination of the people in Kuwait where Andhra migrants have carried it with them, according to Mr Rao. He exhibits scores of letters from people, some halting the new treatment as being very effective, and others seeking his guidance on how to go about it.

In the case of women particularly, the “oil-pulling” treatment is more useful because of their body mechanism like menstruation and reproductive system, which cause problems in addition to those of men, he says. He has a word of advice for those who wish to undergo this treatment. ‘While you are practising oil-pulling, ensure that your mind is concentrated on it’. Application of mind is very important for “oil-pulling” exercise to yield good results.
THREE PILLARS OF A POLICY FRAMEWORK FOR ACTIVE AGEING
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<tr>
<th>HEALTH</th>
<th>PARTICIPATION</th>
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<tr>
<td>• Prevent and reduce the burden of disabilities, disease and premature</td>
<td>• Provide education and learning opportunities.</td>
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<td>mortality.</td>
<td>• Enable the active participation of people in economic development activities.</td>
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<td>• Reduce risk factors associated with major diseases.</td>
<td>• Encourage people to participate fully in family community life.</td>
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<td>• Develop a continuum age friendly health and social services.</td>
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<td>• Provide training and education to caregivers.</td>
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<td>• Ensure the protection, safety and dignity of older people.</td>
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<td>• Reduce inequities in the security rights and needs of older women.</td>
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WHO recognizes oral health as an integral part of general health in 2003 and is a determinant for quality of life.

Health care professionals and care givers should gain knowledge about geriatric dentistry.

Convert knowledge gained into practice in an affordable and effective manner.
POLICIES BY GOVERNMENT

1. Compulsory school dental health programs
2. Mass dental health programs
3. Increasing the public dentist ratio
4. Water fluoridation
5. Dental health insurance
As far as service goes, it can take the form of a million things. To do service, you don't have to be a doctor working in the slums for free, or become a social worker. Your position in life and what you do doesn't matter as much as how you do what you do.

~Elisabeth Kubler-Ross
Thank you

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