A Path to Revamp Oral Health Status of Grey Community

Introduction
There is an escalating demand for geriatric oral healthcare in all developed and developing countries, including India. Two-thirds of the world’s elderly live in developing countries. Oral health in turn reflects the overall well-being of the elderly population. Conversely, geriatric patients are more prone to oral diseases due to age-related systemic conditions and functional changes. In India oral care service utilization is inversely related to age.

Aim
Aim: To understand the oral health services for elders, utilization rate, and to propose a community-based theoretical model i.e. Quality care Age friendly Technologically enabled Interconnected and Competent (QuATIC) for Indian Elderly thorough literature exploration

Methods
Inclusion criteria - Only PubMed indexed full text articles available in English language from 1/1/2011-30/11/2021 highlighting models for utilization of oral health care among Indian elders. Exclusion criteria – Articles published in any other language, only abstracts, and utilization of oral health care among other age groups.

Search criteria (“oral health”[MeSH Terms] OR (“oral”[All Fields] AND “health”[All Fields]) OR ”oral health”[All Fields]) AND care[All Fields] AND ”models”[All Fields] AND elders[All Fields]) AND (“India”[MeSH Terms] OR ”India”[All Fields]) AND (medline[sb] AND ”2021/11/30”[Publication Date])

Results
The PubMed search revealed 245 articles, but on thorough screening, results showed that there is no community-based theoretical model/system regarding the oral health care for elders in India. As the factors influencing older people’s utilization of dental services directly or indirectly include illness and health-related, socio-demographic, service-related and subjective factors and personal beliefs. A model was constructed based on various factors influencing the utilization rate of dental care among Indian elders.

Discussion
Policy making, common risk factor approach, geriatric dentistry specialization, goal settings for oral health programs for elders.

Tackle social determinants of oral health - life course approach, competent oral health care system, strengthening of community – for on-site dental services.

Individual factors – Anxiety, fear, mobility, caretakers’ education level.

Conclusion
Multidisciplinary health-care approaches and a shared health-care team are of vital importance to older patients who could benefit physically, emotionally, socially and psychologically from more efficient dental treatment.

References