

# Analysis of Oral Healthcare for care home residents in Łódź, Poland.

## Authors

Aleksander Sobczyk, 3rd year Dental Student  
Medical University of Lodz, Poland  
contact: aleksander.sobczyk@stud.umed.lodz.pl

prof. dr hab. n.med. Ewelina Gaszyńska  
Head of Nutrition and Epidemiology Department Medical  
University of Lodz, Poland

## Affiliations

Alliance for Oral Health Across Borders



This study was conducted as part of designing a prophylactic initiative, 'Smiles of Wisdom', as part of the Student Leadership in Global Oral Health Program. The project aims to equip primary care home workers with basic knowledge of oral care to improve residents' quality of life.

## 1 Introduction

It is estimated that up to 10% of Polish seniors above the age of 65 reside in care homes. Studies conducted in other European states demonstrate that facility residents experience worse oral health than those living alone [1]. Smith et al. argue that the main reasons behind such occurrences include high treatment costs, limited knowledge, lack of appropriate policy and disability [2]. The worrying phenomenon appears to be self-ageism, which in the oral health context could be understood as the elderly's acceptance of the inevitability of poor oral health. The importance of caregivers in maintaining good oral hygiene, particularly in patients with mobility issues, is widely emphasized. However, research in neighboring Germany described low knowledge of elder oral care among healthcare workers [3].

These shortfalls in knowledge and awareness combined with the low priority given to oral care within institutionalized care systems, has been described as a 'managers dilemma', amounting to little development in this area [3]. UK's 'Smiling Matters' report highlights the need to train nursing home staff in daily mouth care, as well as the necessity for changes in dental education to better prepare practitioners for working in such settings [4]. The ageing population is experiencing an increase in the number of teeth retained. It is one of the reasons for high PUFA incidence, reported pain, very high periodontal pocketing, and caries prevalence [5]. We must take into consideration that health status differs depending on geographic location and deprivation. Łódź is one of the poorer cities in Poland, with many of its citizens experiencing poverty, high unemployment rates, bad housing and living conditions [6].

## 2 Objective

This study investigates the state of oral care provision in nursing homes, as well as the possibility and need of including primary care-givers in the above-mentioned setting.

## 3 Methodology

A group of care home managers completed a digital survey. The questionnaire included 19 open-ended and closed-ended questions.

## 4 Results

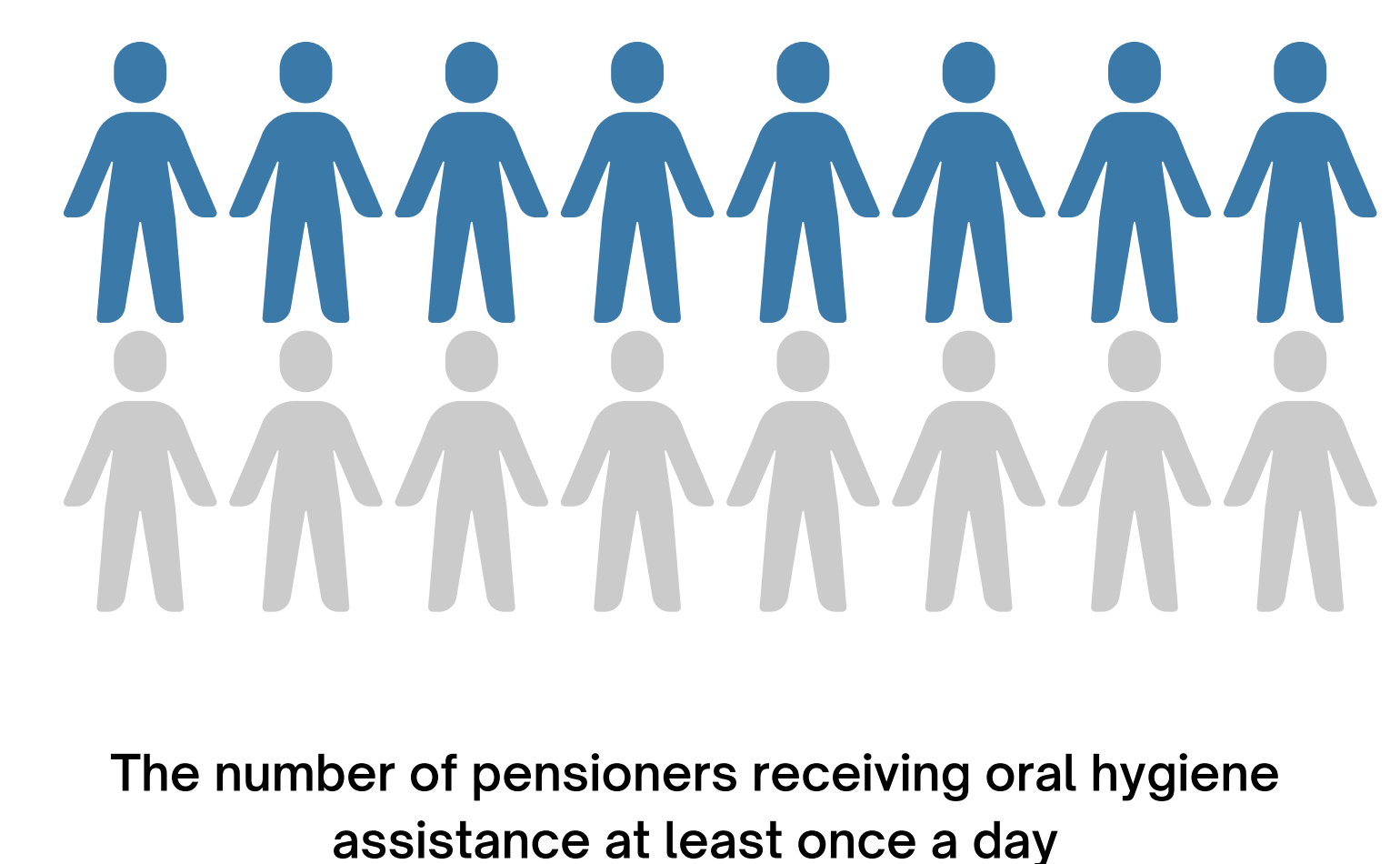
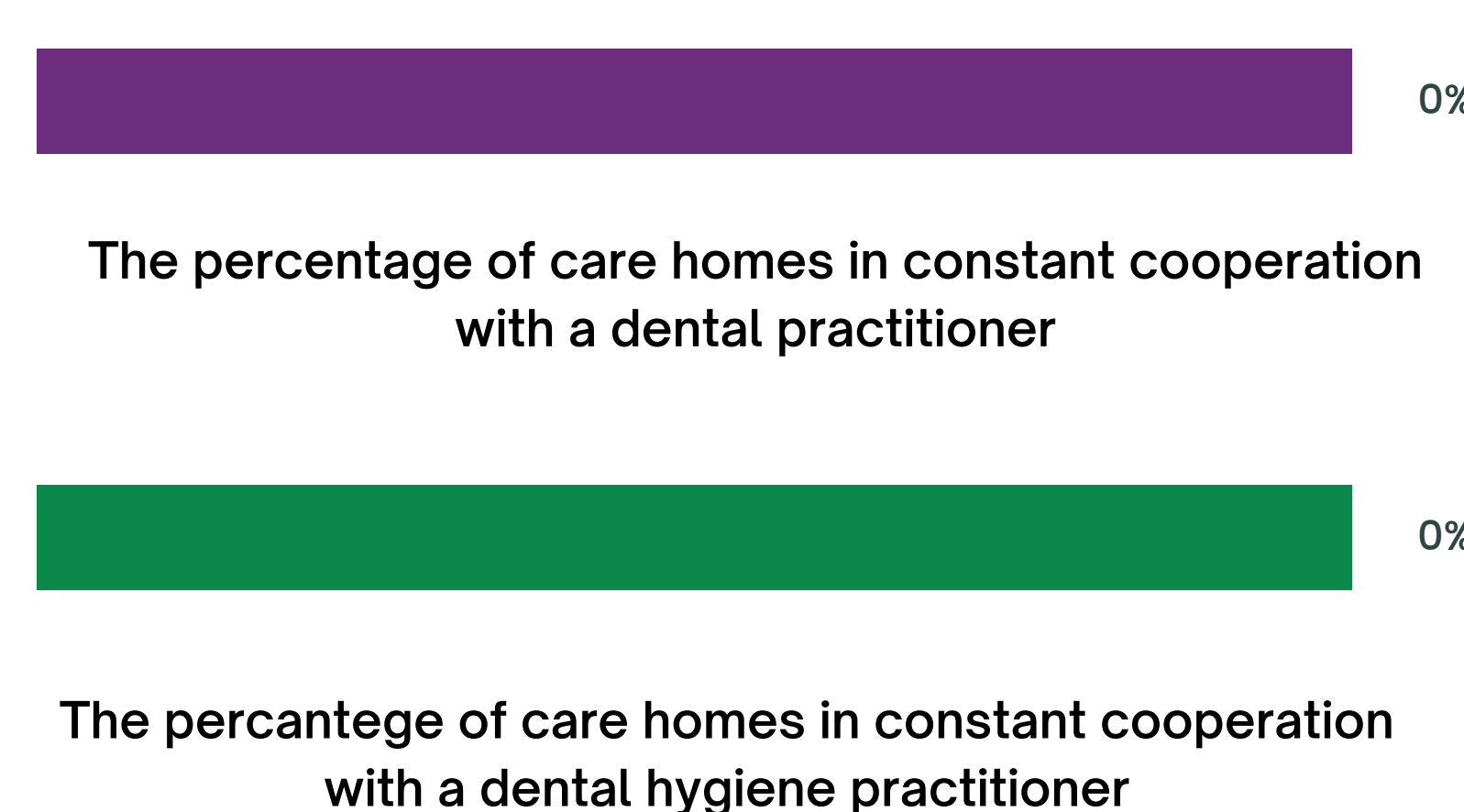
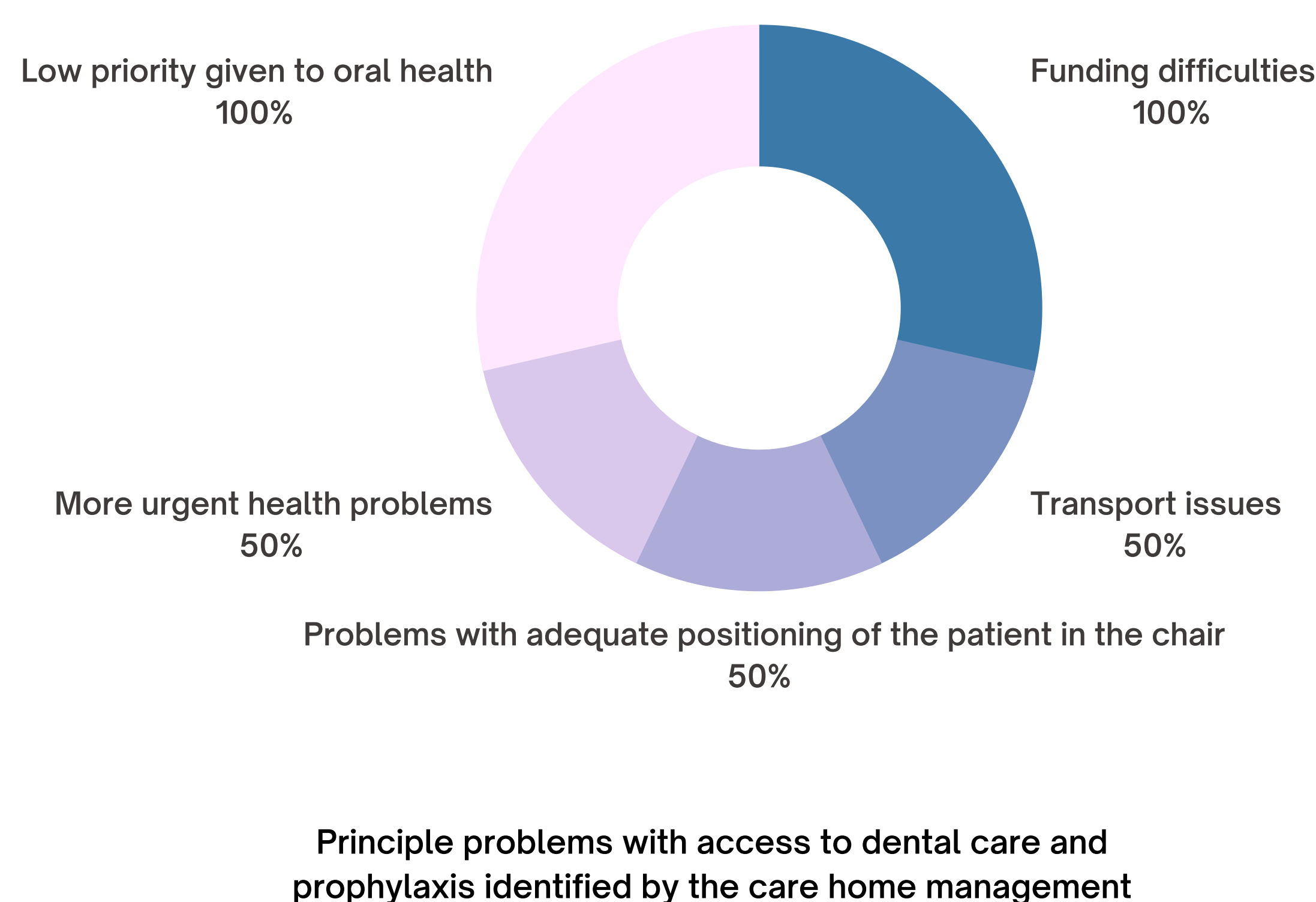
The survey disclosed that none of the care homes offer frequent dental check-ups or emergency interventions. Managers reported that families of pensioners have to organize such visits individually. Admission requirements for new pensioners, do not extend to oral care. None of the participating facilities has established continuous cooperation with a dentist or a dental hygienist.

Access to oral care products differs between establishments. Most facilities reported offering residents on-site treatment for an additional charge. The majority of care home managers described patients' awareness of oral health as being low. Half of the questioned administrators indicated the need for oral care training among their workers.

## 5 Analysis

The results of this questionnaire show that low priority is given to oral health in the care home setting, which is particularly apparent considering that none of the facilities collect a dental history upon admission. Administrators reported no official cooperation with a dentist or dental hygienist, which likely contributes to the outcome that pensioners or their families have to independently arrange emergency and regular visits. As many elders experience poverty and mental or physical disability, obtaining necessary assistance at the point of need appears difficult. Principle problems with accessing dental care and prophylaxis identified by management were funding difficulties and low awareness of oral care needs among patients. Less frequently managers pointed at transport issues, more urgent health matters, and problems with adequate positioning of the patient in the chair.

Additionally, not all participants comprehend the dental benefits reimbursed by the National Health Fund (NFZ). None of the participating establishments has a dental unit, and only some of them allow for a dental visit in-house. Surprisingly, the pensioners with limited physical ability are not always offered assistance in oral hygiene. Many managers have no knowledge of the dental awareness and oral health status of their workers and clients. The majority of administrators see the need for oral care training among pensioners and caregivers. Ages of the 110 pensioners under the supervision of participating care homes, ranged from 65 to 98.



## 6 Conclusion

The analysis offers some insight into the current state of elderly oral healthcare provision in institutionalized facilities. Oral care is not prioritised, contributing to low OHRQoL.

Current demographic changes further enhance the importance of action, such as training of primary caregivers and policy advocacy, to improve social care systems.

## Related literature

Please scan the QR code to view the references.

