

Oral hygiene measures among elderly people in the destitute homes in Chennai - A survey

M. Ashwin Shravan Kuma, Sangeetha Kirubakaran*, M. Dhanraj

ABSTRACT

Aim: The aim of this study is to survey the awareness of oral hygiene knowledge and practices among the elder people in destitute homes in Chennai. **Background:** Health auxiliary personnel has an important role in oral health. Oral health touches every aspect of our lives but is often taken for granted. Our mouth is a window into the health of our body. It can show signs of nutritional deficiencies or general infection. Systemic diseases, those that affect the entire body, may first become apparent due to mouth lesions or other oral problems. This is more common in older adults. **Materials and Methods:** This study consists of 50 people under the age group of 5th and 6th decades around the Porur region of Chennai. This is a questionnaire-based study conducted in the online forum, using SurveyPlanet app. 10 self-made questionnaires were prepared to access the knowledge, attitude, and practice of oral hygiene. The patients were explained the purpose of study and results were computerized and analyzed. **Results:** Nearly 54% of patients were not aware of teeth cleansing procedures in dental clinic setup. Even though 56% of patients are aware that dental hygiene is important for overall hygiene, only 50% of the patients take the effort to maintain oral hygiene and 40% of patients are not aware about oral hygiene necessity in maintaining overall hygiene. 70% of patients feel that bad breath is an indicator of poor oral hygiene and 30% of patients are not aware of it. 32% patients reported that they never visit the dentist, 22% of patients report rarely, and 14% of the patients visit in a 6-month interval. **Conclusion:** This survey evidently proves that elderly people maintain poor oral hygiene. The old people are not much concerned with their oral health as far as other ailments, whereas they show poor oral hygiene as bad breath. Frequent visit to a dentist is also not appreciated by the participants.

KEY WORDS: Elderly people, Health, Oral hygiene, Patients

INTRODUCTION

Oral health is linked with the general health, and diseases occurring in the oral cavity are concerned with major public health importance due to their high prevalence and tremendous social impact on day to day life.^[1] Dental caries and periodontal diseases are the most frequently diagnosed oral diseases.^[2] Moreover, the psychosocial impact of oral diseases often diminishes their quality of life.^[3] Studies conducted earlier have reported poor oral hygiene among elderly people. Good oral hygiene practices are highly recommended by the specialists for preventing oral diseases.^[4,5] The complete concept of oral hygiene should be studied and improved among individuals of different age groups and also in different parts of the world.^[6,7]

Older people are less likely to have received preventive education early in their life when the establishment of oral hygiene habits is most efficacious, the consequences of poor oral hygiene can lead to poor oral health, reduced dietary intake, malnutrition, embarrassment, social withdrawal, and depression.^[8] Oral health education of the elderly people requires some special attention. Oral hygiene promotion to adults and the elderly interaction with colleagues and peers may positively influence an individual's personal oral hygiene measures and a healthy attractive dentition.^[9] Programs/activities should be conducted in social environments such as social clubs, recreational centers, libraries, medical centers, and pharmacies. Older people's accessibility to dental services is another factor that needs to be addressed.^[10]

There is a need to lobby for government funding and clear oral health policy, such as prevention-based

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¹Department of Prosthodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India, ²Department of Prosthodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India

*Corresponding author: Dr. Sangeetha, Department of Prosthodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Chennai, Tamil Nadu, India. Phone: +91-9840210597. E-mail: dr.sangeethakiruba@gmail.com

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health care reform and reimbursement. The removal of financial barriers will foster equity, and it is essential that we campaign for reduced product costs for low-income earners, industry donation of oral hygiene products and resources, development of educational materials and an up to date and accurate oral hygiene web-based information system. Oral hygiene messages should be scientifically based and consistent across related disciplines.^[11]

Where the personal oral hygiene is the maintenance of oral cleanliness for the preservation of oral health, whereby microbial plaque is removed and prevented from accumulating on teeth and gingiva. Plaque is the primary etiological factor in gingivitis and periodontal diseases.^[12] Hence, these diseases are largely preventable by plaque control. Although plaque removal also contributes to the prevention of dental caries, fluoride delivered by a fluoride toothpaste provides the major cariostatic effect. Current oral hygiene measures include mechanical aids (toothbrushes, floss, interdental cleansers, and chewing gums) and chemotherapeutic agents (in mouth rinses, dentifrices, and chewing gums).^[13] The benefit derived from oral hygiene depends on the manual dexterity, lifestyle, motivation, and oral condition of the individual.^[14]

MATERIALS AND METHODS

It is a survey-based study, conducted to assess the awareness of oral hygiene among elderly patients. This study consists of 50 people under the age group of 5th and 6th decades around the Porur region of Chennai. This is a questionnaire-based study conducted in the online forum, using SurveyPlanet app. 10 self-made questionnaires were prepared to access the knowledge, attitude, and practice of oral hygiene. The patients were explained the purpose of study and results were computerized and analyzed.

Questions	Responses	No. of patients (%)
1. Age	1. 5 th decade	32 (64)
	2. 6 th decade	18 (36)
2. How many times do you brush in a day?	1. One time	12 (24)
	2. Two times	16 (32)
	3. More than 2	21 (42)
3. Do you use floss or mouthwash?	1. Yes	16 (32)
	2. No	34 (68)
4. How often do you visit a dentist?	1. 6 Months	7 (14)
	once	
	2. Yearly once	16 (32)
	3. Rarely	11 (22)
5. Are you aware of cleaning procedures?	4. Never	16 (32)
	1. Yes	22 (44)
	2. No	28 (56)

6. Are you aware that dental hygiene is important for maintaining good health?	1. Yes	28 (56)
	2. No	22 (44)
7. Do you take the effort to maintain oral hygiene?	1. Yes	29 (58)
	2. No	21 (42)
8. Do you think that bad breath is an indicator of poor oral hygiene?	1. Yes	32 (64)
	2. No	18 (36)
9. Do you think that poor oral hygiene leads to illness?	1. Yes	29 (58)
	2. No	21 (42)
10. Does this survey created awareness among you and changed your mindset towards oral hygiene?	1. Yes	34 (68)
	2. No	16 (32)

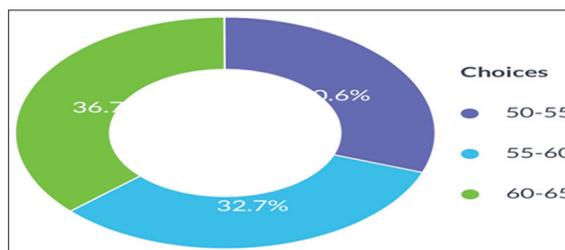


Figure 1: Age of the patients

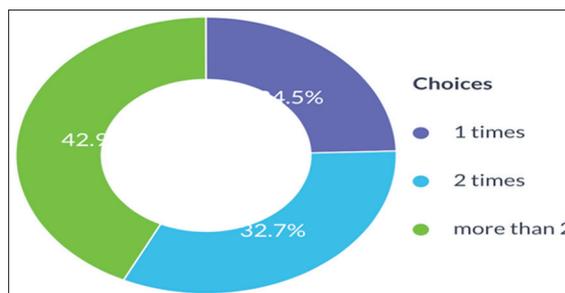


Figure 2: Representation of brushing in a day

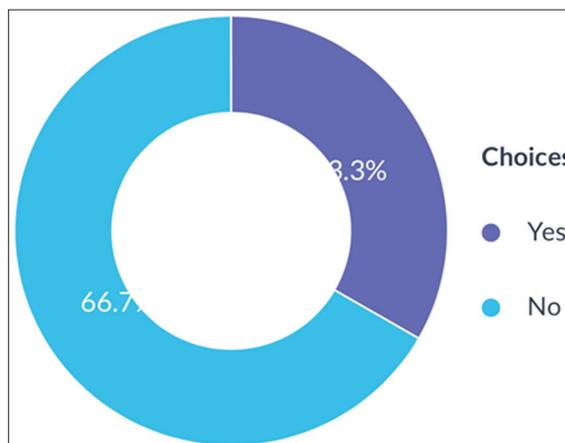


Figure 3: Representation of usage of floss or mouthwash

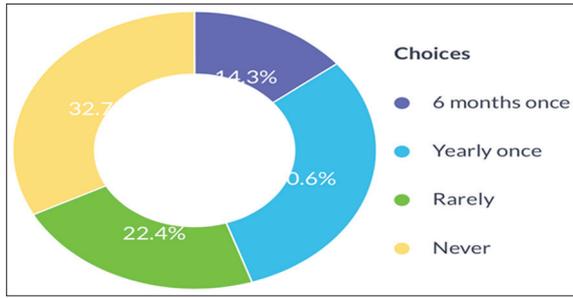


Figure 4: Age of the patients

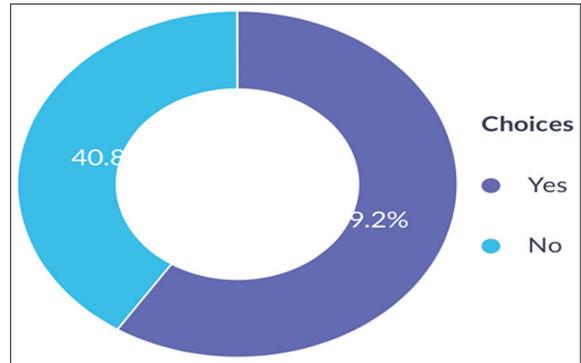


Figure 7: Representation of efforts to maintain oral hygiene

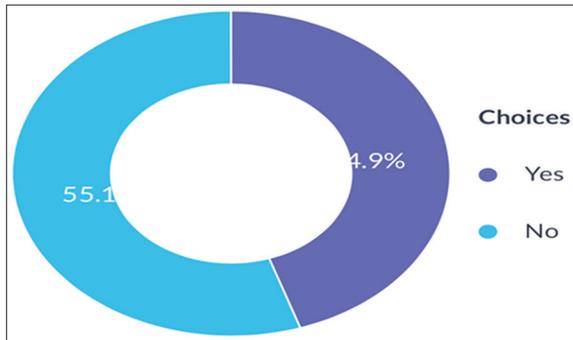


Figure 5: Representation of awareness on scaling and other methods

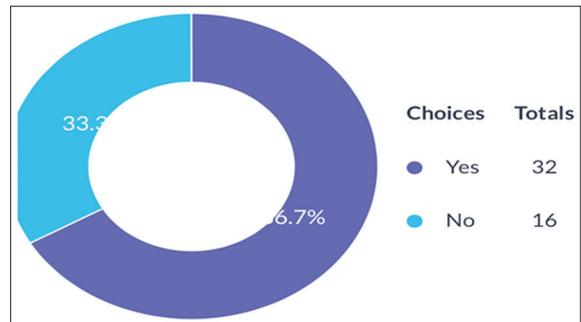


Figure 8: Representation of bad breath as indicator of illness

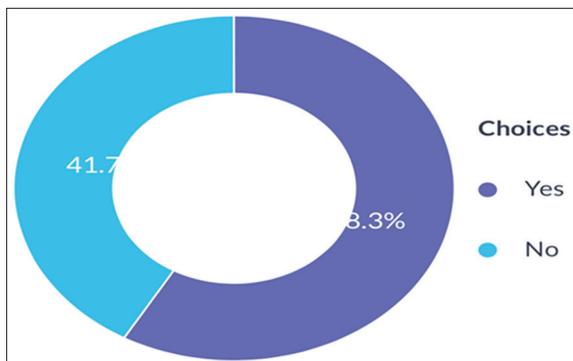


Figure 6: Representation of importance of oral hygiene

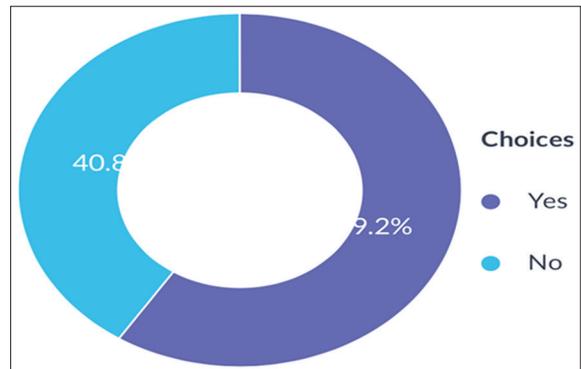


Figure 9: Representation of awareness on poor oral hygiene causing illness

RESULTS

In this questionnaire-based study, 50 patients with the age group of 5th and 6th decades were included of which majority are from the 5th decade (64%). Most of the patients brush their teeth more than twice daily, remaining brush twice a day and 24% patients brush daily once. 64% of the patients do not have the habit of using floss or mouthwash and only 36% of population are using floss or mouthwash. 54% of patients were not aware of teeth cleansing procedures in dental clinic setup. Even though 56% of patients are aware that dental hygiene is important for overall hygiene, only 50% of the patients take effort to maintain oral hygiene and 40% of patients are not aware about oral hygiene necessity in maintaining overall hygiene. 70% of patients feel that bad breath is an indicator of poor oral hygiene and 30% of patients are not aware of it. 32% patients reported that they never visit the dentist, 22%

of patients report rarely, and 14% of the patients visit in a 6-month interval. Surprisingly, 68% of patients agreed that this survey created awareness among them and 25% of patients did not feel so [Figures 1-9].

DISCUSSION

Good oral health is an essential part of active aging. With declining caries experience, increasing numbers of people retaining their teeth and new emphasis on the cosmetics attractive dentitions there is an increasing public awareness of the value of personal oral hygiene.^[15-19] Where the personal oral hygiene is the maintenance of oral cleanliness for the preservation of oral health, whereby microbial plaque is removed and prevented from accumulating on teeth and gingiva. Plaque is the primary etiological factor in gingivitis

and periodontal diseases.^[20] Hence, these diseases are largely preventable by plaque control. Although plaque removal also contributes to the prevention of dental caries, {5 } fluoride delivered by a fluoride toothpaste provides the major cariostatic effect. Current oral hygiene measures include mechanical aids (toothbrushes, floss, interdental cleaners, and chewing gums) and chemotherapeutic agents (in mouth rinses, dentifrices, and chewing gums).^[21] The benefit derived from oral hygiene depends on the manual dexterity, lifestyle, motivation, and oral condition of the individual.

CONCLUSION

This survey evidently proves that elderly people maintain poor oral hygiene. The old people are not much concerned with their oral health as far as other ailments, whereas they show poor oral hygiene as bad breath. Frequent visit to a dentist is also not appreciated by the participants. There is a need of education about oral hygiene to lead a healthy life and also other ailments of oral hygiene apart from bad breath by lectures, camps and educational programs, and schemes.

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