

EVALUATION RESEARCH PROGRAMME REGARDING A THREE-YEAR PERIOD OF MEDICAL ASSISTANCE FOR ELDERLY PATIENTS INSURED BY THE NATIONAL INSURANCE HOUSE FOR THE DEFENSE, PUBLIC ORDER, NATIONAL SECURITY AND JUDICIAL AUTHORITY (OPSNAJ)

VASILE NICOLAE¹

¹“Lucian Blaga” University of Sibiu

Keywords: oral health, elderly patients, dental services

Abstract: Objectives: The implementation of a dental assistance programme for elderly patients insured by OPSNAJ, registered in the Dental Clinic of Sibiu Emergency Military Hospital and the evaluation of their oral health. It is known that, quite often, elderly patients insured by OPSNAJ Insurance House have a limited choice of dental assistance with immediate consequences on their oral health. On top of the list, there are those patients who moved in rural areas. The study draws a parallel between the clinical results of 105 patients, all of them over 65 years old and pensioned off patients registered in the Dental Clinic of the Emergency Military Hospital in Sibiu. Some benefited from, both an evaluation examination and dental treatments while others evaluation examination only. The study as such spread out over a three-year period of time. Materials and Methods: The above mentioned study took into account the clinical evaluation of oral diseases such as: periodontal problems, tooth cavities, partial or total edentation, all of them, specific to old age. All alterations having taken place in the above mentioned period of time have been made mention of, alongside with an evaluation of undergone treatments and a memo of either improvements or deteriorations of the dental problems for both types of patients.

INTRODUCTION

Oral health is an important and often overlooked component of an older person's general health and well-being. Former surgeon General C. Everett Koop used to say: “you are not healthy enough without a good oral health”. Oral health can affect general health in very direct ways.(1) There are also associations between oral health and general health and well-being. For example, the loss of self-esteem is associated with loss of teeth and untreated disease (caries, and periodontal diseases), as well as the economic burden of dental care due to the paucity of dental insurance programmes for the elderly. Although oral health problems are not usually associated with death, oral cancer result in nearly 8 000 deaths each year, and more than half of these deaths occur among persons 65 years of age and older. This report focuses on the oral health needs of the elderly. Using data from several national surveys, this report describes the current status of oral health among the elderly how these older Americans use dental health services, and what the future holds for the oral health of older Americans.(2) One additional challenge to caring for older persons is that the actual number of practicing dentists and the proportions of dentists relative to the population are expected to decline. The decline in the dentist-to-population ratio will particularly affect the elderly because they are the fastest growing segment of the population and because their special needs will require specialized dental skills. Optimally, the elderly should receive care from specialists in geriatric dentistry or general dentists with a good understanding of the medical, pharmacologic, and cognitive changes associated with the older adult population.(3)

Our own observations and other studies in the field have pointed out that elderly patients with a limited access to dental care have shown a deficient oral health. The situation is getting worse when patients do not live in the proximity of the

medical centre they belong to, or they are residents in long term nursing homes which have not got a dental surgery of their own.

There is a growing need of dental treatments for elderly patients, as a great number of them still preserve their own teeth in a time in their lives when they have become more and more dependent on others for their daily needs, and consequently, their oral hygiene leaves much to be desired. The population over 65 years old and older has dramatically increase and will continue to do so in the next fifty years.(4) A deficient oral hygiene goes hand in hand with the disabilities of old age, lack of rigour on the side of family members and absence of specialized staff in most nursing homes. Not to mention the dentists' refusal to assist patients unable to come to a dental surgery or a dental clinic. All over the world, more and more people are involved in providing efficient dental assistance for the elderly. Geriatric interdisciplinary team proved to be essential in the management of complex syndromes suffered by the elderly.(5) Health care providers include professional health care, health organizations and public health services with community financial support.(6) The PROVIDENCE Health Institute in Vancouver has initiated a research programme on dental assistance for the elder residents in nursing homes; a training programme in mastering proper techniques of daily dental care for the medical staff and, last but not least, the evaluation of the results provided by the above mentioned programme. Their research programme implemented dental assistance for almost 900 patients out of which over 80% were recommended dental treatments. A third of the 80% accepted it, but only 20% underwent complete treatments. This research programme also pointed out that the average age of the evaluated patients was over 85. Two thirds were women suffering from an average number of three diseases each, out of which heart, blood pressure and neurological ones prevailed. All

¹Corresponding author: Vasile Nicolae, Str. Lucian Blaga, Nr. 2A, Sibiu, România, E-mail: dento.medica@yahoo.com, Phone: +40269 212320
Article received on 09.03.2015 and accepted for publication on 19.05.2015
ACTA MEDICA TRANSILVANICA June 2015;20(2):134-135

CLINICAL ASPECTS

women patients had been prescribed at least 4 medications per day. The aims of this research programme were: to allow access to dental assistance for the elderly; to improve dental assistance in the clinics and the hospitals the patients were registered. The dentists taking part in the programme first evaluated the patients' oral status a month after the implementation of the programme and every year after. Another study shows that 76% of those activating in the social care system are working with elderly patients. Here, it is supported the acknowledgment that not all those involved in social assistance are specialized in geriatrics.(7)

MATERIALS AND METHODS

Our own research programme team included, as medical staff, dentists, residents working in our Dental Clinic, patients not registered in our clinic, and data regarding their general health, medications, the functioning of the dental-jaw system, the health status of the soft tissues, the dental status, and the periodontal health status. The medical team recommended: emergency treatments where necessary; specialized examinations, e.g. histopathological ones when confronted with possible cancer problems; anaesthetics to be used; location where surgery will be taking place; team members; dentistry doctors, cardiologists, anaesthetists. The team first worked on evaluating crown and root cavities (root cavities being typical for elderly patients) periodontal health status (gingivitis or superficial periodontitis, profound periodontitis with periodontal pouches, bleedings, depth of pouches, supuration and degree of teeth mobility. As radiographic examination (OPT) is being paid by the patients, not all the patients accepted it. Data provided by preliminary evaluations were registered, costs for the insured OPSNAJ subjects have been calculated, as well as costs for prosthetic works as they are partially supported by patients.

RESULTS AND DISCUSSIONS

Following patients' evaluation examinations, treatments and recommendations, the number of dental diseases has decreased by over 60%. If the first year was the year of surgical procedures (tooth extractions) preserving procedures (root cavities) or periodontal ones (scale removal, proper brushing techniques, periodontal curettage) towards the end of the programme, treatments included restoring procedures such as prosthetic sets and dentures. The expensive costs of fixed prosthetic sets or implant-prosthetic sets are not being paid by OPSNAJ and therefore, few retired patients could afford them.

Out of the total number of patients having a dental insurance only 105 had been selected for this research programme. The average age was over 65. 63 patients benefited from oral health care all along the three-year period while the rest of 42 only benefited from an annual oral examination.

Following their oral health examinations, almost half of the patients needed emergency interventions (periodontal pouches, profound cavities, tooth mobility). Recommendations were made for those in need of specialized investigations in the medical units of the Sibiu Military Hospital in order to establish their general health status. All patients were recommended radiographic examinations (OTP). Their costs being supported by the patients, not being a sine-qua-non condition. Dental treatments regarding oral hygiene prevailed in the first year of the programme. There was no need of anaesthetists but 16% of the patients who underwent oral surgery were hospitalized in the Oral & Maxillofacial units of the hospital. Almost two thirds of the patients had been examined and underwent dental treatments during the first year. During the second year, the number of dental treatments increased to 68% only to decrease

during the third year, thus proving the efficiency of the research programme. Organized on diseases for patients preserving their own teeth (more than 10 teeth) the number of patients suffering from tooth cavities decreased with 16% per year. An improvement of the periodontal status was also noticed and gum affections were reduced by 11% during the first year. Marginal periodontitis was reduced by 9% in the first year and by 13% in the last of the three-year programme. Structured on the specific oral health assistance, during the first and the second year, scale removal, tooth remnants extractions and mobile tooth extractions were made while in the third year of the programme, total or partial removable acrylate prostheses prevailed. Dental treatments regarding oral hygiene prevailed in the first year (68%). Tooth extractions were reduced and cavity treatments decreased from 42% to 17% towards the end of the programme. 74% of the patients were men, most of them reserve military men, having similar health conditions, medications and being about the same age. Most of them had OPSNAJ insurance. Patients with total edentation represented 9% only after having followed the programme. Their number is under the national average. A deterioration of the oral health status by 27% was noticed in the patients who were not included in the programme, while an improvement of 28% was shown in the patients selected to make part in the programme. It is possible that patients, who had been annually examined and evaluated by our team, might have continued treatment in private dental clinics.(8)

CONCLUSIONS

Although dental assistance in Romania is far from being properly financed by the Government, and the elderly have limited access to it due to either disabilities or high costs, with little effort, a devoted medical team and a willing management, such research programmes can be achieved. This research programme is to demonstrate that elderly patients, who underwent a rigorous assistance programme of oral-dental rehabilitation, have shown a visible improvement of their dental-maxillary system functions in no more than three years.

We strongly recommend dental clinics that have a contract based relationship with the National Insurance House to implement this research programme, as well.

REFERENCES

1. Vargas CM, Kramarow EA, Yellowitz JA. The Oral Health of Older Americans. CDC national Center for Health Statistics Aging Trends. 2001;3:1-7.
2. Davis DM, Fiske J, Scott B. The emotional effects of tooth loss: a preliminary quantitative study. *British Dental Journal*. 2000;188(9):502-506.
3. US Department of Health and Human Services. Oral Health in America: A report of the Surgeon General, Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health; 2000.
4. Guralnik JM, Ferrucci L. Geriatric medicine and gerontology, Demography and Epidemiology; 2009. p. 45.
5. Hyer K, Fulmer T, Flaherty E. Geriatric medicine and gerontology, Team Care; 2009. p. 309.
6. Boulton C. Geriatric medicine and gerontology, Health Care System; 2009. p.185.
7. Dunkle RE, Dennis MC. Geriatric medicine and gerontology, Social Work; 2009. p. 317.
8. Ursache M, Nicolae V. Gerontostomatologie. Ed. Universitatii Lucian Blaga din Sibiu; 2010.