The Oral Health of Older Adults with Dementia

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Thesis abstract

To investigate the oral health of older adults with dementia, two longitudinal studies were completed, using questionnaires and clinical dental inspections at both baseline and one-year. The first study was conducted in randomly selected Adelaide nursing homes and the second used two groups of randomly selected community-dwelling older adults, one group with dementia and the other without dementia. Nursing home residents were very functionally dependent, medically compromised, cognitively impaired and behaviourally difficult older adults. The great majority of residents had moderate to severe dementia. Coronal and root caries experience and plaque accumulation was very high in dentate residents. At one-year, existing baseline and residents new to the nursing homes since baseline, had similar characteristics, except new residents had more filled coronal and root surfaces, and fewer decayed retained roots. Coronal and root caries increments (adjusted caries increment (ADJCI)) were very high, especially in those with nutritional problems. Residents were being admitted with a compromised oral health status, or developed severe coronal and root caries within several months of their admittance. Coronal and root caries did rapidly progress during residents’ stay at the nursing home. In the second study, there were differences between community-dwelling older adults with and without dementia for their general health and other characteristics, as well as caries experience. Many more dementia participants required assistance and had behavioural difficulties with oral hygiene care by one-year. During the study, coronal and root caries experience (decayed surfaces) and increments (ADJCI) were higher for dementia participants. However, numbers of missing teeth, filled surfaces, and caries attack rates did not significantly differ among the participants with and without dementia. Dementia participants had a higher number of root surfaces covered in plaque and more decayed retained roots. The majority of dementia participants had caries experience during the study. Caries experience was related to dementia severity and not to specific dementia diagnoses. Coronal and root caries experience was higher in dementia participants with moderate–severe dementia, the socio-economically disadvantaged (government cardholders, no private health insurance), more functionally dependent, taking neuroleptic medications with high anticholinergic adverse effects, with eating and swallowing problems, were not attending the dentist, who needed assistance and were behaviourally difficult during oral hygiene care, and whose carers were burdened.