

TOPIC: What are the key determinants of oral health related quality of life in older age?

Abstract:

Oral (OH) health related quality of life (QoL) is term associated with measuring the influence of oral health on humans and quality of their lives. It gets impacted with direct and indirect factors which have major contribution towards changing the lives. Elderly people or Geriatric population is worst hit if their lives are taken into consideration. Major key determinants which are related to oral health related (OHQoL) quality of life in older age are, Community, Economic, Environmental conditions, Political, Social, Family, Individual factors, and Oral health related literacy and behavior. The present study focuses on describing the topic in narrative manner. Aim: To conduct a narrative review of edentulousness's impact in older people, Objective: To critically study the impact of edentulousness on oral health related quality of life, Research Question: How does edentulousness affects quality of life in elderly, Research Methodology which includes qualitative research and literature review, Result: Edentulousness does have negative impact on oral health related (OHQoL) quality of life in older age

Background

Oral health by definition implies well being of mouth along-with other body parts or organs and their respective health. It not only means absence of oral diseases or infections, but balance of tissue health, teeth health etc. Oral health has long history which dates back to around 2600 B.C. Importance of oral health has been into existence since the ages of Hippocrates and Aristotle. Oral health includes how healthy the oral health is along with other functions of the body including physical and mental well-being and its balance. Oral health indicates how comfortably an individual speaks, eats, lives without embarrassment in his social circle or friend circle, colleagues, family, and relatives. Oral health also includes its impact on health of other functions of body which includes effect on diseases of other organs (WHO, 2011). Now as we have understood about oral health, we shall understand what Quality of life really means, which is often the used term nowadays. Quality of life is defined as how happy and satisfied the

individual is with his life. Life lived well and in healthy manner is the ultimate benchmark of it. This term developed to measure how balanced an individual lives in his family, community and in his influencing circle. It came into existence during economic growth during world-war II. It is a concept which emphasizes that there are other important aspects of life other than just being financially stable. (Ferrans, 1996). Another concept which is of high importance and which shall be focused upon is Health Related Quality of Life (HRQoL). HRQoL is terminology which correlates the health, and illness with the quality of life. Now why HRQoL? Well it is a concept which has been developed and which is more focused approach where impact of health on (QoL) quality of life is studied. Taking into consideration in the more simpler terms, HRQoL is concept where individual perceives how healthy he feels from inside and his satisfaction level towards it. Perception has lot of importance when taken into consideration the two concepts mentioned here. As thoughts really matter and it has direct impact on nature of one's life. There are several definitions associated with it, each having same base conceptual thought process. (Kaplan et al., 1984). It is the concept described by (Cohen and Jago, 1976) on similar terms. They emphasized the development of concept where progress of socio-dental parameters were defined to cope up with lack of evidences associated with the psychosocial impact of oral (OH) health problems on individuals. Their contribution really helped in bridging the gap of lack of data for further studies required in this area. (Reisine and Bailit, 1980) mentioned in their study that there is weak correlation between the clinical evidences and psychological thinking of individual related to the oral healthcare. This gives direct indication that there are other factors associated with quality of oral health. Findings of such studies clearly showcase the transition from traditional to conventional or contemporary dentistry. Contemporary dentistry aims at obtaining and maintaining without pain, functional, clean and dentition which is socially acceptable for whole lifespan of an individual (Sheiham, 1992). Thus the prime focus in dentistry is to not only maintain the well-being of dentine but maintain the quality of life as a wholesome (Cohen and Jago, 1976). Moreover prime focus shall be on the damages caused by physical, psychological and social functioning during oral (OH) health conditions. Thus, oral health related (OHQoL) , links the connection amongst person revolving self reported methods as well as old-style clinical variables. Plus to escalate the idea of oral health related (OHQoL) quality of life, it will be first useful to define oral (OH) health and quality of (QoL) life individually. As with health related quality of (QoL) life, (OH) oral health related quality of (QoL) life has many definitions. These

explanations vary from very unpretentious to multifaceted parameters. The gist of it has advanced with the better thoughtful understanding of the concept. Previous efforts to define it were restricted and very vague due to the oral cavity or inflammations in general. For example, author defined it as ‘the operation of the individual and the oral cavity as intuitively and a whole alleged signs such as discomfort and pain (Locker, 1989). The same author described it as ‘when speaking about oral (OH) health, our impetus is not on the oral cavity itself but on the person and the way in which oral (OD) disorders, conditions, ailments hover over health and well-being (Locker, 1997). The definition emphasizes the effect of oral (OH) health complications on general health and well-being thus expressive on an evolution in the understanding of it. A more simple but wide-ranging meaning defined it as ‘an amount to which oral illnesses affect psychosocial and operational well-being’ (WB) (Locker *et al.*, 2000). The author defined it as the effect of oral conditions on daily working (Kressin, 1997). (TH US general surgeon report, 2000) on it, explained as “a multidimensional paradigm that echoes among other things people’s comfort when eating, snoozing, and pleasing in social interaction; their self-esteem; and their pleasure with respect to their oral health”. This is very general and simple elucidation of what it means. (Patrick and Erickson’s model, 1993) and (Gift and Atchison, 1995) adapted to describe the multidimensional environment and interconnected domains of it. Conferring to that model it cartels persistence presence of teeth and absence of oral cancer; symptoms or diseases, absence of impairment, fitting physical effective associated with swallowing and chewing absence of pain and discomfort; Importantly, it incorporated, (SF) social functioning connected with normal roles; observations of (OH) oral health; pleasure with it; and lack of cultural or social disadvantage due to (OS) oral status. Although the above explanations are closely related, draw a fine line between particular (OH) oral health and oral health (OH) related (QoL) quality of life (Locker and Allen, 2007). (Locker, 1996) Particular health status provides a picture of the person’s modern health state-run, whereas it is a unfair evaluation of that status and the potential claims of health related (QoL) quality of life or oral health (OH) related quality of life (QoL) have been highlighted by several authors & can be concise in three wide-ranging categories; political, theoretical and practical. Politically, (OH) oral health related (QoL) helps to plan suggestion based public health policies indicates how resource sharing should be done as stated by the author (Guyatt *et al.*, 1993). Clinically, it may succor in transmission and monitoring for psychosocial teething predicaments conclusions of precaution (Fayers and Machin, 2000)

(Fitzpatrick *et al.*, 1992). The author (Locker, 1996) has mentioned that research can explore the results of healthcare involvements and reconnoiter new and different ways which distress health. Public health claims pronounce illness in populations, gauge and plan services and help in needs valuation and arrangement of public health (Gherunpong *et al.*, 2006)

Table 1.) Possible uses of OHRQoL

Field of Work	Potential uses in health field/oral health related quality of life
Political	<ul style="list-style-type: none"> • Preparation of public health policy • Resource allocation
Clinical Uses	<ul style="list-style-type: none"> • Communication tools • Commissioning program of care • Evaluating intervention • Assessing the outcomes of new treatment • Aid understanding of patient point of view • Screening purposes • Identifying and prioritizing patient problems and preferences • Monitoring and evaluating individual patient care • Identifying which patients might benefit most from treatment • Involving patients perspectives in decision making & self-care • To predict outcomes in order to provide appropriate care • Clinical Audit
Research	<ul style="list-style-type: none"> • Evaluating outcomes of health care interventions • Elucidating the relationships between different aspects of health
Public Health	<ul style="list-style-type: none"> • Describing and monitoring illness in population • Planning, monitoring and evaluating services • Needs assessment and prioritization • Encouraging greater lay participation in health care
Theoretical	<ul style="list-style-type: none"> • Exploring models of health • Describing factors influential to health

Source: Robinson and colleagues (2003)

Aim

To conduct a narrative review of edentulousness's impact in older people

Objective

To critically study the impact of edentulousness on oral health related quality of life

To critically evaluate the literature review

To have discussion on the research done and explain it on the paper

Research Question

How does edentulousness affects quality of life in elderly

Research Methodology

Qualitative research was carried out for the purpose of the study

Peer reviewed articles were preferred for the study

The study also included cross- sectional studies from different authors

Sources for research were google search engine and google scholars

Geriatric population was studied

Strong literature review was carried out

Younger population was excluded from the study as the prime focus of the paper was to study effect of edentulousness on older people

Literature Review

(Shah *et al.*, 2015) studied the effect of edentulous on elderly patients and found the direct relationship of depression with the edentulous.

(Maria vicenta *et al.*, 2013) studied the factors associated with edentulous and found distinct social and economic factors associated with the condition. The main cause factor for edentulousness in elderly patients as reported in the paper, are, caries, periodontal diseases,

traumas, iatrogenic effects. The paper also reported deep psychological impact of edentulousness on the patient experiencing tooth loss.

(Mayra, 2016) studied rate of increase of edentulism in different demographic population of the country and found that the rate of it is increasing in elderly patients. This portrays direct relationship between age and rate of edentulism.

(Suely Maria Rodrigues, 2012) studied the impact of edentulism on social life of patients and found that it has negative influence on the same.

(Pushpanjali K, 2013) clearly mentions in the paper, edentulism as one of the major reasons of affecting the oral health related quality of life. In her paper she mentions the major impact of edentulism on social life of elderly population.

(Jain *et al.* 2012) studied the relationship of tooth loss and age and its impact on oral health related quality of life. The findings of the study were, that both age and tooth loss were having independent effects on oral health related quality of life, but tooth loss increases as the person grows older. Also poor hygiene of oral area leads to increase in occurrences of tooth loss or edentulism.

Result

Edentulousness does have negative impact on oral health related quality of life in older age

Discussion

Edentulousness has become major cause of concern among the healthcare practitioners who find it challenging to keep the condition away in the elderly population. Edentulousness is caused by majorly gum infection which is due to poor oral hygiene. During literature review it was found that majorly older people find it difficult to maintain oral hygiene as they are depressed due to social isolation or they may be affected by different diseases such as diabetes and infections. Various methods and methodologies can be carried out to prevent this condition among the elderly patients. One step which can be taken is to educate people properly about the importance of oral hygiene. It is only through maintenance of oral hygiene the menace of edentulism can be depleted from the general elderly population.

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