book review

Report on National Diet and Nutrition Survey: people aged 65 years and over

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At the press release of this survey, the Chief Dental Officer of England said 'The survey contributes important new information on the state of oral health amongst older people in Great Britain, and on its relationship to diet and nutrition. These findings will help shape policy development on oral health and the provision of oral health care in this country'. This survey is an outstanding piece of work providing evidence of a disgraceful state of affairs in the oral health of the institutionalised elderly.

The survey involved a sample of 1687 people aged 65 or older, of whom 412 (24%) were living in residential or nursing homes (institutional). The better the oral health of people aged 65 or older, including how many natural teeth they have, the better their diets and nutritional status. However, there were important, and possibly predictable, differences between the two samples. In the institutional sample, compared with those living at home, there were:

- Fewer dentate subjects (21% versus 50%).
- Many more unsound teeth (31% versus 11% of all teeth); most of this was root caries.
- More subjects with gross plaque (77% versus 50%).
- More subjects reported oral status adversely affected daily living (30% versus 13%).
- More reported difficulties eating.
- Daily nutritional intakes lower (especially vitamin C) except for calcium and carbohydrate.
- More non-milk extrinsic sugar (80gm/day versus 55gm/day).
- Greater mean number of sugar intakes per day (7.9 versus 5.1).

The following findings are of particular importance:

1. There are inequalities in the oral health of old people that are very similar to those described for the young. There are more unsound teeth in people from Scotland and the North, those from manual backgrounds and non-attenders.
2. Caries is no respecter of age: in elderly people living independently, the distribution is skewed, but less so than in the young. The data show that root caries is concentrated in 50% of the sample, but that is one in two of this population. The management of root caries is, and will continue to be, of huge importance to dentists.
3. The caries situation in the institutionalised elderly is the most important single finding of this report; 79% of the sample had a major problem. Fortunately, at present, only 21% of the sample is dentate but this will increase as more people come to old age with teeth.
4. The report uses the data to show the relevant risk factors. These are poor plaque control and frequent consumption of sugar (<9 intakes per day).
5. The data on risk factors show that the management of root caries in any high-risk, elderly population should include help with oral hygiene and advice to reduce the frequency of intake of sugar. Since 50% of the elderly, free living, subjects were high-risk, preventive treatment should form a major part of management in many elderly patients in general practice.

6. In the institutionalised population, nearly 80% are high-risk.
7. The current eating pattern in the dentate institutionalised elderly is shocking. No ethics committee would sanction it if this were a contemporary Vipeholm study.
8. It was particularly interesting to see this report address the problem of why people in Scotland have more caries. The difference is in plaque control, not in sugar intakes.
9. Finally there are two very positive aspects. Regular dental attenders reach old age with not only more teeth but more sound teeth. The better the oral health of people aged 65 or older, including how many natural teeth they have, the better their diets and nutritional status.