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Perspective of geriatric patient about impact of oral health on general health and oral health related quality of life: A survey

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Abstract

Objective: The aim of the study was to investigate the ways in which older adults believed that their dental health affected their general health, attitudes, food preferences, social relationships, and self-esteem. Older individuals' quality of life may be impacted by biological, behavioural, and social factors if they have poor dental health. This change in eating habits has the potential to impair overall health, cause malnutrition in the elderly, and have a detrimental effect on the quality of life (QOL).

Materials and Method: This study was conducted among 250 participants of 55-92 years old from August 2023 to October 2023 to offer insights on the oral health-related quality of life. The questionnaire was used to evaluate the relationship between participants' oral health status and their quality of life, functional variables, psychological factors, social factors, and the presence of discomfort or pain as well as systemic diseases along with demographic details.

Results: Findings revealed diverse challenges, with a significant percentage reporting issues such as dietary restrictions, difficulty in chewing, and social limitations due to dental concerns. The majority recognized the importance of oral health, but a noteworthy proportion only sometimes practiced adequate oral care. Concerning dental health, 36% occasionally restricted their diet due to teeth or denture issues, 26.4% often faced difficulty biting or chewing certain foods, and 14% were unable to swallow comfortably. Regarding oral health care, 27.2% infrequently took care of their oral health, 26% were unaware of the importance of oral health care, A majority, 59.6%, believed that oral health does not have an impact on general health. The study highlighted disparities in dental care utilization, with 9.2% never visiting the dentist.

Conclusion: The study underscores the significant challenges geriatric individuals face related to oral health and emphasizes the need for comprehensive interventions. Addressing these challenges holistically can contribute to improved overall outcomes in geriatric care.

Keywords: Dental care utilization, dietary habits, quality of life, self-esteem, attitudes, elderly well-being

Introduction

When it comes to managing and preventing age-related diseases, diet is crucial ^[1]. Numerous factors, such as living conditions, socioeconomic level, psychological well-being, medication use, physical and mental health, and poor oral health, influence older individuals' dietary intake ^[2]. Problems with oral health can have an impact on health in several ways, including impairing one's capacity to swallow, eat, chew, and communicate ^[3]. Specifically, poor dental health can cause food avoidance which in turn can cause older persons to alter their eating habits and dietary preferences. For instance, older persons who are experiencing tooth loss may avoid specific foods because they are difficult to chew or swallow ^[4], such as raw fruits, vegetables, meat, and hard bread ^[5]. Soini *et al.* found that older adults without dentures who had lost all of their teeth had a significantly lower mean body mass index (BMI) than older adults with dentures. This finding suggests that losing teeth decreases an older person's ability to eat foods that provide the protein, vitamins, and minerals needed to maintain a healthy BMI ^[6]. The provision of dental care to older persons that involves the identification, prevention, and treatment of difficulties related to age-related disorders and normal aging as part of

an interdisciplinary team with other medical experts is known as geriatric dentistry or gerodontics. Globally, the field of geriatric health is neglected and understudied. For the senior population, oral health reflects general well-being. On the other hand, age-related systemic disorders and functional changes make older individuals more susceptible to oral problems [7].

Oral health is an important component of overall health and can have an impact on an individual's overall well-being. Oral health care delivery is very expensive, and to comprehend the oral health problems and their implications for the general health of the senior population, it is necessary to first understand the common dental health problems in the elderly population and their impact on general health.

Major efforts have been made in dentistry to develop tools for measuring oral HRQoL (Oral health related quality of life), considering the effect of dental health on several elements of life, such as self-esteem, social relationships, and school or work efficiency, among others. Oral health has been linked to HRQoL, with interrelationships discovered between standard clinical variables (e.g., diagnosis), clinical assessment data, and person-centered self-reported health experiences. As a result, based on the assumptions that HRQoL promotes general well-being and that dental health is an integral component of general health, it is possible to derive that oral health contributes to overall well-being. This is especially true for the elderly [8]. The purpose of this study was to find out how older persons perceived that their oral health issues influenced their eating habits and food preferences, social relationships with others, and self-esteem.

Materials and Methods

This study utilized a cross-sectional research approach to investigate the perspectives of geriatric patients regarding the impact of oral health on general health and oral health-related quality of life. The general oral health assessment index (GOHAI) which composed of 12 questions and a self-structured questionnaire were used to gather quantitative data. The research spanned three months, from August 2023 to October 2023, encompassing data collection, analysis, and the compilation of the final report. The study specifically targeted geriatric patients. The study received ethical approval from the institutional ethics review board. This study comprised 20 questions designed to assess the perspectives of geriatric patients regarding the impact of oral health on general health and oral health-related quality of life. Printed questionnaires

were utilized for data collection. Informed consent was also obtained from each participant, ensuring the confidentiality and privacy of their information throughout the research. Systematic sampling was employed to determine a sample size of 250 participants. Collected demographic information included gender, age, occupation, and health problems. The collected data underwent coding and analysis using IBM SPSS Version 26 software. Descriptive statistics, such as mean, standard deviation, and frequencies, were employed for data summarization. Additionally, chi-square tests and other relevant statistical methods were applied to explore associations and relationships within the data. A significance level of $p < 0.0001$ was considered statistically significant.

Results

The survey included 250 participants within the geriatric age. The average age was 65.48 years. Of the participants, 54.4% were male, and 45.6% were female. In terms of health, 37.2% reported having no health problems, 25.6% had diabetes, 17.6% were hypertensive, and 15.6% had both diabetes and hypertension. Another 4% had other health issues like asthma. Occupationally, 38.4% were homemakers, 34.8% were retired, and 26.8% had other occupations. Concerning dental health, 36% occasionally restricted their diet due to teeth or denture issues, 26.4% often had difficulty biting or chewing certain foods and 14% were not able to swallow comfortably. Additionally, 16.4% always felt their teeth or dentures impacted their speech and 30.8% were hardly able to eat anything without feeling discomfort. Moreover, 15.2% often limited social contacts due to dental concerns, and 26.4% were not happy with the looks of their teeth or denture. 26.8% of the participants infrequently used medication for mouth-related pain. About 31.2% expressed worry about dental problems, while 12% often felt self-conscious about their teeth. Furthermore, 36.4% often felt uncomfortable eating in front of others due to dental issues, and 17.2% often experienced sensitivity to hot, cold, or sweet foods. A portion of the participants 13.6% always refrained from smiling publicly due to their teeth or dentures. On a note, 65.6% often did not consume their preferred foods, and 22.4% often fell ill. Regarding oral health care, 27.2% infrequently took care of their oral health, 26% of the participants were not aware of the importance of oral health care, and 18.4% often shared their dental concerns. Furthermore, 9.2% never visited the dentist. A majority, 59.6%, not believed that oral health had an impact on general health.

Table 1: Demographic details of the study population

		Mean	Standard Deviation
Age	55-92	65.48	6.362
		Frequency (N)	Percentage (%)
Gender	Male	136	54.4
	Female	114	45.6
Health problems	Nil	93	37.2
	Diabetes	64	25.6
	Hypertension	44	17.6
	Both diabetes and hypertension	39	15.6
	Others	10	4.0
Occupation	Homemaker	96	38.4
	Retired	87	34.8
	Others	67	26.8
Total		250	100.0

Table 2: Represents the functional problems in older adults

Questions	Options	Females N (%)	Males N (%)	P-value
How often did you limit the kinds or amounts of food you eat because of problems with your teeth or dentures?	A. Always	15 (13.2)	21 (15.4)	.662
	B. Often	28 (24.6)	37 (27.2)	
	C. Sometimes	41 (36.0)	49 (36.0)	
	D. Seldom	25 (21.9)	27 (19.9)	
	E. Never	5 (4.4)	2 (1.5)	
How often did you have trouble biting or chewing any kinds of food, such as firm meat or apples?	A. Always	10 (8.8)	18 (13.2)	.526
	B. Often	27 (23.7)	39 (28.7)	
	C. Sometimes	53 (46.5)	55 (40.4)	
	D. Seldom	19 (16.7)	21 (15.4)	
	E. Never	5 (4.4)	3 (2.2)	
How often were you able to swallow comfortably?	A. Always	26 (22.8)	35 (25.7)	.250
	B. Often	37 (32.5)	55 (40.4)	
	C. Sometimes	35 (30.7)	27 (19.9)	
	D. Seldom	10 (8.8)	15 (11.0)	
	E. Never	6 (5.3)	4 (2.9)	
How often have your teeth or denture prevented you from speaking the way you wanted?	A. Always	17 (14.9)	24 (17.6)	.783
	B. Often	19 (16.7)	24 (17.6)	
	C. Sometimes	27 (23.7)	38 (24.3)	
	D. Seldom	33 (28.9)	33 (24.3)	
	E. Never	18 (15.8)	17 (12.5)	

Pearson's Chi-square test

Table 3: Represents the psychological impact and pain and discomfort due to oral impairments in the study population

Questions	Options	Females N (%)	Males N (%)	P-value
How often were you able to eat anything without feeling discomfort?	A. Always	5 (4.4)	8 (5.9)	.495
	B. Often	28 (24.6)	36 (26.5)	
	C. Sometimes	44 (38.6)	52 (38.2)	
	D. Seldom	20 (17.5)	29 (21.3)	
	E. Never	17 (14.9)	11 (8.1)	
How often did you limit contacts with people because of the condition of your teeth or dentures?	A. Always	5 (4.4)	9 (6.6)	.149
	B. Often	13 (11.4)	25 (18.4)	
	C. Sometimes	39 (34.2)	54 (39.7)	
	D. Seldom	36 (31.6)	27 (19.9)	
	E. Never	21 (18.4)	21 (15.4)	
How often were you pleased or happy with the looks of your teeth and gums, or dentures?	A. Always	10 (8.8)	14 (10.3)	.370
	B. Often	34 (29.8)	52 (38.2)	
	C. Sometimes	37 (32.5)	36 (26.5)	
	D. Seldom	19 (16.7)	24 (17.6)	
	E. Never	14 (12.3)	9 (6.6)	
How often did you use medication to relieve pain or discomfort from around your mouth?	A. Always	12 (10.5)	13 (9.6)	.579
	B. Often	21 (18.4)	20 (14.7)	
	C. Sometimes	26 (22.8)	31 (22.8)	
	D. Seldom	25 (21.9)	42 (30.9)	
	E. Never	30 (26.3)	30 (22.1)	
How often were you worried or concerned about the problems with your teeth, gums, or dentures?	A. Always	12 (10.5)	17 (12.5)	.446
	B. Often	17 (14.9)	25 (18.4)	
	C. Sometimes	37 (32.5)	41 (30.1)	
	D. Seldom	21 (18.4)	32 (23.5)	
	E. Never	27 (23.7)	21 (15.4)	
How often did you feel nervous or self-conscious because of problems with your teeth, gums, or dentures?	A. Always	4 (3.5)	15 (11.0)	.085
	B. Often	12 (10.5)	18 (13.2)	
	C. Sometimes	31 (27.2)	43 (31.6)	
	D. Seldom	38 (33.3)	32 (23.5)	
	E. Never	29 (25.4)	28 (20.6)	
How often did you feel uncomfortable eating in front of people because of problems with your teeth or dentures?	A. Always	8 (7.0)	11 (8.1)	.177
	B. Often	11 (9.6)	28 (20.6)	
	C. Sometimes	46 (40.4)	45 (33.1)	
	D. Seldom	26 (22.8)	30 (22.1)	
	E. Never	23 (20.2)	22 (16.2)	
How often were your teeth or gums sensitive to hot, cold sweets?	A. Always	6 (5.3)	13 (9.6)	.585
	B. Often	22 (19.3)	21 (15.4)	
	C. Sometimes	31 (27.2)	32 (23.5)	
	D. Seldom	38 (33.3)	53 (39.0)	
	E. Never	17 (14.9)	17 (12.5)	
How often do you restrict yourself from smiling in public because of the condition of your teeth or denture?	A. Always	13 (11.4)	21 (15.4)	.115
	B. Often	11 (9.6)	12 (8.8)	

	C. Sometimes	35 (30.7)	47 (34.6)	
	D. Seldom	23 (20.2)	36 (26.5)	
	E. Never	17 (14.9)	20 (14.7)	
How often do you eat the food which you like?	A. Always	9 (7.9)	16 (11.8)	.223
	B. Often	29 (25.4)	32 (23.5)	
	C. Sometimes	52 (45.6)	61 (44.9)	
	D. Seldom	14 (12.3)	23 (16.9)	
	E. Never	10 (8.8)	4 (2.9)	
How often do you fall sick?	A. Always	3 (2.6)	10 (7.4)	.085
	B. Often	21 (18.4)	35 (25.7)	
	C. Sometimes	41 (36.0)	31 (22.8)	
	D. Seldom	32 (28.1)	36 (26.5)	
	E. Never	17 (14.9)	24 (17.6)	

Pearson’s Chi-square test

Table 4: Represents the knowledge about their oral health in elderly population

Questions	Options	Females N (%)	Males N (%)	P-value
How often do you take care of your oral health?	A. Always	5 (4.4)	19 (14.0)	.021*
	B. Often	26 (22.8)	39 (28.7)	
	C. Sometimes	44 (38.6)	49 (36.0)	
	D. Seldom	27 (23.7)	23 (16.9)	
	E. Never	12 (10.5)	6 (4.4)	
How often do you feel that taking care of oral health is important?	A. Always	11 (9.6)	13 (9.6)	.240
	B. Often	24 (21.1)	39 (28.7)	
	C. Sometimes	51 (44.7)	47 (34.6)	
	D. Seldom	21 (18.4)	33 (24.3)	
	E. Never	7 (6.1)	4 (2.9)	
How often do you share your problem regarding your teeth or denture?	A. Always	7 (6.1)	13 (9.6)	.216
	B. Often	16 (14.0)	30 (22.1)	
	C. Sometimes	60 (52.6)	53 (39.0)	
	D. Seldom	21 (18.4)	28 (20.6)	
	E. Never	10 (8.8)	12 (8.8)	
How often do you visit dentist?	A. Always	10 (8.8)	15 (11.0)	.047*
	B. Often	24 (21.1)	47 (34.6)	
	C. Sometimes	39 (34.2)	41 (30.1)	
	D. Seldom	24 (21.1)	26 (19.1)	
	E. Never	16 (14.0)	7 (5.1)	
Do you believe that oral health has impact on the general health?	A. Yes	41 (36.0)	60 (44.1)	.191
	B. No	73 (64.0)	76 (55.9)	

*Statistically significant

Pearson’s Chi-square test

Discussion

Poor oral health among older adults has been found globally, with a high degree of tooth loss, dental caries, and high prevalence rates of periodontal disease, a dry mouth, and oral precancer/cancer [9]. The discovery in our research that 36% of participants occasionally restricted their diet due to teeth or denture issues raises significant concerns about potential nutritional deficiencies among the geriatric population. When individuals have limited food choices due to dental problems, it can have a profound impact on overall health. Addressing these dental issues becomes crucial to ensure proper nutrition for this demographic. Our study revealed that dental concerns had a notable impact on social interactions, with 15.2% of participants often limiting their social contacts due to dental issues. This finding aligns with a study by Yarkaç *et al.*, where 5.5% reported frequently limiting social contacts due to dental concerns [10]. The variations in these percentages emphasize the diverse ways in which oral health can affect social engagement among the geriatric population. The documented social and psychological consequences, such as restricting social contacts and refraining from smiling in public, underscore the close connection between oral health and the overall quality of life for geriatric individuals. These aspects go beyond physical health, encompassing emotional

and social well-being. Addressing oral health concerns in this population is not only essential for maintaining their physical health but also for promoting a better overall quality of life. According to a study conducted by Cornejo *et al.*, 30% of participants exhibited insufficient chewing capacity [11]. In our research, a substantial portion (26.4%) reported frequent challenges in biting or chewing certain foods. This aligns with the findings of Cornejo *et al.*, emphasizing the prevalence of difficulties related to chewing capacity in the geriatric population [11]. Additionally, our study revealed that 16.4% of participants felt that their speech was impacted by their teeth or dentures. This highlights the broader communication challenges that can arise due to oral health issues. Recognizing and addressing these concerns is crucial for maintaining effective communication, which plays a pivotal role in supporting mental and emotional health. It underscores the importance of not only addressing the physical aspects of oral health but also considering the broader impact on individuals' overall well-being, particularly in terms of communication and emotional resilience [12]. In a study focusing on frailty, oral health, and hygiene practices among home care clients aged 75 or older in Finland, individuals classified as frail experienced positive changes in preventive oral health interventions. Specifically, there was an

improvement in the prevalence of twice-daily toothbrushing and denture cleaning, with notable advancements in denture hygiene [13]. In another study conducted by Bianco *et al.*, 18.4% of participants reported frequent tooth-brushing, and only 39.9% acknowledged the need for dental care [14]. In our research, although a significant portion of participants recognized the importance of oral health (59.6%), the observed behaviour, such as the tendency of 37.2% to only sometimes take care of their oral health, implies a potential disparity between awareness and action. This underscores the necessity for targeted educational initiatives and interventions to bridge this gap and encourage more consistent oral health practices among the geriatric population. According to Aghdash *et al.*'s study, the elderly segment of the population experienced inadequate oral health-related quality of life [15]. Dental issues were linked to nutrient intake and unhealthy eating habits, posing an increased risk for diabetes and cardiovascular problems. Additionally, there's a potential interaction between periodontitis and the intricate pathogenesis of conditions like diabetes mellitus, cardiovascular disease, endocarditis, and recurrent pneumonia in older age [16]. In our research, the discovery that 8.8% of participants never sought dental care prompts inquiries about the accessibility of dental services for the geriatric population. Barriers to access might involve financial constraints, transportation limitations, or other logistical challenges, emphasizing the importance of addressing these issues to uphold oral health. Notably, the study highlights the low utilization of dental care among the elderly, particularly those from low-income backgrounds. This phenomenon is attributed to factors such as a lack of perceived need for dental visits, fear, anxiety, past negative experiences, and a general lack of awareness regarding dental problems [17]. Portella *et al.* outline the positive effects of an oral health educational program tailored for both the elderly and their caregivers in institutionalized settings [18]. Meanwhile, Pronych *et al.* propose the adoption of oral health programs specifically designed for the elderly [19]. These programs would offer strategies and resources to ensure the daily oral hygiene of the elderly, ultimately leading to improved oral health and, consequently, enhancing their overall quality of life.

Conclusion

In conclusion, the survey results not only shed light on the specific challenges faced by geriatric individuals concerning oral health but also point to broader implications for overall health and well-being. Addressing these challenges requires a multifaceted approach, including education, access to care, and policy initiatives that recognize the integral role of oral health in the holistic care of the elderly. There is a clear need for educational initiatives targeting both geriatric individuals and healthcare providers. Emphasizing the importance of regular dental check-ups, proper oral hygiene practices, and the connection between oral and general health can contribute to improved outcomes.

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