

India Needs Oral Health Care in the Elderly People

Sumera Saeed*

Department Of Oral Medicine, Hitkarini Dental University, India

Abstract

India is not an exception to the dramatic surge in the “65 plus” population that has occurred over the past ten years. The longevity of life has increased as a result of ongoing medical advancements. The rapidly expanding sector of the elderly and dependent overage population the homebound residents and the Nursing homebound people present distinct challenges for the oral health specialists to watch. The inhabitants’ advanced age is made worse by the ongoing medical conditions they have and the drugs they take. This cohort stands out from other older populations due to its need on others to carry out even simple tasks like brushing teeth, which raises the risk of oral diseases. Due to the paucity of surveys on the state of oral health in this group, it is unclear how common oral and dental issues are there. Since “dental care at home or at destinations of residents” is still a novel notion in India, it’s important to reach the residents and provide them with comprehensive care in addition to dental care. Reviewing the current oral health issues affecting the elderly in India is the goal of this essay.

Keywords: Dramatic surge; Oral health specialists; Dental issues; Nursing homebound people

Introduction

With more than 77 million seniors living in India, it has earned the reputation of being an ageing country. Numerous issues with regard to general and oral health are brought on by the population’s growing greying. The senior population that is unable to preserve independence includes homebound and nursing home inhabitants [1]. In the event that the impairment is serious enough, they might not be able to leave the house unaided or might end up in nursing homes as institutionalized patients [2]. They are believed to be handicapped, feeble, and maybe to have at least one long-term medical condition. There are more women than men in this demographic, which is primarily over 65.

The state of one’s mouth is related to their general health, happiness, and general well-being. Through literature research and a focus on the inhabitants, this paper seeks to evaluate the circumstances of oral health and the treatment requirements for senior Indians [3]. It also analyses existing oral health treatments while taking advancements into account. Finally, it introduces citizens to the idea of “Domiciliary dental care,” which may also be helpful to oral health practitioners in nations where “Domiciliary dental care” is a fresh concept.

The life expectancy has improved to 67.9 years as a result of advanced therapeutic modalities, which has resulted in an alarming increase in the population of inhabitants who suffer from general and oral morbidity. By 2020, there are expected to be 470 million people in emerging nations who are 65 or older. One-third of the world’s population will be older than 60 by 2050 [4]. In India, there were 20 million senior people in 1951, 57 million in 1991, and then a significant increase in 2001. Observed growth rates for this time period show that the “65+” population grew at a faster rate than the overall population. With a predicted population of 324 million in 2050, it is anticipated to increase to 100 million in 2013.

In India, there are roughly 2,000 000 people who are centenarians or older. Estimates from 2010 show that 28,816,115 men and 31,670,841 women make up the 5.2% of the population that are over 65. The following two characteristics of India’s old population stand out: (1) The elderly population is growing much more quickly than the general population, and (2) the elderly population is becoming more female [5, 6]. The underserved group in society is the resident population. There are no reliable statistics on the total number of residents and how they

are distributed, the length of time individuals have lived in the dwellings or the state of their general and oral health because surveys in these strata are conducted haphazardly [7, 8]. In India, there were 728 old age homes as of 1998; the total number of such facilities today stands at over a thousand. About 75% of Indians who are “65+” are still active enough to perform at least one major daily activity, while 25% of this group experience limits brought on by chronic illnesses even though they are not hospitalized. 10% of people are typically receiving active medical treatment at any given time in hospitals or nursing homes, while the remaining people live in senior citizen centres, ashrams, or old age homes.

The economic, literacy, and health status diversity of the elderly is what defines them. Residents’ personalities stand in stark contrast to those of people leading independent lives. Loss of independence, cognitive issues, forgetfulness, a lack of enthusiasm, physical impairment, combined with ongoing medical issues, all contribute to a person’s ability to take care of them being diminished, which makes them more susceptible to oral infections [9]. To find out if seniors believe oral health is crucial to their quality of life, Macgrath and Bedi spoke with 454 elderly adults. For 72% of them, the state of their dental health was crucial for a number of reasons, the most important of which were their ability to eat comfortably and interact with others in public without feeling self-conscious or uncomfortable.

In India, oral health problems and the treatment needs in the geriatric population are not fully documented in the literature. Indiscriminate studies and paucity of data on residents depicts the proportionate degree of negligence towards the oral health conditions in residents. By and large, there is a hike in the incidence of root caries, edentulousness, periodontal problems and oral mucosal disorders

***Corresponding author:** Sumera Saeed, Department Of Oral Medicine, Hitkarini Dental University, India, E-mail: sumerasd123@gmail.com

Received: 29-Nov-2022, Manuscript No: JOHH-22-83353, **Editor assigned:** 01-Dec-2022, PreQC No: JOHH-22-83353(PQ), **Reviewed:** 15-Dec-2022, QC No: JOHH-22-83353, **Revised:** 20-Dec-2022, Manuscript No: JOHH-22-83353(R), **Published:** 27-Dec-2022, DOI: 10.4172/2332-0702.1000351

Citation: Saeed S (2022) India Needs Oral Health Care in the Elderly People. J Oral Hyg Health 10: 351.

Copyright: © 2022 Saeed S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

[10, 11]. In accordance with the WHO recommendations, the Dental Council of India conducted national oral health surveys among 65 to 74-year-old elderly people in urban and rural households in each state in 2002–2003. The gathered information might be summarized. In Mangalore, India, Rao evaluated the oral health of 287 institutionalized people. None of the participants had periodontium that was entirely healthy, as can be seen. In India, a community-based survey of adults and seniors found that a significant portion of the adult population is toothless, as indicated. As stated, Soben Peter conducted research on the frequency of oral illnesses among senior Indians.

Approximately 1.19 billion people live in India now, which accounts for 17% of the world's population. Rural areas are home to more than 72% of inhabitants [12, 13]. The elderly make up the majority of the rural population; in India, 80% of the old live there, while 73% of them are illiterate and 75% are economically dependent. India is a developing country where rural agriculture significantly affects the economy. On the other hand, the majority of rural residents live in isolated areas with minimal or no access to oral health cares and is significantly poorer than the national average.

To meet demographic needs, dentists are disproportionately distributed. In rural India, there are 3,000,000 dentists. Only 30% of the urban population receives dental care from the 80% of dental professionals who live in metropolitan areas, leaving the remaining 70% of rural residents with scant dental care [14]. Due to a lack of resources and staff, oral healthcare is now provided through the primary healthcare system. Additionally, tertiary hospitals, nursing homes, and the private sector also provide health care services; however, these services are not well-organized. In the majority of the states, primary health centers and community health centers lack crucial services such as dental surgeons [15]. The bulk of the older population lacks health security, with the exception of individuals who work in structured sectors like government, railroads, and defense services. The majority of elderly people and those who provide care for them view dental care as optional since it is expensive in the private sector. Additionally, health insurance providers do not cover the cost of dental care.

Even for the general population, there is no particular provision for a minimum level of dental care, therefore it is possible to hypothesize about the people's oral health issues. Dependent seniors are admitted to nursing homes or other facilities with full-service healthcare. In contrast, it is made clear that their oral health is worse than that of the community's population and that the majority of the time, dental treatments are given to them for emergency dental care rather than routine oral hygiene. Poor dental health makes residents' already existing issues worse by causing them to have eating disorders, lose weight, and become dehydrated.

Conclusion

This paper's content paints a somber picture of India's older population's dearth of oral health treatments. The underestimating of the elderly and residents' need for oral healthcare is a key barrier to providing them with it. Residents' dental care is frequently restricted to urgent care and is not intended to help them keep their teeth. The purpose of oral health, on the other hand, should be to maintain one's teeth while also keeping them healthy and attractive. Home dentistry or domiciliary dental treatment would be the greatest alternative to

assist the inhabitants, but it is still a rare practice in India. To identify residents in need of dental care in nursing homes, old age homes, ashrams, secure units, and community families, surveys in this sector should be carried out on a regular basis.

The sense of obligation toward the residents is noticeably lacking. The need for nursing homes or old age homes is growing among senior people with disabilities who have no other support; otherwise, the severity of the issue could worsen. A personal commitment would be the best course of action. In the future, we might need the healthcare provided at our destinations as one of these dependents. A multidisciplinary approach is used to provide this underserved population with comprehensive oral care, and it involves a wide range of stakeholders including health professionals, institutions, health associations, government and non-government organizations, social services, funding agencies, insurance companies, and charitable organizations in order to plan the infrastructure at the national level and move forward down a path that has not yet been paved.

Conflict of Interest

None

References

- Robert GH, Barry C (1994) Practical Consideration in special patient Care, Delivering dental care to nursing home and homebound patients. *Dent Clin North Am* 38: 537–551.
- Lal S, Paul D, Vashisht BM (2004) National oral health care programme (NOHCP) implementation strategies. *Indian J Community Med* 29: 1–10.
- (2019) The Challenge of Longevity. *Ageing Demographics*.
- Shah N (2004) Oral health care system for elderly in India. *Geriatr Gerontol Int* 4: S162–164.
- Kossioni AE, Karkazis HC (1999) Socio-medical condition and oral functional status in an older institutionalized population. *Gerodontology* 16: 21–28.
- Frenkel H, Harvey I, Newcombe R (2000) Oral health care amongst nursing home residents in Avon. *Gerodontology* 17:33–38.
- Bali RK, Damle SG, Muglikar SD, Yethwar RR, Mathur VB, et al. (2004) National oral health surveys and fluoride mapping 2002-2003. New Delhi: Dental council of India.
- Wheatcroft MG (1970) Emphasis on prevention. Are we fulfilling the potential of preventive dentistry? *Preconf Papers Natl Dent Health Conf (US)* 21: 400-405.
- Peltola P, Vehkalahti M, Wuolijoki-Saaristo K (2004) Oral health and treatment needs of the long-term hospitalized elderly. *Gerodontology* 21:93–99.
- Knabe C, Kram P (1997) Dental care for institutionalized geriatric patients in Germany. *J Oral Rehabil* 24:909–912.
- Şengül U, Saadet G, Bahar GD (2007) Oral health status of the elderly in a residential home in Turkey. *Gerodontology* 24:22–29.
- Peltola P, Vehkalahti M, Simoila R (2005) Oral health related well-being of the long-term hospitalized elderly. *Gerodontology* 22: 17–23.
- Rao GTR (2014) Textbook of Community Dentistry. All India Publishers and Distributors. National Health Care Programme- Implementation of Strategy 17–24.
- Fiske J, Lewis D (2000) The development of standards for domiciliary dental care services: Guidelines and recommendations. Report of British society for disability and oral health (BSDH) working group. *Gerodontology* 17: 119–122.
- Shay K (1994) Practical Consideration in special patient Care, Identifying the needs of the elderly dental patients-The Geriatric assessment. *Dent Clin North Am* 38: 499–523.