



Royal College  
of Surgeons  
FACULTY OF DENTAL SURGERY



# Improving older people's oral health



*Good oral health is an essential part of older people's health care. For older people living with frailty it is critical to ensuring they are hydrated and their nutritional needs are well supported. Poor oral health care can lead to difficulties in eating, and absorbing medications properly. There are also known links between poor oral health care and pneumonia and heart disease. Getting oral health care right is a key part of supporting older people's health, wellbeing and dignity.*

**British Geriatrics Society**

*With growing numbers of older people needing residential care in later life, it is vital that there are clear processes in place to ensure that they have access to allied health professionals, including dentists. Ensuring good oral health is a crucial concern once older people enter a care home and we are delighted the report recommends care professionals understand the importance of oral health and - where care home residents need to see a dentist - access is improved.*

**Independent Age**

*There are more than 850,000 people across the UK with dementia, many of whom live without a diagnosis. Ensuring that someone with dementia is able to access regular, dementia friendly, support with their oral health is essential. The impact of symptoms can mean someone with dementia has difficulties with eating and drinking, something that is made more challenging when oral health is poor, in addition to self-caring for healthy teeth and gums. Additionally both pain and infection can worsen the confusion associated with dementia. As with everyone, poor oral health can also negatively impact someone's quality of life in general, exacerbating the impact dementia can have on self-identity and confidence to socially integrate.*

**Alzheimer's Society**

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# Older people's oral health

## Overview

The Faculty of Dental Surgery at the Royal College of Surgeons of England is concerned about the significant impact that poor oral health is having on older people's general health and quality of life. As well as causing pain and making it difficult to speak, eat and take medication, poor oral health is linked to conditions such as malnutrition and aspiration pneumonia. Across England, Wales and Northern Ireland at least 1.8 million people aged 65 and over could have an urgent dental condition such as dental pain, oral sepsis or extensive decay in untreated teeth. By 2040, this number could increase by more than 50%.

There is an urgent need to improve oral healthcare for older people, and this report makes the following recommendations for doing so. Although primarily applicable to England, a number of proposals are also relevant for Scotland, Wales and Northern Ireland:

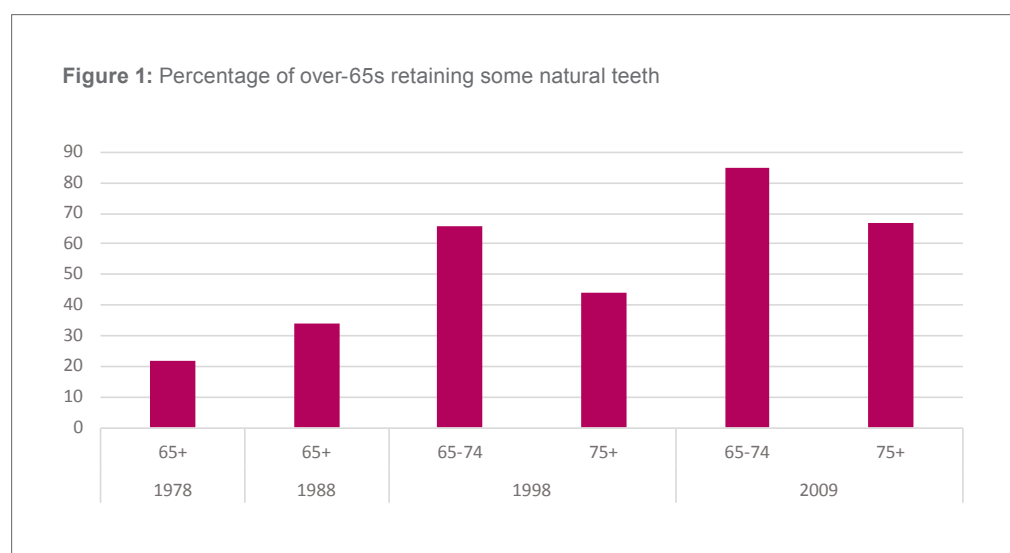
- ▶ Key health professionals in acute and community care settings should receive training in oral health. This includes nursing staff, junior doctors, pharmacists, geriatricians and all other healthcare staff who have regular contact with older people.
- ▶ Social care providers should give their staff appropriate training about oral health and care, as well as ensuring that all services have an oral care policy and cover oral health as part of initial health assessments. Oral health should always be included in the personalised care plans of those receiving social care.
- ▶ Preventative advice on maintaining good oral health should be easily available for older people themselves, their families and their carers.
- ▶ Government, health services, local authorities, care providers, regulators and the oral health profession should work together to develop a strategy for improving access to dental services for older people.
- ▶ Health and social care regulators should ensure that standards of oral care are assessed during their inspections of care homes and hospitals, and the Healthwatch network should consider how it can promote the importance of oral health. A 'kite-mark' scheme should be developed for care homes and providers that can demonstrate good practice in oral healthcare.
- ▶ All hospitals and care homes should have policies in place to minimise denture loss. These should include checking whether a patient has dentures on admission, and ensuring that staff always check for dentures when disposing of food trays and changing bed linen. Hospitals and care homes should also have protocols for when dentures are lost. Patients' names should be added to all dentures during or after manufacture, and oral care should be part of end-of-life care pathways.

- ▶ More data around older people's oral health is needed. NHS Digital's quarterly dental statistics, which only give figures on access to dental services for the overall adult population, should provide a breakdown for people aged 65–74, 75–84, and 85 and over. The Adult Dental Health Survey must also continue monitoring developments in older people's oral health.
- ▶ Demand for dental services will increase as the population grows and ages. Government must regularly review whether dentistry is sufficiently resourced to meet this, and the oral health profession should ensure its educational curricula reflect older people's changing needs. The importance of oral health must be recognised in any wider reforms to health and social care.



## Older people's oral health

Over the past 40 years standards of adult oral health have improved significantly. As a consequence, there has been a progressive rise in the number of people who retain at least some of their natural teeth into old age. Figures from the Adult Dental Health Survey, which is published every ten years, show that while just 22% of people in England aged 65 and over retained some of their natural teeth in 1978, by 2009 this had increased to 85% of 65–74 year olds and 67% of those aged 75 and over.<sup>1</sup>



*Note: In 1978 and 1988 the Adult Dental Health Survey reported the total number of people aged 65 and over retaining some natural teeth. In 1998 and 2009 separate figures were reported for those aged 65–74 and 75 and over, as reflected in the graph above.*

This is undoubtedly good news, but one of the consequences is that the oral health needs of older people are changing and becoming increasingly complex. Whereas dental treatment for older people used primarily to involve providing dentures to those who had lost all their teeth, many older people now require ongoing regular maintenance of heavily restored teeth, which creates new challenges for dentists. In 2005 the British Society of Gerodontology examined the long-term impact these changes will have on the dentistry in *Meeting the Challenges of Oral Health for Older People: A Strategic Review*, setting out how demand for dental services among older people will increase.

Maintaining good oral health can also become more difficult in old age. For example, brushing twice a day may not be easy for someone who has a long-term health condition, reduced dexterity or who has dementia and may be resistant to care. Furthermore, one unwanted effect of many regularly prescribed medications is dry mouth, which increases the risk of tooth decay and oral infections, as it reduces the protective effect of saliva, which has anti-microbial properties.<sup>2</sup>



## Why older people's oral health matters

Poor oral health can have a significant impact on an older person's quality of life. As well as causing considerable pain, having an oral health problem can make people more reluctant to socialise with family and friends, for example making someone more reluctant to speak or smile. Managing other health conditions also becomes more difficult if someone has problems speaking to doctors and clinicians, or taking medication. Importantly, poor oral health can have implications for an older people's health more generally as well, and is linked to several other conditions:

- **Malnutrition:** One of the most immediate consequences of having an oral health problem is that people can find it more difficult to eat and drink. This can lead to malnutrition, resulting in a wider deterioration in a person's health.<sup>3</sup> An estimated 1.3 million over-65s are malnourished, and a third of all older people admitted to hospital are thought to be at risk of malnutrition.<sup>4</sup> Malnutrition inhibits recovery, increases frailty and can prolong the length of hospital stays unnecessarily.
- **Pneumonia:** Studies have found that there is 'considerable evidence' to support a link between poor oral health and aspiration pneumonia, particularly in settings such as hospitals and nursing homes. This is because dental plaque can be colonised by certain types of bacteria that cause pneumonia, and these bacteria are subsequently inhaled.<sup>5</sup> At any one time, 1.5% of hospital inpatients in England will have a hospital-acquired respiratory infection, of which more than half will be pneumonia. Hospital-acquired pneumonia is estimated to increase hospital stays by an average of eight days, and has high reported mortality rates of between 30% and 70%.<sup>6</sup>
- **Oral cancer and other mucosal diseases:** Although oral cancer and other mucosal diseases are not directly caused by poor oral health, regular dental check-ups are essential to enable the early diagnosis and prompt management of these conditions, which can particularly affect older people (seven in eight cases of oral cancer affect people over 50).<sup>7</sup> Dentists can also play a key role in diagnosing non-dental causes of oral and facial pain, such as trigeminal neuralgia (chronic pain caused by disorder of the trigeminal nerve). Being able to access dental services is therefore especially important for older people.

For those without any natural teeth, having a comfortable set of dentures is also extremely important for general wellbeing and quality of life. However, if dentures are lost or broken this causes significant problems. It can often take a number of weeks to access a dentist and have a new set of dentures made, a process which usually involves multiple appointments. Denture loss can be especially traumatic for those receiving end-of-life care, who may only have a limited amount of time left to spend with their families.



## The extent of oral health problems for older people

Oral health may not be perceived as a priority in older people's care, and can easily be neglected as attention is focused on other conditions a patient may be living with. However, while data on this issue are limited, analysis by the Faculty of Dental Surgery suggests that a large number of older people could be experiencing serious oral health problems.

Using the most recent Adult Dental Health Survey (which covers England, Wales and Northern Ireland) and the latest population data from the Office for National Statistics, the Faculty estimates that at least **1.8 million people aged 65 and over have an urgent dental condition**. Such conditions, as defined by the Adult Dental Health Survey, include dental pain, open dental pulps (where the sensitive tissue inside the tooth is exposed), oral sepsis or extensive decay in untreated teeth. Indeed, this is likely to be an underestimate as the Adult Dental Health Survey only records urgent conditions experienced by those who have retained some natural teeth.

As Britain's population grows and ages, the number of older people with oral health problems will increase. If the prevalence of urgent dental conditions observed in the most recent Adult Dental Health Survey were to remain the same in the future, the Faculty estimates that **the number of people aged 65 and over with an urgent condition will increase by over 50% by 2040** as a result of population growth alone (further details of these estimates are provided in the Annex to this report).

There is a need for more information about older people's oral health to better understand the full scale of this issue. The Adult Dental Health Survey is currently the main source of national data, while Public Health England have also conducted research in North West England examining the oral health issues facing older people receiving 'care in your home' services, residential care and hospital treatment. Beyond this, however, information is limited. For example, while NHS Digital release quarterly statistics showing the proportion of adults who visited a dentist in the preceding 24 months, these are not broken down by age so give no indication of how regularly older people access dental treatment.



# What can be done to improve older people's oral health?

The Faculty is proposing a number of actions for government, oral healthcare professionals, care providers and other stakeholders to improve older people's oral health (these recommendations are primarily applicable to England, although a number of proposals are also relevant for Scotland, Wales and Northern Ireland where health powers are devolved):

## **Provide oral health training for key health professionals in acute and community settings**

**Key health professionals in both acute and community settings should receive training on oral health.** This should provide an understanding of what constitutes good oral health (including how to undertake an effective assessment of the mouth), how to maintain it, the implications of poor oral health for a patient's general health, and what should be done if an oral health problem is discovered. It should also explain how to provide oral care for people with dementia and those who lack the capacity to consent in the context of oral health.

In hospitals and other acute care settings all junior doctors, nursing staff, allied health professionals and support staff should receive oral health training, while in the community it should be provided for pharmacists, community nurses, geriatricians and all other healthcare professionals who have regular contact with older people. The Mouth Care Matters programme, which is already being delivered in hospitals South East England, provides an excellent example of good practice in this area.

### **Mouth Care Matters**

Mouth Care Matters is an initiative that has been developed by Healthcare Education England and Surrey and Sussex Healthcare NHS Trust, which is being introduced in hospitals in South East England. It aims to raise the healthcare team's awareness of the importance of good oral health, and has been piloted in East Surrey Hospital where mouth care leads were recruited to provide training to nursing staff, doctors and allied healthcare professionals to improve the mouth care of patients admitted for more than 24 hours. A range of resources were developed (including *Mouth Care Matters: A guide for hospital healthcare professionals*), an oral healthcare recording tool introduced, and appropriate mouth care products were made available on the wards. The initiative is currently being rolled out across a further 12 trusts.

A cost-benefit analysis of the Mouth Care Matters programme suggests that if it were rolled out across all of the NHS trusts in England, every £1 invested could generate £20 of benefits for the healthcare system and society more widely. These benefits include reduced prescription costs, saved bed days in hospitals and less pressure on GPs as the number of patient visits due to oral health problems decreases.<sup>8</sup>

## **Ensure all social care practitioners understand the importance of oral health**

Public Health England research suggests that the provision of oral health training to social care practitioners can be variable, including across different types of care. In a survey of 'care in your home' service managers in North West England, nearly half of respondents (46.3%) said that staff were not provided with training about oral care for clients.<sup>9</sup> Twenty-nine percent of residential care and nursing homes managers said the same,<sup>10</sup> and both groups indicated that additional training on oral care would be beneficial. A recently published study of daily mouth care provided to care home residents also found that the majority (58%) of observed residents did not have their teeth or dentures brushed, and that carers used a toothbrush

to clean inside residents' mouths in just 4.3% of cases.<sup>11</sup> **Therefore, we urge providers of social care services to ensure that all their staff receive appropriate training about oral health and care.** One successful approach is for dental foundation trainees to visit local care homes and deliver oral health training sessions to staff. This model has been piloted in Kent, Surrey and Sussex through the Mouth Care Matters programme (in addition to its work in hospitals) and also replicated in South West England.

Last year the National Institute for Health and Care Excellence (NICE) released new guidance on *Oral health for adults in care homes* (a new NICE Quality Standard has also recently been published on this issue). While this guidance specifically concerns oral health for those in residential care, it can be used as a benchmark for all types of care provision. As well as emphasising that all care staff should have the knowledge and skills to provide oral care to residents, NICE also highlighted the importance of ensuring that comprehensive oral care policies are in place and that an oral health assessment is undertaken as soon as a person starts receiving care.<sup>12</sup>

Evidence suggests that these can be areas of weakness within care provision. Public Health England's research found that managers of 75.3% of 'care in your home' services and 56.7% of residential care homes in North West England said they did not have an oral care policy.<sup>13</sup> Furthermore, more than a third (37.1%) of 'care in your home' managers reported that no oral health assessment was undertaken at the start of care provision, with one in ten (10.4%) residential home managers saying the same.<sup>14</sup> The Faculty believes all social care providers should meet the standards set by NICE guidance. Therefore, **care providers should ensure that all their services have oral care policies in place, and that oral health is examined as part of an initial health assessment. Oral health should always be included in the personalised care plans for older people receiving social care.** In Wales, the Welsh government already funds a programme called *Improving Oral Health for Older People Living in Care Homes* that requires outcomes such as these to be met, and can prospectively serve as a model of good practice.<sup>15</sup>

### **Ensure preventative oral health advice is available for older people, their families and their carers**

In order to prevent oral health problems from developing in the first place or getting worse, **it is essential that appropriate advice on maintaining good oral health is easily available for older people themselves, as well as their families and carers.** A recent paper in the *Journal of Disability and Oral Health*, which discusses the development of an information leaflet on mouth care for care home professionals, has highlighted some of the key considerations for developing effective public facing oral health advice including focusing on key messages and using a simple writing style that avoids jargon.<sup>16</sup>

Providing preventative oral health advice to older people who are living at home and not receiving any form of social care creates particular challenges, especially if they do not regularly attend a dentist and only have occasional contact with health professionals. Health services and the oral health profession should consider how to maximise opportunities to reach older people in such situations, and how family members and informal carers can potentially provide the necessary support.

### **Improve access to dental services for older people**

Older people can face particular challenges in accessing dental services, with Public Health England research indicating that care service managers find it difficult to access domiciliary

and emergency dental services for their clients if they need them.<sup>17</sup> Research by the British Dental Association has also suggested that over-65s are less likely to be frequent attenders at the dentist than other age groups.<sup>18</sup> Ideally, we believe that all older people receiving social care support should have a named dentist.

Improving access to dental services for older people is a complex issue, and progress will require input from all key stakeholders. For example, while a dental surgery is undoubtedly the best environment for delivering effective dental treatment, it can also be difficult for older people to attend an appointment away from where they live, particularly if they have mobility issues or high dependency. From a financial perspective, care providers will incur costs if they send a member of staff to support clients attending an external appointment, but domiciliary visits are more expensive for dentists than delivering treatment in a dental surgery, so there are questions over how to fund improved access and whether this should be subsidised. Therefore, **we urge all the key stakeholders in this area, including government, health services, local authorities, care providers, regulators and the oral health profession, to work together to develop a strategy for improving access to dental services for older people.**

Additionally, it is important to ensure that oral healthcare professionals are fully supported in their work with dependent older people, including patients with dementia. The Faculty of General Dental Practice (UK) is currently developing guidance on dementia-friendly dentistry to support dental professionals in dealing with these issues, which it expects to publish later in 2017.

### **Collect and publish more data on older people's oral health**

More data is needed to understand the full extent of oral health problems amongst older people and their ability to access treatment. **We recommend that NHS Digital should include figures within its quarterly dental statistics on the proportion of people aged 65–74, 75–84, and 85 and over who visited an NHS dentist in the preceding 24 months,** so that this can be compared with the access rate for other adults.

**It is also essential that the Adult Dental Health Survey continues to monitor developments in older people's oral health.** The survey is vital to tracking how the oral health needs of the whole population are changing over time, and is one of very few resources to provide ongoing information about older people's oral health. It is therefore an extremely valuable resource for policy-makers and commissioners who want to understand how dentistry needs to adapt to meet new challenges, so it is crucial that this is maintained.

### **Regulators and the Healthwatch network should monitor standards of oral care for older people**

Regulators can play a crucial role in making older people's oral health a priority for health and social care staff, particularly now that the importance of oral health in care homes and hospitals has been established by NICE. **The Care Quality Commission, and other health and social care regulators in Scotland, Wales and Northern Ireland, should ensure that standards of oral care are assessed during their inspections of care homes and hospitals.** They should not only determine whether an oral care policy is in place, but also whether staff have the skills and training to recognise and act appropriately if oral health problems are discovered.

In England, the Healthwatch network can also help to monitor standards of oral care for older people. In the London Borough of Camden the local Healthwatch team has worked with the older people's charity Independent Age to pilot a new set of quality indicators for care homes,

which are used during 'enter and view' visits undertaken by Healthwatch volunteers.<sup>19</sup> One of these indicators looks specifically at how easy it is for care home residents to see a health professional such as a dentist when they need to. **Healthwatch should consider how it can promote the importance of oral health for older people** and whether the sort of approach used in Camden could be applied more widely.

In addition, we believe that a **'kite-mark' scheme for care homes and providers that can demonstrate good practice in oral healthcare should be introduced**. This should be a collaborative initiative between the oral health profession, regulators and the care sector.

### **Ensure all hospitals and care homes have policies in place to prevent denture loss**

Denture loss can be extremely distressing for those who experience it. Over 90% of hospital managers in North West England surveyed by Public Health England said that denture loss happens 'occasionally' or 'often' on their wards.<sup>20</sup> This also incurs a cost to the NHS as hospitals bear the financial responsibility for replacing every set of dentures that are lost. In many cases denture loss is simply the result of misunderstanding and is entirely preventable. For example, a patient may leave their dentures wrapped in tissue to keep them clean, but hospital staff may mistake them for rubbish and dispose of them.

**We therefore urge all hospitals to put policies in place to minimise denture loss.** These should include checking on admission whether a patient has dentures, providing a pot or container for dentures to be kept in when they are not in use, and ensuring that staff are aware of the importance of checking for dentures when disposing of waste or changing bed linen. Such policies are particularly important if a patient has dementia, or if they are receiving end-of-life care. Oral health can have a major impact on someone's experience of their last days with families and loved ones, so **it is essential that oral care is included in end-of-life care pathways**.

Adding a patient's name to dentures during or after manufacture can also help to reduce the risk of denture loss. Therefore, we recommend that **all dentures should be labelled with the patient's name as standard**. There should be protocols in place so that when dentures are lost in hospitals or care homes staff are able to advise patients or carers in the steps to find a dentist to replace them and how to claim reimbursement.

### **Prepare for future changes in older people's oral health needs**

As the population grows and ages in the future the demands on dentistry will increase, particularly as rising numbers of older people retain natural but heavily restored teeth which require complex treatment, and it is essential that the oral health profession is fully prepared for these changes.

In part, this is about ensuring that changes in demand for dental services are matched by appropriate resources over the coming years, and **the government must regularly review whether dentistry has sufficient support to meet patient need**. In addition, it is also vital that oral health professionals receive the training they need throughout their careers to deliver the sorts of complex dental treatments that older people will increasingly require. Therefore, **the oral health profession should ensure that its educational curricula are continually developed to reflect the changing oral health needs of older people**.

Lastly, **any wider reforms to the health and social care system must fully recognise the importance of oral health, and the significance that it has for patient health more generally**.

# Case studies

## Edward

Edward is a 74-year-old man with dementia who lives in a care home. He does not have an oral care plan. He starts to leave his food untouched and the care home asks his doctor to visit, but no cause can be found for his reduced appetite. After two weeks Edward is admitted to hospital after a fall, and his medical team have to consider placing a nasal tube for feeding. A nurse in the hospital carries out an oral assessment and notices his teeth are broken and his mouth looks dirty. He is referred to the onsite maxillofacial unit and is seen by a dentist, who identifies that Edward has a broken tooth that is cutting into his mouth and causing traumatic ulceration. The dentist is able to remove the tooth and Edward starts eating again. He is discharged from hospital the next day.

## Elizabeth

Elizabeth was in the process of being discharged from hospital. She was on an end-of-life pathway and wanted to spend her last days at home. She had an upper denture and one night wrapped them in some tissue by her bed. She fell asleep and when she woke up the denture was missing. The nurses looked for the denture but could not find it so it was presumed it was mistaken as rubbish and thrown away. Elizabeth was distraught, as was her husband to see her so upset – she wanted to be able to say goodbye to her family with her teeth. It would take six weeks to make a denture and it was likely she would have passed away by then.

## Annie

88-year-old Annie was admitted to a surgical ward in hospital for two weeks following a fall. As arrangements were being made for her discharge she tells one of her nurses that her mouth is sore. The nurse refers her to the hospital mouth care lead who notices a large swelling attached to the side of her tongue and advises the doctor to refer to a head and neck surgeon. A week later she is seen by the consultant who diagnosis her with inoperable late stage oral cancer. Annie explains that due to ill health, visiting her dentist had fallen off her priority list.

*Case studies provided by the Mouth Care Matters programme.*

# Annex

## Estimate of the number of older people with an urgent dental condition

This analysis uses the latest Office for National Statistics population estimates for mid-2016. Based on this data, the number of people aged 65–74, 75–84 and 85 and over in England, Wales and Northern Ireland was as follows:\*

	65–74	75–84	85 and over	Total
England	5,413,344	3,141,405	1,328,092	9,882,841
Wales	352,636	201,366	80,635	634,637
N Ireland	166,059	95,235	36,461	297,755
Total	5,932,039	3,438,006	1,445,188	10,815,233

The most recent Adult Dental Health Survey gives the percentage of 'dentate' adults (ie adults with some natural teeth) in each of these age groups in England, Wales and Northern Ireland (Scotland does not participate in the Adult Dental Health Survey).† Based on this, the number of dentate adults at mid-2016 would be:

	65–74	75–84	85 and over	Total
England	4,601,342	2,230,398	730,451	7,562,191
Wales	278,582	116,792	46,768	442,143
N Ireland	137,829	47,618	18,231	203,677
Total	5,017,754	2,394,807	795,449	8,208,011

\* Data are taken from the Office for National Statistics' Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2016

† Data are taken from the Adult Dental Health Survey 2009. For England, Table 11.1.1 from the ADHS 2009 England published tables shows dentition rates of 85% for 65–74s, 71% for 75–84s and 55% for 85+. For Wales, Table 9.1.1 of the ADHS 2009 Wales published tables shows dentition rates of 79% for 65–74s and 58% for 75+. For Northern Ireland, Table 10.1.1 of the ADHS 2009 Northern Ireland published tables shows dentition rates of 50% for 65–74s and 50% for 75+ (Northern Ireland figures are highlighted as estimates of the true dentition rate but have been used here as the best available data at Northern Ireland level).



The Adult Dental Health Survey also gives the percentage of dentate adults aged 65–74, 75–84 and 85 and over who have one, two and three urgent dental conditions (these figures cover England, Wales and Northern Ireland together).<sup>‡</sup> Using the figures from the table above, the number of dentate adults with an urgent dental condition in mid-2016 would be:

	65–74	75–84	85 and over	Total
1 Urgent Con	802,841	431,065	103,408	1,337,314
2 Urgent Cons	200,710	119,740	71,590	392,040
3 Urgent Cons	50,178	47,896	15,909	113,983
Total	1,053,729	598,701	190,907	1,843,337

We therefore estimate that approximately 1.8 million people aged 65 and over in England, Wales and Northern Ireland have an urgent dental condition.

### Projection of number of older people with urgent dental conditions in 2040

The Office for National Statistics also provide population projections for England, Wales and Northern Ireland through to mid-2114. Based on these, the number of people aged 65–74, 75–84 and 85 and over in mid-2040 would be:<sup>§</sup>

	65–74	75–84	85 and over	Total
England	6,787,117	5,423, 450	3,082,679	15,293,246
Wales	380,544	320,188	185,078	885,810
N Ireland	229,907	182,092	91,099	503,098
Total	7,397,568	5,925,730	3,358,856	16,682,154

<sup>‡</sup> Data are taken from Table 3.4.1 of the Adult Dental Health Survey 2009. For 65–74s, 16% have one urgent condition, 4% have two and 1% have three. For 75–84s, 18% have one urgent condition, 5% have two and 2% have three. For 85+, 13% have one urgent dental condition, 9% have two and 2% have three.

<sup>§</sup> Data are taken from Office of National Statistics' 2014-based National Population Projections, principal projections for England, Wales and Northern Ireland.

Applying dentition rates from the most recent Adult Dental Health Survey to these projections, the number of dentate adults in England, Wales and Northern Ireland in mid-2040 would be:

	<b>65–74</b>	<b>75–84</b>	<b>85 and over</b>	<b>Total</b>
England	5,769,049	3,850,650	1,695,473	11,315,172
Wales	300,630	185,709	107,345	593,684
N Ireland	190,823	91,046	45,550	327,418
Total	6,260,502	4,127,405	1,848,368	12,236,275

These figures assume that there is no change in the dentition levels observed in the most recent Adult Dental Health Survey through to mid-2040. In essence, they reflect increases in the number of dentate adults due to population growth alone, assuming no other changes in standards of oral health.

If the figures from the Adult Dental Health Survey for the percentage of dentate adults with one, two or three urgent dental conditions were also applied, the number of people aged 65–74, 75–84 and 85 and over with an urgent condition in mid-2040 would be:

	<b>65–74</b>	<b>75–84</b>	<b>85 and over</b>	<b>Total</b>
1 Urgent Con	1,001,680	742,933	240,288	1,984,901
2 Urgent Cons	250,420	206,370	166,353	623,143
3 Urgent Cons	62,605	82,548	36,967	182,120
Total	1,314,705	1,031,851	443,608	2,790,164

These figures suggest that 2,790,164 people aged 65 and over could have an urgent dental condition in 2040. This represents a 51.4% increase on the 1,843,337 estimated to have an urgent condition based on mid-2016 population levels.

It should be emphasised again that these are projections which necessarily assume that standards of oral health across the population do not change through to 2040, representing an attempt to make the best use of limited data.

# References

1. Based on data from Health and Social Care Information Centre (2011) 1: *Oral health and function – a report from the Adult Dental Health Survey 2009*, Table 1.5.1 Proportion of edentate adults: England 1978–2009.
2. Public Health England (2015) *What is Known About the Oral Health of Older People in England and Wales: A review of oral health surveys of older people*, pp9–11.
3. Health Education England (2016) *Mouth Care Matters: A guide for hospital healthcare professionals*, p15.
4. Age UK (2017) *Later Life in the UK*: April 2017, p10. [http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later\\_Life\\_UK\\_factsheet.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true) [accessed on 18.05.2017]
5. Scannapieco, F.A. (2006) Pneumonia in non-ambulatory patients: The role of oral bacteria and oral hygiene. *Journal of the American Dentists Association*, Vol 137 (October 2006), pp21S–25S.
6. NICE (2014) *Pneumonia in adults: diagnosis and management*, p5.
7. NHS Choices: *Mouth cancer*. <http://www.nhs.uk/conditions/cancer-of-the-mouth/pages/introduction.aspx> [accessed on 04.05.2017]
8. Health Education England (Kent Surrey and Sussex) (2017) *Cost benefit analysis of the Mouth Care Matters programme*, pp 37–40.
9. Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 1: 'Care in your home' services*, p11.
10. Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 2: adult residential care, nursing homes and hospices*, pp12–13.
11. A. Zander and D. Boniface (2017) Directly observed daily mouth care provided to care homes residents in one area of Kent, UK, *Community Dental Health*, Vol 34 (1), p32–36.
12. National Institute for Health and Care Excellence (2016) *Oral health for adults in care homes (NG48)*, p6–9.
13. Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 1: 'Care in your home' services*, p11; Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 2: adult residential care, nursing homes and hospices*, p13.
14. Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 1: 'Care in your home' services*, p7–8; Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 2: adult residential care, nursing homes and hospices*, p9.
15. *Improving Oral Health for Older People Living in Care Homes in Wales*. <http://www.wales.nhs.uk/improvingoralhealthforolderpeoplelivingincarehomesinwales> [accessed on 05.06.2017]
16. R. Fitzpatrick and V. Jones (2017) The development of a mouthcare information leaflet of carers of older people, *Journal of Disability and Oral Health*, Vol 18 (1), pp4–9.
17. Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Summary of findings*, p6–7.
18. British Dental Association (2012) *Public perceptions of choice in UK dental care: findings from a national survey*, p12.
19. Independent Age (2017) *Evaluating residential care in Camden: A review of our pilot project with Healthwatch Camden*.
20. Public Health England (2014) *North West oral health survey of services for dependent older people, 2012 to 2013 – Report 3: hospitals with in-patient facilities*, pp14–15.





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