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Preventive Medicine: Oral Care and Hygiene

Abstract

Maintaining a good oral health and hygiene enhances our ability to speak, smile, eat, and show our emotions through facial expressions. Preventive oral health habits, such as regular dental care and good oral hygiene, developed early in life can lead to better overall oral health throughout a person's life. While oral health worldwide has improved overall over the past several decades, people in the low-income countries still go without basic dental care, consequentially resulting in higher rates of oral diseases [1]. Oral diseases, from tooth decay to gum disease and oral cancer, still cause significant pain and hardship for many adults and children, particularly those lacking access to care and preventive services. Access to affordable preventive dental care helps in decreasing disparities in oral health in the communities lacking access. In particular, early prevention and early intervention in early childhood and adolescent years are important because losing teeth has considerable potential implications on a person's overall well-being that continues throughout their life.

Keywords: Oral diseases, oral mucosa, palliative, sepsis, tooth decay, oral cavity, periodontal disease, mastication

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Introduction

In older adults, the risk of deterioration of oral health is increased in the palliative phase of a disease due to the drying out of the oral mucosa by the treatments. Caregivers therefore need to take over the patient's oral care to ensure hygiene and comfort. As a preventive approach, providing mouth care for hydration and comfort associated with oral hygiene are essential prerequisites

Oral diseases are among the most prevalent diseases globally and have serious health and economic burdens, greatly reducing quality of life for those affected. The most prevalent and consequential oral diseases globally are dental caries (tooth decay), periodontal disease, tooth loss, and cancers of the lips and oral cavity [3]. Children living in poverty, socially marginalized groups, and older people are the most affected by oral diseases, and have poor access to dental care. In many low- and middleincome countries, oral diseases remain largely untreated because the treatment costs exceed available resources. The personal consequences of chronic untreated oral diseases are often severe and can include unremitting pain, sepsis, reduced quality of life, lost school days, disruption to family life, and decreased work productivity. The costs of treating oral diseases impose large economic burdens to families and health-care systems.

Discussion

The prevention and treatment of dental caries and periodontal disease have been shown to reduce the risk of diabetes and heart diseases significantly. Thus, oral health has a pivotal role for identifying early manifestations of systemic diseases in the oral cavity. It highlights the necessity of maintaining an optimal oral hygiene to significantly modify the risk factors for serious systemic diseases. The use of oil pulling can be frequently found in ancient medical text and is supported by recent studies for its effectiveness and long-term positive outcomes [4].

Poor oral health status is one of the most frequent causes of malnutrition with considerable impact on mastication and swallowing, which can lead to severe deficiencies in energy and nutrient intake.

Abundant scientific evidence supports the involvement of oral health in general health. Some authors have described the role of oral health in nutrition and, indirectly, in the control of different acute and chronic diseases. From a theoretical viewpoint, given that oral health is a modifiable risk factor, its improvement would reduce the risk of mastication and swallowing problems and the nutritional deficiencies they can cause. Deficient mastication is related to tooth loss, a lack of saliva, mastication force, and malocclusion problems. Some local studies have indicated

that individuals with mastication problems avoid fresh fruits and vegetables, "well-done" meat, and even bread, preferring soft, easily chewable food that can often raise sugar and fat consumption to levels above recommendations, increasing their risk of cardiovascular diseases and metabolic syndrome [4].

Two major epidemiological studies on nutrition and general health in over-65-year-olds in the United Kingdom (UK National Diet and Nutrition Survey [NDNS])65 and the US (US National Health and Nutritional Examination Surveys [NHANES]) demonstrated an inverse relationship between poor dental state and adequate dietary intake, with edentulism being a clear risk factor. They reported that the fact of being toothless, with or without prosthesis, limited the consumption of fruits and vegetables in the general adult population and in less favored social strata due to mastication problems. A decreased intake of proteins and most micronutrients, as well as an increased carbohydrate intake, were observed in individuals with fewer than 21 teeth However, malnutrition risk is influenced by multiple factors besides dental status, including the general state of health, degree of dependence, socioeconomic status, and diet Most published studies have failed to demonstrate that prosthetic rehabilitation alone improves the nutritional status of the elderly or modifies their dietary habits, although positive results were reported in some types of patients with certain types of prostheses. Other authors have promoted the combination of prosthetic treatment with dietary counseling. Further research is warranted on this issue [5,6].

A deficient food intake does not always produce a nutritional deficit. It has been reported that food mastication difficulties have a greater impact on the individual's quality of life than on his or her nutrition status. Malnutrition in the elderly has also been associated with swallowing problems, mainly due to poor mastication, a lack of saliva and, occasionally, organic causes. The main recommendation is to modify the consistency of the diet, eliminating certain foods and reducing the possibility of

nutritional deficit. However, the widespread practice of mashing/ blending food can reduce its appeal, taste, and even its calorie, protein, and liquid content.

Conclusion

In summary, the oral health status of the world population is generally deficient, with an elevated prevalence of caries, periodontal disease, and tooth loss, more so in the low- and middle-income countries. These are responsible for chronic disease destabilization, and impairment of oral quality of life, with direct effects on the individual's general quality of life and well-being. Surveillance and improvement of the oral health of the elderly should be a key objective of the multidisciplinary team responsible for their care, including dentists, dental hygienists, geriatricians, and caregivers.

References

- Healthy People (2020) Available at: https://www.healthypeople. gov/2020/topics-objectives.
- Chabanolle C (2018) Approche préventive du soin de bouche de confort et d'hydratation: Preventive approach of oral care for comfort and hydration]. Rev Infirm 67(245): 34-36.
- 3. Peres MA, Macpherson LMD, Weyant RJ, Daly B, Venturelli R, et al. (2019) Oral diseases: a global public health challenge. Lancet 394(10194): 249-260.
- 4. Naseem M, Khiyani MF, Nauman H, Zafar MS, Shah AH, et al. (2017) Oil pulling and importance of traditional medicine in oral health maintenance. Int J Health Sci (Qassim) 11(4): 65-70.
- Nowjack-Raymer RE, Sheiham A (2007) Numbers of natural teeth, diet, and nutritional status in US adults. J Dent Res 86(12): 1171– 1175.
- Zhu Y, Hollis JH (2014) Tooth loss and its association with dietary intake and diet quality in American adults. J Dent 42(11): 1428– 1435