

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.  
The abstracts on this page have been chosen and edited by Paul Hellyer.

## Ageism affects attitudes to older patients

Izumi M, Fujii W, Akifusa S. Correlation between attitude towards dental care for older adults and ageism in dental students and clinical trainees: Cross-sectional study. *Eur J Dent Educ* 2023; DOI: 10.1111/eje.12911. Online ahead of print.

### Personal experience may affect the mindset of students.

It is estimated that the world population of those aged >65 will almost double over the next three decades. Thus the demand for health services, and dental services in particular, will also increase over time. Ageism – defined as ‘stereotyping and discrimination against individuals or groups on the basis of their age’ – has a negative effect on healthcare outcomes. Positive attitudes in medical students have been shown to influence future practice and career choices.

Using online validated questionnaires, the attitudes of dental student and clinical trainees at Kyushu Dental University, Japan towards the dental care of older people (defined as >65 years) were examined (n = 162; response rate 71.7%). Participants were divided into those who had positive attitudes to dental care for older people (n = 68) and those with negative attitudes (n = 94). The findings suggest that ageism was independently correlated with negative attitudes towards dental care for older adults. Participants with a positive attitude tended to have a current relationship with older adults and personal subjective experience may play a significant role in shaping how students approach oral health care for older adults.

<https://doi.org/10.1038/s41415-023-5957-8>

## Teeth are important for social interaction

Cooray U, Tsakos G, Heilmann A *et al.* Impact of Teeth on Social Participation: Modified Treatment Policy Approach. *J Dent Res* 2023; DOI: 10.1177/00220345231164106. Online ahead of print.

### Socialising improves quality of life.

Social participation among older adults is an essential component of healthy ageing, preventing social isolation, and linked to higher life expectancy, lower cognitive decline and improved wellbeing and function.

Using data from a long-term Japanese cohort study of community-dwelling older adults aged >65 years, 24,872 participants were included in an online survey. Recording frequency of social interactions per week over the six-year period and self-reported number of teeth, and using a Longitudinal Modified Treatment Policy approach, various hypothetical scenarios were evaluated. The results showed that prevention of tooth loss had a positive effect on social participation. The largest improvement in social participation was seen in the scenario where >20 teeth were retained over the study period. All scenarios in which tooth loss occurred resulted in reduced social participation.

<https://doi.org/10.1038/s41415-023-5959-6>

## Screening for oral health at a GP appointment

Nelson S, Kim E G R, Kaelber D C. Integrating Oral Health into Primary Care: Perspectives for Older Adults. *J Dent Res* 2023; DOI: 10.1177/00220345231165011. Online ahead of print.

### Wider health benefits for little time cost.

The causal relationship between oral and systemic diseases is unclear but ‘there is unquestionably a bi-directional relationship between oral health (OH), cardiovascular disease and diabetes in older adults.’ Poor OH impacts quality of life but older people tend to assume tooth loss is inevitable with age and are unaware of the links between OH and systemic disease.

The barriers to the integration of medical and oral care include a lack of compatibility of electronic health care records (EHR) and inadequate education and training for medical providers. There is evidence that interventions delivered by medical practitioners have been effective for other medical issues such as smoking cessation but no studies exist for medical/dental interventions.

Suggestions for change include co-locating medical and dental care facilities and providing ‘EHR clinical decision support augmentation’ which are OH screening-related prompts which **ask** (risk indicator questions) **advise** (re: dental visits) **assess** (whether referral needed) and **connect** (to appropriate resources). It is suggested that these activities would only add a few minutes to a routine health review appointment.

<https://doi.org/10.1038/s41415-023-5958-7>

## Denture or no denture?

Funke N, Fankhauser N, McKenna G J, Srinivasan M. Impact of shortened dental arch therapy on nutritional status and treatment costs in older adults: A systematic review. *J Dent* 2023; DOI: 10.1016/j.jdent.2023.104483.

### A shortened dental arch is cost-effective.

Tooth loss tends to lead to a poor diet, particularly amongst older people. Poor diet is associated with a number of systemic conditions, such as cardiovascular disease, bowel disease, osteoporosis, sarcopenia and cognitive decline. Research shows that restoring function with a shortened dental arch (SDA) can provide sufficient oral function and comfort without the need for an RPD.

Only four papers from two studies fulfilled the selection criteria for the systematic review. With this limited evidence, the authors found that provision of an SDA was more cost-effective than RPDs which also have ongoing risks of caries and consequent higher long-term maintenance costs. A large proportion of RPDs are not worn, indicating a waste of public funds on this treatment modality. Nutritional status did not change in either the SDA or RPD groups, and in order to improve this in older adults, ‘a multi-disciplinary approach may be necessary, involving oral health practitioners, dieticians and nutritionists.’

<https://doi.org/10.1038/s41415-023-5960-0>