

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Older people and dental attendance

Tu R Y, Liang P, Tan A J-M *et al.* Factors associated with regular dental attendance by aged adults: a systematic review. *Gerodontology* 2023; **40**: 277–287.

Poor oral health leads to less frequent visits.

A review of 21 previously published papers found that factors affecting dental attendance for patients aged 65+, when examined through the lens of a behavioural model, included:

- Predisposing factors (age, gender, medical conditions, ethnicity, education, and dental anxiety) – attendance was lower in older patients. Higher education attainment was positively associated with regular attendance. The findings with regards to gender were conflicting
- Enabling factors (finance, carers, and availability and access to services) – higher income groups tended to visit the dentist more regularly than lower income groups. The presence of social support networks was also associated with increased attendance
- Needs-related factors (the perception of the importance of oral health, tooth loss and pain) – a greater number of remaining teeth was associated with more regular attendance, as was pain and discomfort. Perception that oral health was poor was associated with less frequent visiting.

No causal links can be established but it is clear that the reasons for the dental attendance (and non-attendance) of older people are complex and interconnected.

<https://doi.org/10.1038/s41415-023-6398-0>

Stigma and crooked, yellow teeth

Doughty J, MacDonald M E, Muirhead V, Freeman R. Oral health-related stigma: Describing and defining a ubiquitous phenomenon. *Community Dent Oral Epidemiol* 2023; DOI: 10.1111/cdoe.12893.

Otherness leads to health inequalities.

Straight, white teeth have become a social norm in western societies. Oral health status which is markedly different from this can attract stigma – an othering in which the stigmatised are seen and judged, resulting in status loss, discrimination and shame. The consequence is a loss of power, leaving the victim open to exploitation, control and exclusion.

Deviations away from perceptions of oral health norms are linked to lower intelligence, poverty, ill health and old age, and loss of teeth is linked to a declining of a sense of self. Being highly visible (unlike, for instance, HIV infection), poor oral health may more easily trigger stigma. Whilst this can happen at any age, 'in older age, (the stigma of) poorer oral health and tooth loss may lead to limited social interaction, and lowered self-esteem, perpetuating loneliness and isolation.' Halitosis, for instance, may be interpreted as a sign of oral disease and provoke disgust.

<https://doi.org/10.1038/s41415-023-6400-x>

Oral frailty

Parisius K G, Verhoeff M C, Lobbezoo F *et al.* Towards an operational definition of oral frailty: A e-Delphi study. *Arch Gerontol Geriatr* 2023; DOI: 10.1016/j.archger.2023.105181.

Linked to psychological or physical frailty?

The risk of oral health problems increases with age. 'Age-related functional decline of the oro-facial structures' is termed oral frailty. There is currently limited agreement among experts on what the key components of oral frailty are. This e-Delphi study aimed to establish consensus on the key components of oral frailty, in order to develop an operational definition.

Fifty-one components were reviewed, 17 of which were sourced from previous literature and 34 from panel suggestions. Eight items in four categories were finally agreed upon:

1. Mastication – difficulty eating tough or hard foods; an inability to chew all types of food
2. Swallowing – decreased ability to swallow solid foods and liquids; poor swallowing function
3. Oral motor skill – impaired tongue movement; speech or phonatory disorders
4. Salivation – hyposalivation; xerostomia.

<https://doi.org/10.1038/s41415-023-6399-z>

Tooth loss and ageing

Hiltunen K, Vehkalahti M M. Why and when older people lose their teeth: A study of public healthcare patients aged 60 and over in 2007–2015. *Gerodontology* 2023; **40**: 326–333.

Apical periodontitis increases with age as a reason for extraction.

Using public health data from Helsinki, Finland, all patients aged 60+ who received dental treatment between 2007 and 2015 were identified (n = 216,059). Of these, 48,626 had received an extraction. Previous studies have shown that the main reason for tooth loss in younger adults is caries and periodontal disease in older people.

The number of patients receiving treatment almost doubled between 2007 and 2015, yet the percentage of patients receiving an extraction remained similar (2007 = 21.7%; 2015 = 22.5%). The reasons recorded for extraction by the dentist changed over the time span – caries as a reason declining from 32.6% to 26.4%, periodontitis from 20.3% to 16.8%, and tooth remnant from 23.1% to 18.1%, whereas apical periodontitis rose from 13.4% to 23.7%. By age, the reason for extraction remained similar between ages 60 and 90+ for caries (30%) but declined for periodontal disease and apical periodontitis. Tooth remnant almost doubled from 16% to 30%. Tooth extraction was strongly associated with age group – the higher the age, the greater proportion of extraction patients and the mean number of extracted teeth.

<https://doi.org/10.1038/s41415-023-6401-9>