

What dental issues can occur once you reach your 50's and beyond?

Improvements in dental health

For those Australians who have access to dental care and who can afford regular dental examination and treatment when required, it is likely that **the current generation in the workforce will retain a large number of natural teeth well past their 50's and into their old age.**

Sadly this improvement in dental health is not seen uniformly across all groups of the population. We still see **far worse dental health in indigenous Australians, those from the Torres Straight Islands and in some immigrant communities.** The contributing factors to this unsatisfactory situation are highly complex, and involve many financial and political issues.

The improvements seen in dental health in Australia and across the world in developed countries, is a result of a number of different factors including the availability of fluoride-containing tooth paste, fluoride mouthwashes, fluoridation of some water supplies, advances in dental materials technology, education on the dangers of high frequency intake of sugars and fizzy drinks and preventive dental health education largely provided in the dental practice and community dental services setting on a one to one basis with dentists, dental therapists, dental hygienists and dental nurses.

Discoloured, stained teeth

As we age, our teeth often appear to become darker or even yellow in colour and consequently less attractive. Despite regular toothbrushing, the teeth will not return to the white shade that you remember from earlier in life. Even using tooth whitening products from the chemist fail to make any appreciable difference. **The answer is to see your dentists and discuss the various options** that may help improve tooth colour as there are a number of options that can achieve the appearance and smile you want, some of which are relatively low cost and some may be expensive. The wide range of options generally means **there will be treatment available that you will consider affordable.** By your 50's you may find that years of drinking coffee, tea, red wine, eating foods cooked with spices, and still sadly smoking too, has caused tooth staining. **The stain that attaches to the surface of teeth can be removed by the dental hygienist** in a very comfortable manner using newer technologies including the *AirFlow* device. The difference made by a thorough clean with this device is very noticeable.

It is not only staining that discolours teeth. The consumption of **acidic foods and beverages** over a many years results in gradual dissolution of the white enamel that covers the teeth leading to the **exposure of the underlying dentine** to the oral cavity.

Dentine makes up the majority of the tooth structure and is darker than enamel. It is also porous and rough unlike the smooth enamel surface that once covered it. This **dentine porosity and rough surface attracts stain, plaque and calculus (tartar)** far more quickly than the smooth enamel did in the past. The only way in which this can be managed is to clean the dentine, and then bond on a covering of a high impact composite tooth coloured filling material of a shade that matches the remainder of the tooth enamel of the tooth.

Anyone who suffers from **acid reflux** regularly, vomits frequently (*as in patients with anorexia bulimia or in people who drink excess alcohol*) or consumes large amounts of acidic foods or drinks, especially fizzy drinks, will suffer from significant damage to the enamel leaving the teeth with a worn appearance, poor colour, often temperature sensitivity and a gradual wearing away of the teeth simply from chewing or grinding teeth against one another due to the **far softer nature of dentine in comparison with enamel.**

Plaque build-up occurs more quickly on dentine and on stained tooth surfaces leading to an increased risk of new tooth decay and gum disease.

This is a common finding in aging adults but **should not be considered a normal or acceptable change associated with ageing.** These changes can be prevented if they are identified at an early stage. Such **detection can only be achieved if adults attend for regular dental examination** and dental health assessment. In other words you don't have to live with a yellow, dull smile!

Improvements in technology used for tooth whitening have improved the degree to which teeth can be whitened. However, remember, while improvement will almost certainly result from this procedure, **you cannot guarantee a return to the white teeth of your 20's**. Anyone who promises that is probably misleading you or they intend to provide you with composite or porcelain crowns or veneers. Tooth whitening kits come in various concentrations and generally contain Carbamide Peroxide. The lower concentrations can be obtained over the counter at chemists and in some supermarkets but the far more effective higher concentrations can only be obtained through your dentist. Generally the low concentration kits have only very minimal effect and are more useful in “maintaining” a result already achieved after your dentist has either performed a tooth whitening treatment in the chair or after using a high concentration home kit.

The higher concentration whitening kits often contain up to 20% Carbamide Peroxide. There is unfortunately a “trade off” when using these stronger kits in that they may achieve a better colour outcome but they can also lead to anything from mild to very severe tooth sensitivity. This is why they are not available in shops. You need to discuss how susceptible your teeth are to this problem and discuss all the pros and cons of using these more concentrated forms of hydrogen peroxide producing kits. It is therefore strongly recommended that you visit your regular dentist for the best treatment solution for your situation.

Dry mouth

As we age, saliva flow in the mouth can be reduced leading to a dry mouth. This is a condition called Xerostomia. **It can be caused by medical conditions** affecting the salivary glands directly. It can also result after **radiotherapy for cancer** in the head and neck region and can result as a **side effect of a range of medications**, the most common being blood pressure medications and antidepressants or sedatives.

It is very important to **ensure that older people drink sufficient water** every day, especially those living in warmer climates. A failure to drink adequate water will result in the body naturally conserving water by reducing the loss of water in a number of other ways. It does this by reducing sweat and minimising the excretion of tears and saliva leading to dry eyes and a dry mouth.

It is important to disclose the medications you are taking to your dentist or oral health care professional including over the counter medications as this may allow drug interactions and side effects to be identified.

With regard to adequate saliva, patients with very fine bubbly saliva that results in spitting when you are talking can be a sign of poor quality and reduced quantity of saliva. It can indicate **a degree of dehydration, a condition that is extremely common in those living in the tropics**.

If you are experiencing a dry mouth you may also have a sore throat, difficulty speaking or swallowing, and dryness in the nasal passages, which can all be uncomfortable.

The effects of reduced saliva

Reduced saliva is extremely **detrimental to your oral health**. Saliva is the **first line of defence** in the mouth against infection and the most important means of preventing dental decay and clearing acid from the mouth and in protecting the teeth.

Saliva contains various **salivary enzyme systems** that assist in the fight against bacterial plaque and helps **inhibit the growth of dental plaque**. Saliva also flows continuously in response to taste sensation or the presence of food in the mouth and **helps to return the acid-alkaline balance** of the mouth to a neutral value after consuming foods or beverages containing fermentable carbohydrates (sugars). This is an important mechanism to protect the teeth against the acid attack that can lead to demineralisation of the teeth and the development of dental decay and cavities.

Reduced saliva in the elderly increases their susceptibility to the development of **decay of root surfaces** of teeth with an increased need for fillings. Many elderly people have suffered from some gum recession. This leads to exposure of the root surface dentine to the oral environment without any covering of enamel. This is a very common problem, particularly in those elderly patients who rely on carers to maintain good tooth cleaning. **Poor tooth cleaning allows plaque to build up on root**

surfaces and then acid produced in the plaque from the sugars in the diet attack the root surface **leading to demineralisation and cavity formation.**

Patients with a dry mouth need to see their dentist and dental hygienist to discuss how to manage this problem. There are **special mouth wash and tooth paste systems** to help maintain a moist mouth and constant sipping of water throughout the day will help to keep the oral tissues comfortable. However, much of the protection provided by natural saliva will be lost and cannot be replaced. These patients suffering from **Xerostomia need regular dental preventive dental care and advice.**

Oral care for the elderly

Sadly in many **nursing homes and geriatric care facilities** oral health care is performed poorly by **nursing staff and care staff that have received inadequate training in this oral care role.** All members of the health care team who choose to work in geriatric health should receive far more education in this very important area of the overall care of their patients.

Regular visits of dental hygienists to the facilities to discuss and educate on subjects concerning oral health would result in a dramatic improvement in the oral care provided for this at risk population group.

Oral cancer

According to The World Health Organisation and The Oral Cancer Foundation, **the chance of being diagnosed with oral cancer increase with age.** Increased oral cancer risk has been found to be associated with history of smoking of any sort, alcohol use particularly involving the consumption of spirits and a genetic history of cancer. However, anyone can suffer from cancer so it is important to check for it regularly.

Unfortunately, only about half the patients who suffer from oral cancer survive 5 years. Improved **survival is seen in those patients who are diagnosed in the early stages** of oral cancer. The longer the lesion has been present, the poorer the outcome. During dental examinations, dentists include examination of all the oral soft tissues in the mouth and this provides the best chance of finding such conditions. Therefore it is **imperative that all elderly patients irrespective of whether they have teeth or not, receive a detailed oral examination at least once a year.**

Tooth loss

Even though **tooth loss is becoming less common** due to improved oral health education, better dental care and access to topical and systemic fluoride, **tooth loss continues to be a sad reality of life** for many patients, particularly in rural areas, in **indigenous Australians, Torres Straight Islander's and certain immigrant groups.** Tooth loss can be caused by extensive tooth decay and by aggressive forms of gum disease.

Tooth loss is still a reality for a large number of people. Despite the knock-on effects of premature tooth loss, it is often the cost of treatment and difficult access to obtain treatment that continue to present a barrier for many people obtaining good quality dental healthcare.

While tooth loss can lead to further problems, it is the initial preventive advice, improved diet and better access to dental care for many that remains a problem to be solved in our wider community. However, for those people who can access advice and treatment, losing a tooth can lead to reduced ability to chew, altered speech, deterioration in appearance and movement of the remaining teeth with bone loss on healing.

My messages are:

- Find about about what a healthy diet includes so you minimise the amount of sugar available to your plaque
- avoid sugars including hidden sugars in processed foods
- find out how to remove bacterial plaque from teeth effectively by seeing a dental hygienist
- visit a dentist for a dental examination every year to identify any dental disease or oral cancer as early as possible
- don't put off a dental visit if you think you may have a cavity as it will get bigger the longer you leave it
- don't put off seeing a dentist if your gums bleed when you brush your teeth effectively, remember, **HEALTHY GUMS DO NOT BLEED**
- Treating early dental disease is easy, painless, quick and cheaper than waiting until the only option is to remove teeth.