



DENTAL CARE OF THE AGED

The ageing Australian population living in the new millennium has dental needs that are very different and more complex than those experienced by previous adult cohorts during the twentieth century. Older Australians are now retaining more of their natural teeth and have greatly reduced edentulism (total teeth loss).¹

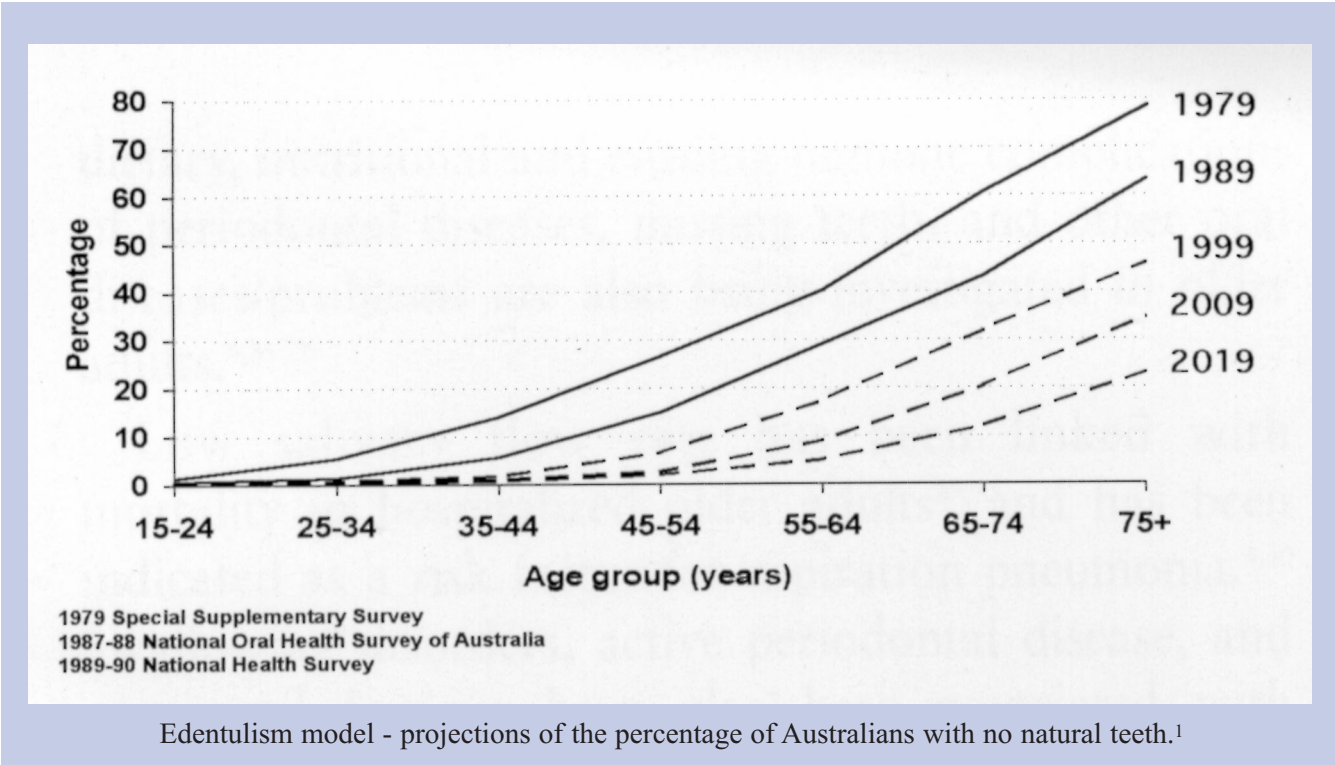
The social impact that oral disease has upon quality of life, eating, pain and appearance is no less significant in the aged than for the general population. Evidence linking oral health and general health is growing with links established between periodontal disease and cardiovascular disease and between plaque accumulation and aspiration pneumonia.

As a consequence of these matters, the Australian Dental Association Inc (ADA) recommends

additional focus be given by the Federal Government to the area of the oral care to the Aged.

In respect of those members of the Aged community in residential care the ADA notes that there are Standards and Guidelines for residential aged care service. It notes that paragraph 2.15 of those standards, dealing with oral and dental care, expresses an appropriate "expected outcome" and that the considerations under that guideline provide appropriate ideals in relation to the provision of oral care while individuals are resident in aged care facilities. The ADA is concerned that whilst the standards may be effective, there has not been a strong adherence to the Standards and that this has arisen because of:

- Insufficient knowledge of dental care by staff in aged care facilities



Contacts: Dr David Houghton, President Mr Robert Boyd-Boland, Chief Executive



AUSTRALIAN DENTAL ASSOCIATION INC.

- Low priority given by nursing staff to dental care
- Dislike of provision of dental care to patients by staff

Enquiries undertaken by the ADA indicate that only rarely are there any specific procedures put in place by facilities for most of the considerations that are listed under paragraph 2.15 of the services manual. For example, only rarely is there "documentation of referral to oral and dental services" maintained by an aged care facility nor are there any "staff education addresses" regarding oral and dental care strategies.

The ADA would like to see the following proposals implemented for those in residential care:

- Integration of the consideration of Oral Health matters along with general health matters. There be increased participation by dental advisors in formulating and implementing health plans for Aged Care Facilities.
- Financial provision be made for dental examination of all new Aged Care residents on admission.
- The implementation of a training program for a suitable number of Aged Care Facility staff, to enable an appropriate examination of all existing Aged Care residents. Such training may initially require consultation within the Department of Health and Ageing for the preparation of an appropriate training Manual and then for the dissemination of the Manual with an appropriate training program.

In respect to those members of the Aged community not in residential care, it is noted that whilst older adults visit the doctor most frequently of all age groups, older adults visit the dentist least frequently.²

Programs need to be developed to educate the aged that their oral health is treatable and that the exercise of simple oral health care techniques will not only improve their dental health but also their longevity and quality of life. There needs to be improved integration between the treatment of oral health and general health by increasing the awareness of all medical, allied health carers and dental professionals

to the importance of oral health care.

The ADA would like to see the following proposals implemented for those not in residential care:

- Increased funding for Australian geriatric dental research.
- Increased funding and expansion of public dental services for older Australians.
- Improved integration of general and oral health services within the Aged population.

NATIONAL SURVEY OF ADULT ORAL HEALTH (NAOHS)

The Australian Government Department of Health and Ageing, in addition to its support of the periodic National Dental Telephone Interview Survey, has agreed to extend further funding to enable a NOHS to be conducted. The Government is to be commended for this initiative as it has been more than 15 years since such an important survey was conducted. Additional assistance for the completion of the NOHS will be from State and Territory public health departments, which will provide personnel and resources to conduct dental examinations of subjects recruited through the National Dental Telephone Interview Survey.

Completion of the Survey will ultimately enable Government to properly evaluate the Nation's dental health needs and allow Government to accurately allocate resources to areas of need. The ADA itself will be assisting in the completion of the NOHS by coordinating its members to make their surgeries available for examination of patients where the available resources are lacking. This joint effort in participating in the NOHS will without doubt help to create a healthier nation.

1. J.M Chalmers. Oral health promotion for our ageing Australian population. Australian Dental Journal March 2003 at p 2.

2. Atchison KA, Dolan TA. Implications of access, utilization and need for oral health care by the non-institutionalized and institutionalized elderly in the dental delivery system. J Dent Educ. 1993;57:876-887.

Contacts: Dr David Houghton, President Mr Robert Boyd-Boland, Chief Executive