Oral Negligence among Geriatric Patients

Neelam Mahat

Summited to Andria Hinds, MSN, RN, CCRN, CCFP

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# Introduction

“Nobody ages like anybody else.” Germaine Greer could not have said it better since this statement amply describes the aging community of the USA. It shows that the current older adult population in the USA is fast-changing, diversity, and capable of taking on more roles than the adult population that preceded them. According to a report by *A State of Decay, Vol. IV* (OHA, 2018) the number of older adults i.e. above the age 65 is expected to increase to 74 Million by the year 2030. Thus, based on this estimate eleven years from now every one in five American will be 65 years old, or older. This creates a need in the healthcare system which is properly prepared to serve its aging patients, especially in terms of oral hygiene. Good oral health is an essential part of health care, especially for elderly patients. They are at risk of getting dental diseases due to self-negligence, along with other factors. For instance, about 18% of elders have untreated dental decay among Caucasian patients. This figure doubles with regard to Hispanic and African American seniors and is 37% and 41% more likely to have an untreated tooth decay respectively. Furthermore, around 33% of older adults are most likely to have 6 or more lost teeth in the country. This paper seeks to understand the percentage of geriatric patients in the country that is above the age of 65, along with the possible causes that contribute towards oral negligence in the USA.

# Thesis Statement

Maintenance of good oral health is an essential part of personal care and well-being. In most cases, older adults have a tendency to overlook their oral health due to a number of factors. Thus, oral negligence is a major health concern in geriatric patients, which makes an analysis of the factors and the causes associated with oral negligence essential.

# Literature review

The process of aging is adapted to an individual. There are a number of biological theories in place at the moment and most of them work towards understanding the changes that take place in the human body. While some individuals age at a faster pace than other, nutrition and environmental factors play a huge role in influencing the process of aging. Add in the state of an individual’s immune system, metabolism and cell functions, and the process of aging are diversified. According to WHO, ailments that commonly affect geriatric patients range from cataracts, hearing loss, back and neck pain, diabetes, depression, dementia, and chronic obstructive pulmonary disease (WHO, 2018). In order to treat these ailments, older adults take anywhere between four to five prescription drugs, along with a couple of over the counter vitamins. By 2040, it is expected that geriatric patients will be consuming around 40% of all prescribed medication being used (Ouanounou & Haas, 2015).

Good oral health is essential for improved quality, especially for those above the age of 65. OSCAR, an acronym, is frequently used for the assessment and evaluation of health in geriatric patients. The acronym stands for **O**ral and dental needs, **S**ystemic factors, **C**apability, **A**utonomy, and **R**eality. This is a standard assessment procedure follow for geriatric patients in healthcare centers and it prioritizes oral and dental health above all for important reasons (Jiang & Li, 2016). WHO estimates that by the year 2020, the number of people above the age of 60 will outnumber children than 5 years of age, worldwide (WHO, 2018). Elders are at great risk of getting dental diseases and it is difficult for them to get dental health care. Other health complications in elders can make it difficult to arrange an appointment with oral health professionals. Most dental procedures take several days or even weeks. While there is a large percentage of older adults that are independent, a significant percentage of individuals that have limited mobility and cannot visit the doctor regularly (Thomas, 2019). Additionally, most older adults are also reluctant to invest in oral and dental care, since they are not covered by office insurance following retirement. They are covered by Medicare, which does not cover detailed dental care. Thus, it is essential that researchers, policymakers, health care professionals in their capacity as key-players solve oral healthcare issue faced by older adults, especially in terms of expenses (Velez, Palomo-Zerfas, Nunez-Alvarez, Ayala, & Finlayson, 2017). They can amend health care policies to address oral health care issues. Moreover, they can also provide an alternatives to overcome such shortcomings in the health care system.

# Application to Nursing

Caring for geriatric patients is more time consuming then children since they are usually challenged by the physical environment. A nurse is tasked with playing a number of roles with geriatric patients. They not only care for the patient, but they are also tasked with forging a conversational relationship with them prior to treating them. They need to educate them on the subject and ensure that they understand the reasons behind the doctor’s recommendation.

According to the standards American’s Nursing Association, nursing practice is individualized. This means that nurses should respect diversity and focus on identifying the various needs of the patient and their families. They should use theoretical and evidence-based knowledge of both healthcare processes and the human experiences and ensure that an individual’s ailment is being properly diagnosed, especially in terms of oral negligence. Following that, they need to identify the relevant outcomes, plan and then evaluate the care being delivered based on the current state of the patient’s health (Taylor, Lillis, Lynn, & LeMone, 2015).

Furthermore, one of the core principles of Jesuit values is *Cura Personalis,* which states that an individual should care for an entire person, along with their individual needs (Hart, 2013). This core principle dictates that nurses should look after their patients sincerely and work towards improving their quality of life. They should never hesitate from providing their services and see God’s beauty in every patient that they come across.

# Conclusion

One of the most significant factors that contribute towards unmet dental needs in older adults is the lack of programs that enable the promotion of oral health. As mentioned, older adults have a tendency to neglect their oral hygiene as well as oral health. Thus, apart from pushing for widespread preventive policies among older adults, nurses, along with various other healthcare professionals should collaborate with one another to come up with a plan that educates the masses on the negative implications of oral negligence. Furthermore, nurses, as well as physicians should collaborate of getting a full picture of the patient’s health, then they should employ the use of evidence-based practices to come up with a customized preventive strategy and health plan that can address the patient’s needs and the ailments they suffer from.

The main focus of prevention programs should be to educate the nursing staff about oral health, its importance in the overall health of the patient, and how older adults are affected by it (Thomas, 2019). Finally, they should operate on the principle of preventing oral negligence, especially among older adults to ensure that they a living a healthy and quality lifestyle. The key players should formulate policies which address the issues of oral negligence among older adults within the healthcare system. Once the relevant policies are formulated, management of hospital should devise strategies implement of these policies in the most efficient and progressive manner.

# References

Hart, C. (2013, April 1). *A lesson for nurses from the Jesuits?* Retrieved from Nursing Times: https://www.nursingtimes.net/a-lesson-for-nurses-from-the-jesuits/5056774.article

Jiang, S., & Li, P. (2016). Current development in elderly comprehensive assessment and research methods. *BioMed Research International*, *2016*.

OHA. (2018). *A State of Decay, Vol. IV*. Retrieved from Oral Health America: http://nhoralhealth.org/blog/wp-content/uploads/2018/05/AStateOfDecay2018\_OHA-Vol.-4.pdf

Ouanounou, A., & Haas, D. A. (2015). Pharmacotherapy for the elderly dental patient. *J Can Dent Assoc*, *80*(18).

Taylor, C. R., Lillis, C., Lynn, P. B., & LeMone, P. (2015). *Fundamentals of Nursing: The Art and Science of Person-centered Nursing Care*. Retrieved from https://books.google.com.pk/books?id=wr1rngEACAAJ

Thomas, C. (2019). Dental care in older adults. *British Journal of Community Nursing*, *24*(5), 233–235.

Velez, D., Palomo-Zerfas, A., Nunez-Alvarez, A., Ayala, G. X., & Finlayson, T. L. (2017). Facilitators and barriers to dental care among Mexican migrant women and their families in North San Diego County. *Journal of Immigrant and Minority Health*, *19*(5), 1216–1226.

WHO. (2018, February 5). *Ageing and health*. Retrieved from World Health Organization: https://www.who.int/news-room/fact-sheets/detail/ageing-and-health