Older persons are at risk of chronic diseases of the mouth such as dental infections, xerostomia (dry mouth), oral candidiasis (thrush), denture stomatitis (inflammation of the oral mucosa) and cheilitis (inflammation affecting the corners of the mouth). We tend to forget that older patients are often not able to comply with basic dental hygiene measures such as brushing and flossing due to disabling chronic conditions such as arthritis and neurological impairment.

Oral health can influence, and is linked to general health and well-being. This inter-relationship is especially relevant to the elderly:

- Pain caused by oral conditions may influence the ability to speak, chew and swallow, which may lead to malnutrition, a further contributor to ill health.
- On the other hand, general health can affect oral health. This is so in elderly people especially, as they may be undergoing treatment with medication for other chronic conditions. Diuretics, antipsychotics, antihistamines and antidepressants can cause dry mouth, which in turn increases the risk of developing cavities and soft tissue problems. Prevention of this cycle is of utmost importance and can be achieved by adhering to good oral hygiene principles.

**Oral hygiene**

Basic oral hygiene encompasses brushing and flossing of teeth at least twice daily, having a dental check up every six months and minimising sugar intake in the diet. Sugars feed bacteria that produce acids that dissolve the minerals on tooth surfaces.

**Brushing and flossing**

In elderly patients who are debilitated by arthritis, it may be of value to recommend the use of electric toothbrushes. Providing larger or extended handles by wrapping a sponge around the toothbrush, or extending it by attaching a long piece of wood or plastic, may make brushing easier for the patient.

Choosing toothpaste that contains fluoride will help prevent dental caries. Flossing is also easier when floss-holding devices are used.

**Mouthwashes**

Rinsing with a fluoride-containing mouthwash such as Listerfluor® or Compu-Fluoride Mouthwash® may reduce dental caries. Several products that contain local anaesthetics and/or anti-infectives are available. Some anti-infective washes may be used for minor oral infections. These include cetylpyridinium (Cepacol®), povidone iodine (Betadine®, Dermadine®) and hexetidine (Oraldine®). When combined with local anaesthetics, effective pain relief is achieved. Combination products include Orochlor®, Medi-Keel A®, Cepacaine® and Andolex C®.

**Denture care**

Dentures should be brushed twice daily; the same as natural teeth. Special toothbrushes are available for dentures. When handling dentures, doing so over a towel or basin filled with water is recommended since they can easily chip or break if they fall. Several products are available to cleanse and support dentures:

- Pastes and gels for use with a toothbrush include Polident Dentu Gel®, Dentu Crème® and Polident® Fresh Cleanse Denture Foam.
- Solutions for dental cleaning and soaking include Steradent® Denture Cleaning Powder, Super Corega® Denture Cleanser, Fifty Dent® Super Cleansing Tablets and Polident® Denture Cleanser.
- Adhesives help improve bite force, assist in providing a better fit, and seal out food particles. Products include Super Corega® Denture Fixative Cream, Fifty Dent® Super Adhesive and Super Poligrip® Denture Adhesive Cream, Powder or Strips.

Dentures should be removed at night to rest the gums, and patients should also brush gums with a soft toothbrush to remove plaque and stimulate blood flow.

**Oral conditions**

**Xerostomia (dry mouth)**

Xerostomia may present as a dry, red, swollen tongue with a burning sensation, accompanied by changes in taste. Patients should be encouraged to drink more water and to avoid alcohol, tobacco, and food and drinks containing a lot of sugar. In addition, chewing of sugar-free gum may be useful to increase saliva production. Simple products such as glycerine may be safe and effective in treating dry mouth and the sweet taste is an added benefit. Artificial saliva is available from Xerostom® as a spray, mouthwash, gel or toothpaste.

**Candidiasis**

Candidiasis can occur either as oral thrush with adherent plaques that can be wiped off, or as denture stomatitis which presents as red macular lesions (often accompanied by a burning sensation), or as angular cheilitis, with red scaling sores at the corners of the mouth. Oral preparations containing antifungal treatment such as nystatin (Mycostatin®,
Canstat® or Nystacid®) or miconazole (Daktarin® Oral Gel) may be used to treat these infections. Nystatin cream or ointment (Nystacid®, Mycostatin® or Canstat® Topical) may be used to treat cheilitis.

**In summary**

Creating awareness and addressing the special oral health needs in the elderly can assist in improving basic oral hygiene in this population. In addition, early treatment of some uncomplicated oral conditions may also improve overall health status, self-esteem and social acceptance.

**Bibliography**