

# OLDER ADULTS

## Addressing older adults' oral health needs



### BACKGROUND

The growth of that segment of the population age 65 years or older continues and will likely reach 1.6 billion persons worldwide by 2050. The general health needs of this older population are just now being addressed but the same is not true of their oral health needs. The needs and recommendations for meeting them were outlined.

### ORAL HEALTH NEEDS AMONG OLDER PATIENTS

Senior adults will continue to require care for dental caries, periodontal disease, and tooth wear because more of them are retaining natural teeth into their advanced years. In addition, oral cancer is likely to increase because cancer tends to be a disease associated with aging. Poor oral hygiene is also related to a higher risk for pneumonia, and loss of natural teeth compromises nutritional intake and quality of life. All-cause mortality has been associated with tooth loss as well.

Specific populations who will be especially impacted include those who are poor, disadvantaged, and socially marginalized. Individuals who are institutionalized are also at special risk because of their inability to perform quality oral care. These are the individuals who will bear a disproportionate burden of pain and suffering related to their impaired ability to swallow, taste, feel, and enjoy life because of their oral conditions. Compromised chewing capacity is an important indicator of the need for support from oral health care professionals.

### RECOMMENDATIONS

To meet the challenges presented by this older adult segment of the population, a number of areas should be addressed. It's important for oral health care professionals to encourage good oral health and help to facilitate proper maintenance of the dentition and oral cavity in their older patients. Prevention and self-care should be the focus of these interventions, which may require the involvement of a broad range of care providers, especially for institutionalized elders.

The team caring for older adults, especially those with impaired ability to achieve oral self-care, needs to be expanded. Care providers and staff in senior day care facilities and community centers will require training to provide effective mouth care for dependent older adults and take preventive actions. Oral self-care should be added to the list of activities of daily living and formally evaluated to determine individuals' level of independence in this area.

There will also need to be greater integration between oral health care and overall health care. Both should be viewed as fundamental human rights. Oral health care should be addressed in a specific oral health care policy included in all standards of care.

To achieve the best outcome, research is needed to determine the best care for older adults. The World Health Organization (WHO) set a goal of having all adults retain for life a healthy, functioning dentition of at least 20 teeth and not require an oral prosthesis by the year 2020. This goal should guide research efforts. To develop improved ways to diagnose and treat disease, as well as facilitate self-care among aging persons, international dental manufacturers should work with researchers. Efforts can benefit from the use of "big data" and relevant oral health information from large longitudinal studies on aging. These data are needed to develop innovative approaches both to research and to interdisciplinary care for elderly patients' oral health needs.

Both the existing and all future reimbursement schemes should be based on the concept of minimally invasive dentistry. This concept is much better suited to older adults than the traditional emphasis on providing extensive restorations. Governments should have the goal of delivering good value for the patient's investment in health care. Research is also needed to provide policy makers with high-quality evidence that will inform decisions with clinically effective and cost-effective solutions.

In addition, oral cancer prevention should be a priority. Efforts should include counseling patients about risk factors, focusing

#### Clinical Significance

Economic, social, and logistical challenges are facing the governments and policy makers who are engaged in determining the best way to manage the health care needs of a huge population of older adults. These needs must be carefully identified, properly understood, and effectively addressed. It's likely that an interdisciplinary approach will be vital to these efforts, which will require a high degree of cooperation and sharing among oral health care professionals, researchers, policy makers, and industry representatives. Oral health care professionals will need to provide effective ways to advocate for their patients and potential patients, developing new ways to address their needs.

on early diagnostic efforts, and providing a comprehensive examination each time the patient is seen by the dentist.

The training of dentists should also be expanded to include an added emphasis on gerontology and gerodontology. This emphasis should also be a valued part of professional development training and inform the dentist's role as an advocate of oral health care.

Meurman JH, McKenna G, Murtomaa H, et al: Managing our older population: The challenges ahead. *J Dent Res* 97:1077-1078, 2018

Reprints available from JH Meurman, Dept of Oral and Maxillofacial Diseases, Helsinki Univ Hosp, Haartmaninkatu 8, 00029 HUS, Finland; e-mail: [jukka.meurman@helsinki.fi](mailto:jukka.meurman@helsinki.fi)

# OPIOIDS

## Clinical relevance of opioid research



### BACKGROUND

The Centers for Disease Control and Prevention estimates that the total economic burden of prescription opioid misuse in the United States in 2016 was \$78.5 billion. This includes not just the cost of health care, but also costs associated with lost productivity, treatment for substance use disorders, and criminal justice involvement. Overdoses of prescription opioids, heroin, and fentanyl resulted in the deaths of more than 42,000 individuals, with 40% of those deaths related to prescription opioids. Often these prescriptions are given to control acute pain after dental procedures or in emergency departments (EDs) to manage dental pain until treatment can begin. Dependence can result from the regular use of opioids and lead to addiction, overdose, and death. Often large numbers of opioid pills remain and can be subject to theft, diversion, or later misuse. Dentists can play a vital role in helping to gain an upper hand in the opioid crisis.

### DENTISTS' ROLE IN CONTROLLING OPIOID USE

In the late 1990s dentists were responsible for 15.5% of the immediate-release opioids prescribed. By 2012 these dental prescriptions accounted for just 6.4% of all immediate-release opioid prescriptions.

The American Dental Association (ADA) began a new policy on opioids in March 2018. It was aimed at further reducing opioid misuse and keeping prescription opioids from causing harm to dental patients and their families. The policy includes mandatory continuing education on prescribing opioids and other controlled substances and sets prescribing limits on opioid dosage and duration. In addition, dentists are encouraged to register with and use Prescription Drug Monitoring Programs.

### GUIDANCE FOR CLINICAL DECISIONS

The National Institutes of Health (NIH) National Institute of Dental and Craniofacial Research (NIDCR) is leveraging the National Dental Practice-Based Research Network. This

network includes over 6000 dental practitioners in the United States who are engaged in patient care and interested in conducting research in their practices. A study of dentists' knowledge of opioids and decision-making processes, as well as other factors correlated with opioid prescription, was done, with data destined for use developing educational interventions directed at dental practitioners to encourage the use of risk mitigation strategies.

In relation to ED use of opioids for dental pain, it has been found that patients with dental conditions are nearly 3 times as likely to receive an opioid from a nurse practitioner as from a dentist. Information such as this is being used to develop evidence-based guidelines and policies to balance the need for opioid misuse risk mitigation with the provision of sufficient patient pain management.

Among the approaches proving useful in making better clinical decisions is a clinical decision support tool that is embedded into the electronic dental record. It prompts oral care providers to follow evidence-based recommendations and encourages prescribing nonopioid analgesic agents to manage acute pain after extractions.

Opioid misuse has hit rural communities especially hard. Strategies developed to help rural dental practitioners include screening for opioid use disorders and referrals for patients who are at

#### Clinical Significance

Oral health care providers can play an important role in addressing the dangers of opioid misuse. The combination of NIH and ADA efforts should provide scientific evidence that can be used in guiding clinical decision making. In addition, clinicians and researchers should collaborate so that clinical observations can inform scientific inquiry.