



Oral Health and Nutrition in Geriatrics Inpatients

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BRIEF REPORT

Oral health is thought to be a significant factor in ageing and weakness. Occlusal force, masseter muscle thickness, oral diadochokinesis rate, and articulatory oral motor skills all deteriorate with age, notably in frail patients at a faster pace. Tooth loss is associated to communication problems, loss of mobility and physical strength, poor mental health, malnutrition, and weight loss, and the number of remaining functioning teeth is a risk factor for malnutrition. Dental caries is a serious concern among the elderly, and it is more common in people who have a poor income, have fewer dental visits, wash their teeth less frequently, consume a lot of sugar, or smoke.

Although the aetiology of frailty appears to be multifaceted, it is widely acknowledged that nutrition plays a key role in its genesis and has been the focus of preventative and treatment attempts. Hypoalbuminemia, low serum selenium, vitamin D, triglycerides, and low beta-carotene levels are all factors that might contribute to frailty. Inadequate food consumption, particularly of key micronutrients like vitamin D, E, C, and folate, may play a role in frailty development. Protein intake has not been found to be an independent predictor of frailty, which is surprising. Frailty is more common in older persons who have hypertension, diabetes, osteoporosis, and polypharmacy, but it is less likely in people who do not have cognitive impairment or who have a higher educational background.

In older adults, nutritional deficit, particularly protein-energy malnutrition, is frequent. Malnutrition affects around 60% of older persons in long-term care facilities. There are various causes of malnutrition, and it's not always easy to tell the difference between age-related and pathological malnutrition. Malabsorption is a condition that affects some people. Poverty, infirmity, incorrect diet beliefs, depression, and cognitive impairment are all predisposing factors. In healthy people, teeth are not required for optimal digestion. Dentists with poor masticatory function, on the other hand, take more medicines for digestive problems than those with good masticatory function. Furthermore, in older persons, reduced masticatory function can lead to poor food choices and an imbalanced diet. Aside from masticatory efficiency, chewing difficulties can be linked to unpleasant mucosal problems, oral dryness, or the pain and discomfort associated with periodontal disease or caries. The goal of this study was to see if there was a link between malnutrition (as measured by biological markers) and

dental health in elderly people. Our hypothesis was that dietary deficit would be linked to poor dental or prosthetic health.

The necessity of proper and enough nutrition for elderly people's overall and dental health cannot be overstated. Diet is crucial in the prevention of disease in the elderly. Social support, socioeconomic position, culture, and dental health have all been found to influence general health and diet quality. Recent research has discovered a link between dental health and nutritional consumption. Reduced consumption of vitamins, calcium, dietary fibre, and protein is linked to dental impairment. A sufficient amount of saliva is required for efficient mastication and swallowing. Saliva is vital in the chewing process because it helps to bind food pieces together so that they can be swallowed without risking respiratory aspiration. Limited nutritional intakes appear to be linked to food preferences rather than the direct mechanical effects of poor chewing in people with poor oral function [1-5].

Maintaining a healthy nutritional status is critical since poor health can lead to underweight, which increases the risk of infection and mortality, or overweight, which raises the risk of chronic diseases like hypertension and diabetes. The link between dental and nutritional health in the elderly is complicated and contentious, and our present understanding is limited. The goal of this study was to see if there was a link between non-institutionalized elderly people's dental health and their dietary status.

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