

AGING TODAY

Vol. XXVI, No. 6

PAGES 5 & 6

November–December 2005

ISSN: 1043-1284

www.agingtoday.org

CDC GETS TO ROOT CAUSES OF ORAL DISEASE IN ELDERS

The first of two articles.

By **NANCY ALDRICH**

The eyes may be the window to the soul, but the mouth mirrors a person's health and well-being throughout life and into old age. That is because oral diseases and conditions can affect many aspects of an individual's general health status, as well as emotional and psychological well-being, by affecting speech, laughter and social expression. Several health conditions can, in turn, have an impact on oral health.

Many people erroneously believe that losing one's teeth is an inevitable part of aging and that there is nothing they can do about it. Although in the 1950s fewer than 50% of older adults retained their teeth, now more than 70% of the 36 million adults 65 or older in the United States keep their teeth into old age. As a result, strategies for maintaining healthy teeth and gums—such as good oral hygiene, fluoride in drinking water and toothpaste, and regular professional care—are as important for older adults as for children. Yet, even though the growing number of older adults retaining their teeth is good news, they also face the challenge of preserving those teeth at a time when physical, cognitive or financial limitations may hinder their ability to maintain their oral health.

WHAT'S AT STAKE?

There is more at stake for oral health than having an attractive smile and cavity-free teeth. Oral problems can lead to needless pain and suffering; difficulty speaking, chewing and swallowing; loss of self-esteem; and higher healthcare costs. Each year, about 28,000 Americans are diagnosed with mouth and throat cancers, which can result in disfigurement and death. In addition, periodontal (gum) diseases are associated with diabetes, and emerging evidence suggests a relationship between severe periodontal disease and cardiovascular disease and stroke.

“Older adults, along with caregivers, healthcare providers and policymakers, should be aware of effective ways to prevent and control oral diseases,” stated Barbara Gooch, a dental officer in the Division of Oral Health of the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion in Atlanta. She explained that teeth are lost due to tooth decay and gum disease, not aging alone. The risk for these oral difficulties may increase with age for many reasons. For example, certain medications can impair the production of saliva, which is needed to lubricate the mouth and gums, reduce bacterial growth and provide important minerals. The combination of dry mouth, receding gums, poor oral hygiene and a lack of fluoride can lead to tooth decay and result in the need for extensive and costly treatment.

Maintaining good oral health is even more challenging for adults with chronic illnesses and disabilities. Physical and cognitive limitations often can make it difficult for them to brush their teeth. Older adults who are homebound or in nursing homes are likely to face even greater challenges. For many of these elders, daily assistance with oral hygiene is critical, Gooch said. The use of fluoride products also is important, particularly brushing with fluoride toothpaste and drinking fluoridated water, but mouth rinses, varnishes or supplements may also be recommended. Homebound elders or those in nursing

homes—even those who no longer have their teeth or wear dentures—should receive regular oral examinations and dental care.

For many older adults, their need for preventive and treatment services will continue and may increase at a time when their annual incomes are likely to diminish, according to research by Richard J. Manski of the University of Maryland and Baltimore College of Dental Surgery (*American Journal of Public Health*, May 2004). Most older adults pay for dental services out of pocket because employer-provided dental insurance coverage usually ends with retirement. Furthermore, Medicare does not cover routine dental services, and Medicaid coverage is limited and is available in less than half the states.

CDC EFFORTS

More public and professional education is needed to prevent high-risk behaviors that include cigarette, cigar or pipe smoking, use of smokeless tobacco and excessive use of alcohol. Also, more research is needed on methods for detecting oral cancer. “We don’t know how accurate the physical exam is and we are looking for better tests,” said Gooch. The National Institutes of Health is working to develop biomarkers and other new tools to improve prevention, detection and treatment of oral cancer.

CDC currently supports state-based programs to promote oral health across the lifespan, especially to track oral diseases and target prevention programs to populations at greatest risk. The agency supports the National Oral Health Surveillance System (www.cdc.gov/nohss) and other Web-based information systems that link oral health data from various state-based systems, such as the adult-focused Behavioral Risk Factor Surveillance System.

Additionally, CDC funds community-based oral health studies through its national network of prevention research centers at academic health science centers. These projects intend to develop and test innovative strategies to promote oral health. One project at Columbia University is evaluating an oral health-training program for nurses and home health aides for homebound elders in Manhattan. Initially, investigators found that the oral health of elders was poor and that knowledge of oral health among nurses and home health attendants was limited. Because of this project, the home health agency now includes oral health and function in the quality performance measures that it monitors. “It is important that daily oral care becomes a standard of care, and that the caretakers of homebound elderly—nurses and homecare workers—receive improved oral healthcare education,” stated the Columbia study’s principal investigator, Kavita Ahluwalia.

In addition, CDC recently provided resources to expand partnerships among the aging-services network and other key stakeholders.

PILOT PROJECTS

In 2005, for the first time, three states—Arizona, Iowa and Rhode Island—received CDC-funded SENIOR (State-based Examples of Network, Innovation, Opportunity and Replication) grants to implement pilot oral-health projects for selected groups of older people receiving home-delivered meals or using congregate-meal centers. Grant recipients will work with multiple partners to learn more about the oral health needs of these predominantly low-income and ethnically diverse elders. Programs will use an array of approaches—use of fluoride products, patient education and referrals to caregivers—to raise awareness about oral conditions and effective preventive care.

More resources are needed, however, to expand the focus of state oral health programs to older adults. The primary barrier to the provision of prevention services to older adults is a lack of designated funding. “The majority of state oral-health programs target children as federal and state funds are earmarked for these specific populations,” said Lewis N. Lampiris, president of the Association of State and Territorial Dental Directors.

Lampiris added, “There is a disconnection between funding streams and these older populations at risk for oral disease.” Were resources available, states could add to and adapt their oral-health messages and approaches to address the oral health needs of adults. Also, CDC could expand the number of states it provides with funds and direct technical assistance for prevention beyond the current 12 states and one territory. ❖

Nancy Aldrich is the editor of Aging Opportunities News, Silver Spring, Md. She wrote this article as part of the American Society on Aging’s 2005 Media Project with the Centers for Disease Control. William F. Benson was the project’s managing editor. A longer version of the piece, including a useful list of contacts and resources, is available on the website at www.asaging.org/media/cdc.cfm.