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□ Introduction

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The number of persons aged 65 years or older worldwide is expected to double over the next three decades, reaching 1.6 billion in 2050, when older people will account for one in every six people of the global population [1].

The World Health Organization and the United Nations designated 2021- 2030 as the Decade of Healthy Ageing.

So what about the oral health?

Poor oral health amongst older people has been particularly evident and the negative impact of poor oral conditions on the quality of life of older adults is an important public health issue.

Hence, promoting healthy aging, including oral health, is becoming increasingly important.

The oral health of the adult population has a significant impact on both quality of life and nutrition [2].

Chronic diseases and physiological changes that might harm teeth and gingiva and result in masticatory issues are linked to aging.

This in turn affects how much protein, fiber, and vegetables are consumed, which may result in a decline in physical health.

Oral health also has a significant impact on self-esteem and social participation.

Self reported impact of dental disease has been shown to increase as objective dental indicators worsened in patients.

□ Objective

To assess the magnitude of the perception of oral needs of the geriatric population in Jerusalem attending at the dental clinic of the Hebrew University, Jerusalem.

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References

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2. Natapov L, Berg-Warman A, Kermel Schiffman I, Zusman SP. Dental Services Utilization by over 65 Years Old in Israel in 2020. *OBM Geriatrics*. 2022 Nov;6(4):1-3.

□ Methods

- Our project took place at the dental clinic of the School of Dental Medicine of the Hebrew University-Hadassah
- Patients visit the clinic on a daily basis and we evaluated the patients just once over a 2 month period.
- We surveyed our patients(65 and older) using mainly the Geriatric Oral Health Assessment Index (GOHAI) which contains 12 self-reported questions. Our questionnaire was translated into Hebrew using back translation

□ Results

- We retained 11 patients and excluded 40 due to lack of consent and lack of time. Our population had a mean age of 72±4.82years with a sex ratio of 1.2(6 males and 5 females).
- All the patients believed they were very likely to get dental care and 72.73% had had a previous dental appointment in the last 6 months.
- No patient missed an appointment because of the absence of a caregiver however only 27.27% had a dental insurance.

	1 - never	2 - sometimes	3 - frequently	4 - always
1. How often did you limit the kinds or amounts of food you eat because of problems with your teeth or dentures?	45.45%	54.55%	0.00%	0.00%
2. How often did you have trouble biting or chewing different kinds of food, such as firm meat or apples?	18.18%	54.55%	27.27%	0.00%
3. How often were you able to swallow comfortably?	27.27%	18.18%	0.00%	54.55%
4. How often have your teeth or dentures prevented you from speaking the way you want?	81.82%	9.09%	0.00%	9.09%
5. How often were you able to eat anything without feeling discomfort?	18.18%	54.55%	18.18%	9.09%
6. How often did you limit contact with other people because of the condition of your teeth or dentures?	63.64%	27.27%	9.09%	0.00%
7. How often were you pleased or happy with the looks of your teeth and gums or dentures?	27.27%	27.27%	18.18%	27.27%
8. How often did you use medication to relieve pain or discomfort around your mouth?	90.91%	9.09%	0.00%	0.00%
9. How often were you worried or concerned about problems with your teeth, gums or dentures?	27.27%	36.36%	27.27%	9.09%
10. How often did you feel nervous or self-conscious because of problems with teeth, gums or dentures?	63.64%	27.27%	9.09%	0.00%
11. How often did you feel uncomfortable eating in front of other people because of problems with your teeth or dentures?	54.55%	36.36%	27.27%	0.00%
12. How often were your teeth or gums sensitive to hot, cold or sweet foods?	54.55%	36.36%	0.00%	9.09%

□ Conclusion

The high likelihood of getting access to dental care could account for the relatively high GOHAI index scores.

Any strategy for altering the oral health status of the elderly requires first assessing their health status and then suggesting appropriate interventions.

Although additional studies are required, this project allowed us to learn more about the geriatric population and has given us the base to propose policies for geriatric oral health and suggest appropriate interventions to the faculty, hospital, and the policymakers.

