

Age Related Dental Problems

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ABSTRACT:

AIM:To make a survey on age related dental problems.

OBJECTIVE:The purpose of this study is to know how the aging develops different dental abnormalities.

BACKGROUND : Thermal and somesthetic sensitivity as well as proprioception did not change with age. Ability to differentiate tactile and vibratory sensation on the lip decreased after age 80 but vibration detection on the soft palate did not change. Dysphagia, a difficulty eating or drinking, appears to increase with age and is a concern for our growing elderly population. Mastication, tongue mobility, and lip closure are skills of the oral phase of ingestion, and have been shown to deteriorate with age. With aging, the appearance and structure of teeth tend to change. Yellowing or darkening of the teeth is caused by changes in the thickness and composition of the underlying dentin and its covering, the enamel. Abrasion and attrition also contribute to changes in tooth appearance. The number of blood vessels entering a tooth decrease with age, leading to reduced sensitivity.

MATERIALS AND METHOD:50 patient and making the questionnaire survey on them.

REASON:To create awareness among people about the age related dental problems.

INTRODUCTION:

With aging, the appearance and structure of teeth tend to change. Yellowing or darkening of the teeth is caused by changes in the thickness and composition of the underlying dentin and its covering, the enamel(1). Your teeth are important for speaking, smiling, chewing and appearance. But, as you age, teeth and gums present with unique problems. Saliva, the clear fluid present in the mouth, plays a vital role in oral and dental health. It assists in chewing, speaking and also protecting the teeth from decay, gums from infection, and the mouth from development of thrush / candidiasis and other bacterial and viral infections(2). Age-related oral changes are seen in the oral hard and soft tissues as well as in bone, the temporomandibular joints and the oral mucosa. As older patients retain their natural teeth for longer, the clinical picture consists of normal physiological age changes in combination with pathological effects.. Clinical Relevance With an ageing population retaining more of its natural teeth for longer, dental professionals should expect to observe oral age changes more frequently(3).

METHODOLOGY :

A total of 50 patient with different age groups were taken survey on age related dental problems. The proforma containing relevant information regarding oral problems was given to different patient according to their age groups. It was conducted in saveetha dental college and hospitals. The patient were asked about the oral problems like tongue thrusting ,tooth ache ,frequency of visiting dentist, to what problem thus he/she is suffering for, pan chewing , smoking, calculus , debris ,dental caries etc. The number of questionnaires that were distributed to female and male patients and the problems are listed below(4).

TONGUE THRUSTING:

		AGE.CAT			Total
		< 30 yrs	31-50yrs	> 51yrs	
a	N	4	1	1	6
	%	10.8%	12.5%	20.0%	12.0%
b	N	33	7	4	44
	%	89.2%	87.5%	80.0%	88.0%
Total	N	37	8	5	50
	%	100.0%	100.0%	100.0%	100.0%

PAN CHEWING:

		AGE.CAT			Total
		< 30 yrs	31-50yrs	> 51yrs	
a	N	2	1	0	3
	%	5.4%	12.5%	.0%	6.0%
b	N	35	7	5	47
	%	94.6%	87.5%	100.0%	94.0%
Total	N	37	8	5	50
	%	100.0%	100.0%	100.0%	100.0%

SMOKING /ALCOHOL

		AGE.CAT			Total
		< 30 yrs	31-50yrs	> 51yrs	
	N	28	6	4	38
	%	75.7%	75.0%	80.0%	76.0%
a	N	7	2	0	9
	%	18.9%	25.0%	.0%	18.0%
b	N	2	0	1	3
	%	5.4%	.0%	20.0%	6.0%
Total	N	37	8	5	50
	%	100.0%	100.0%	100.0%	100.0%

FREQUENCY OF VISITING DENTIST:

		AGE.CAT			Total
		< 30 yrs	31-50yrs	> 51yrs	
a	N	32	8	5	45
	%	86.5%	100.0%	100.0%	90.0%
b	N	5	0	0	5
	%	13.5%	.0%	.0%	10.0%
Total	N	37	8	5	50
	%	100.0%	100.0%	100.0%	100.0%

STATISTICAL ANALYSIS:

		AGE.CAT			Total
		< 30 yrs	31-50yrs	> 51yrs	
bleeding gums	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
broken teeth	N	0	1	0	1
	%	.0%	12.5%	.0%	2.0%
cavity	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
DC	N	15	4	2	21
	%	40.5%	50.0%	40.0%	42.0%
debris	N	2	2	0	4
	%	5.4%	25.0%	.0%	8.0%
dental calculus	N	3	0	0	3
	%	8.1%	.0%	.0%	6.0%
discolourisation of teeth	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
edentulous teeth	N	0	0	1	1
	%	.0%	.0%	20.0%	2.0%
fractured teeth	N	2	0	0	2
	%	5.4%	.0%	.0%	4.0%
malocclusion	N	1	0	1	2
	%	2.7%	.0%	20.0%	4.0%
missing tooth	N	3	0	1	4
	%	8.1%	.0%	20.0%	8.0%
No complaint	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
ortho	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
over bite	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
overjet of teeth	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
partial anodontia retained deciduous	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
plaque and calculus	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
Erosion	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
sensitivity in teeth	N	0	1	0	1
	%	.0%	12.5%	.0%	2.0%
swelling and pain 36	N	1	0	0	1
	%	2.7%	.0%	.0%	2.0%
Total	N	37	8	5	50
	%	100.0%	100.0%	100.0%	100.0%

Statistics was taken using data analysis. Descriptive statistics including frequency distributions, means and standard deviations were calculated for each problem item and the different variables. The Patients problem section of each questionnaire was scored to yield an average problem score across all 50 possible items. In addition, the average of the problem scores in each category was calculated for each respondent.

DISCUSSION:

Identification of potential problems is important in dental education as it might give students, faculty and administrators an opportunity to take precautionary measures to prevent dental problems. It is assumed that higher levels of dental problems related to age is "dental caries". In the present study, the general problems level perceived by patients was represented by the overall problem score.

Clifton et al in 2000 did a study on hygiene related disease. Studies have shown that water fluoridation can reduce the amount of decay in children's teeth by 18-40% (5).

Axelsson et al.2 (2004) reported that the tendency of studies in the 1970s both in children and adults was to prevent or retard the development of caries and/or gingivitis/periodontitis through the use of plaque control methods.

Schatzle et al.20 (2003), where 25% of the men during their entire life did not develop chronic periodontal disease beyond gingivitis and basically went through adult life with a healthy periodontium, demonstrate that the progression of periodontal disease may not occur even if personal oral hygiene is not completely effective.

Flores-de-Jacoby et al.5 (1991) showed that between 41 and 51% of the subjects in the older age group had signs of moderate and severe periodontal diseases. However, in this study, 50% of the subjects in the young age group also showed signs of moderate periodontal disease.

Gamonal et al.8 (1998) reported that periodontal conditions were poorer than in developed countries. The age groups 35-44 and 65-74 showed high prevalence values of chronic periodontal disease, 92% and 100% respectively.

AGE GROUPS

People, especially those aged years, 30-60 had worrying levels of dental disease. Nearly 42% of patient with age <30 yrs, 31-50yrs,>51 yrs experience dental caries.

The prevalence of having one or more teeth missing due to pathology<30,>51 is 8%. Nearly 6.0% patient experience dental calculus with age <30yrs. Fractured teeth <30yrs.

RESULT:

The related data was collected is used for calculating the mean and standard deviation as follows:

Number of subjects = 50 (male 20, female 30)

Mean Weight

AGE.CAT	Mean	N	Std. Deviation
< 30 yrs	54.73	37	12.181
31-50yrs	71.63	8	4.868
> 51yrs	60.80	5	6.611
Total	58.04	50	12.456

	N	Minimum	Maximum	Mean	Std. Deviation
Age	50	10	65	28.24	13.429

CONCLUSION:

The collected data and statistics reveal that dental caries is present in 21 patient (42.0%). Thus caries occur from bacterial acid demineralisation that exceeds saliva and fluoride remineralisation and acid demineralisation occurs where bacterial plaque is left on tooth.

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