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Taking a long term view: dental service provision planning in the UK

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The disconnect between community dentists and older patients is already clear with access problems and costs being major reasons why older people are delaying or not able to access dental care. This is especially visible in those who are too frail or disabled to leave the home without hospital transport or significant help from family and carers. There is simply no access to dental care in some cases and unfortunately, this can lead to lost teeth, chronic pain, and resulting in poor nutrition and oral health. The situation in the UK has worsened with fewer NHS dentists and long waiting lists for appointments in the post-COVID-19 pandemic period.

Thinking more globally, good oral health especially at older ages has been highlighted by the World Health Organization Global Oral Health Report which ranks oral diseases as the top-ranking prevalent condition across all countries regardless of their income affecting 3474 million people.¹ They state that maintaining good oral health is a key component of healthy ageing and should be a focus for dental practitioners. The impact of poorer oral health in older age is on both health and quality of life, secondary to accompanying poor nutrition, pain, sleeplessness, edentulism, chronic infection, sepsis, and inflammation. There are associations with mortality from both cardiovascular and respiratory disease with poor oral hygiene being a risk factor for aspiration pneumonia.² More recently there is a sense that there may also be a link between the chronic inflammatory process of periodontal disease and Alzheimer's Dementia;³ although there are confounders, and this is not yet in the context of a randomised controlled trial. Causality may be impossible to prove but the link between periodontal disease as a contributor for 'inflammaging' which drives the ageing of tissues is known,⁴ and is thought to be linked with cardiovascular disease.

We think that solutions are urgently necessary to help older people access NHS dentist care e.g. home visits, outreach into care homes, transport provision into oral clinics in hospitals, and proactive inclusion of over 80s onto community dental caseloads. Public health campaigns are valuable in teaching those in midlife to stop deleterious behaviours e.g. smoking, drinking sugary drinks, and encouraging uptake of healthy behaviours and regular dental check-ups. Although economic budgets for healthcare are in dire straits these are cost-effective changes and NHS dental care needs to include all age groups.

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