Access to dental care for frail elderly people
The evidence summary is based on the original summary published in the BDJ (February 2010). It aims to construct a comprehensive list of the factors believed to cause poor access to dental care by the frail elderly in the UK and to identify which of these factors are the most important determinants of access for this group. It does not include detailed descriptions of the studies cited nor does it include information that was not presented in the literature.

The Curious about website encourages dental professionals to raise issues where a review of the available evidence would provide a useful resource for other dental professionals. Where there is a lack of evidence, the topic is considered for research and an award is made available.

These activities are sponsored by the Shirley Glasstone Hughes Fund, a restricted fund within the BDA Trust Fund.
Key finding

- Similar barriers to accessing care for this group of people are still being reported today as they were 20 years ago.

Review question

This evidence summary was prepared in response to the following question: Why is access to dental care for frail elderly people worse than for other groups?

Key terms

Frail elderly:
Older adults or aged individuals who are lacking in strength and are unusually susceptible to disease or to other infirmity.

Access:
A measure of how much dental care a person has received either in absolute terms or relative to health need.

Dental care:
Care provided by a dental professional involving at least formal examination of oral health and possible treatment.

The case for action

Access to dental care for frail elderly people is vital and as a population this group have particular oral care needs. Older adults are becoming increasingly dentate and there are factors that make them more susceptible to dental disease. Use of some medications, on occasion, have unintended consequences such as xerostomia and older adults may not have the physical ability to maintain their oral health.

Poor access to dental care can lead to poor oral health that can have a devastating impact on overall health. In the elderly this can manifest along a spectrum that includes pain and ulcers caused by ill-fitting dentures to dehydration and malnutrition caused by difficulties with eating. As well as the physiological and physical aspects of oral health there are also important social aspects making good oral health as much a matter of dignity as a health necessity. It is estimated that by 2043 25 per cent of the population in England will be aged 65 years and over and as more teeth are being retained this population will require more complex restorative treatments and more preventive dental services than in past years. Despite the need uptake of dental care amongst older people is poor.

The evidence

In the UK it appears that currently there are similar barriers to accessing dental care for frail elderly people as were reported almost 20 years ago.

Various factors revealed to affect dental access for the elderly have been categorised and listed below and in Figure 1. The factors cover the perspectives of dentists (GDPs and CDOs), the frail elderly, their family and those who provide their care.

Limitations to domiciliary care as seen by dentists:
- Equipment concerns for example cost, management, lack of
- Limited service range
- Health and safety/infection control issues
- Personal safety
- Lack of consent, time, cost-effectiveness and emergency drugs

Provision of service from dentists and carers:
- Service responds to demand, not early detection, prevention and treatment
- Lack of policy/protocols in residential homes
- Low provision of hygiene help, aids and cleansing materials in residential homes
- Reducing availability of dentists
- Lack of regular, recorded assessment, including on entry to residential homes
- Increased bureaucracy by the salaried services
- Limited treatment options
Dentists’ and carers’ perceptions of the elderly:

- ‘Difficult to manage/uncooperative/non-compliant group
- perceived barriers (carers): cost, poor health, transport, fear.

The elderly’s perceptions:

- A dentist is needed when there is a problem
- perceived barriers: cost, health, transport, fear, no escort, lack of perceived need.

Knowledge and training:

- Lack of nurse and carer oral healthcare training
- lack of information/knowledge on best practice and/or oral health care.

Other

Perceived barriers to dental care vary between those who do and do not receive care and most elderly over the age of 90 prefer dental treatment in their own homes. Oral health is perceived to be a low priority by nursing management and some carers find mouth care distasteful. Healthcare professionals’ own anxieties about dental attendance influence patients’ care with younger, paid, carers who regularly attend the dentist being more likely to see benefit in dental care for clients. There is also difficulty in carers putting ‘felt need’ for residents’ dental care in to action.

Methods

Search strategy

The following resources were searched.

- Ovid MEDLINE (limited to the UK)
- Centre for Evidence-Based Dentistry
- Cochrane Oral Health Group
- Centre for Reviews and Dissemination

Individual journal websites, for example, Gerodontology and grey literature were searched and initial searches supplemented by contacting Help the Aged and the British Society of Gerodontology and with hand searching of reference lists. Searches are current as at February 2015.

While Care home managers have arrangements in place for their residents to access dental services they believe that future arrangements should be more appropriate to the needs of their residents.
Results
15 papers were identified covering 15 studies. Most studies were descriptive, offered a low quality of evidence and focused on the practical and psychological challenges of access to dental care.

References
1. Fox C. Evidence summary: why is access to dental care for frail elderly people worse than for other groups? Br Dent J 2010; 208: 119-122