

Patient Information

Oral Health for Older Adults

aintaining a healthy mouth is important at any age. But as we get older, the mouth becomes more vulnerable to certain problems.

Tooth decay is caused by *plaque* (**plack**), a sticky, colorless film that contains bacteria and builds up on the teeth continually. When plaque is not removed for more than 24 hours, the amount of bacteria on the teeth begins to reach harmful levels. Tooth decay that isn't halted creates cavities and can lead to tooth loss.

Plaque also attacks the gums, causing periodontal (pair-ee-oh-dahnt-uhl) disease. In the early stage, called gingivitis (jin-juh-vite-uhs), only the gums are affected. If the disease progresses to periodontitis (pair-ee-oh-dahn-tite-us), it can ultimately destroy the bone surrounding the tooth roots, which causes teeth to loosen and eventually fall out.

Oral cancer can affect the lips, gums, tongue, inside of the cheek, or roof of the mouth. Early diagnosis and treatment are vital to maximize the chances of survival.

Dry mouth is caused by a decrease in the flow of saliva. Aside from being uncomfortable, a lack of saliva can speed up tooth decay and periodontal disease, increase your risk of infections, and make eating difficult.

How do I know if I'm at risk?

Age is a risk factor for many problems of the mouth. As the teeth gradually wear down over the years, they become increasingly vulnerable to bacteria. Older people also tend to have fillings and exposed roots, which provide ideal surfaces for decay and can trap bacteria near the gum line. Furthermore, older people often need to take multiple medications, and medications are the most common cause of dry mouth.

Certain medical conditions (many of which are common in older adults) also raise the risk of oral disease. Diabetes, for example, reduces the gums' defenses against periodontal disease. It also can cause dry mouth—as can a nerve injury or radiation therapy or chemotherapy used to treat cancer.

Eating soft, sticky, or sugary foods also fosters the rapid growth of bacteria in the mouth. Finally, periodontal disease and oral cancer are more common in people who use tobacco. In fact, the majority of oral cancers are related to combined tobacco and alcohol use.

What are the warning signs?

Signs of tooth decay include holes, chips, or rough edges in the teeth. Pain becomes a much less common symptom of tooth decay as we age, so it's not a good idea to wait until "something hurts" to visit the dentist.

Gum diseases are usually painless and can develop silently for years. Symptoms of gingivitis generally include bleeding or reddened gums that may or may not be sensitive. Advanced periodontitis can cause sensitive, painful, or loose teeth; swollen, red, and tender gums; new spaces and pus between the teeth; and a bad taste or smell in the mouth.

A tiny white or red spot; a sore that bleeds easily or doesn't heal; color



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changes; crust; pain; tenderness; numbness; a lump; or a thickened, rough, or eroded area are all possible signs of oral cancer. People who have oral cancer also may experience difficulty chewing, swallowing, speaking, or moving their jaw or tongue.

Aside from causing a dry or burning feeling in the mouth, dry mouth can make your tongue feel rough; lead to mouth sores, cracked lips, or a dry throat; and make speaking, chewing, swallowing, or tasting difficult.

How can I avoid the problems?

Visiting your dentist regularly and telling him or her about any changes in your mouth and overall health are essential to preventing oral problems. But perhaps the most important thing you can do is practice good oral hygiene. Generally, this involves brushing your teeth with fluoride toothpaste at least twice a day and cleaning between your teeth (using floss or an interdental cleaner) daily.

To prevent oral cancer, limit your alcohol intake and avoid tobacco. If you're over age 65, ask your dentist to perform an oral cancer examination at each visit, and check your mouth yourself for any suspicious changes monthly. Using lip balm with sunscreen is also a good idea.

How are the problems treated?

Early tooth decay may be treated with fluoride during a routine dental visit. Your dentist also may recommend sealants—plastic material that is "painted" onto the back teeth, where it hardens to form a protective layer. For more extensive decay, your dentist may need to drill out the decayed area and replace it with a filling or an artificial cap, known as a crown. If de-

cay has reached deep inside the tooth, you may need a root canal, a procedure in which the tooth's pulp is removed and replaced with a filling. In very severe cases, the whole tooth may need to be removed.

The effects of gingivitis can be reversed through professional tooth cleaning and a program of good oral hygiene. Mild to moderate periodontitis usually can be controlled with a thorough cleaning, an oral hygiene program, and more frequent dental visits. Several periodontitis medications also have been approved recently. For advanced disease, you may be referred to a specialist called a *periodontist* (pair-ee-oh-**dahnt**-ist). Gum surgery may be necessary in severe cases.

If you have dry mouth, your doctor or dentist may adjust your medications, prescribe a drug that stimulates saliva production, or recommend a saliva substitute. It also may help to drink more water, suck on sugarless hard candy, chew sugarless gum, and avoid tobacco and alcohol.

Oral cancer treatments include surgery, radiation therapy, and chemotherapy. When recommending a treatment plan, your doctor will consider such factors as your age and overall health and the type, location, and size of the tumor.

To learn more about oral health for older adults, visit the National Center for Chronic Disease Prevention and Health Promotion web site (http://www.cdc.gov/OralHealth/factsheets/adult-older.htm).



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