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ORIGINAL ARTICLE

SELF-CARE IN ORAL HEALTH IN THE THIRD AGE: REPORT OF AN ELDERLY GROUP

AUTOCUIDADO EM SAÚDE BUCAL NA TERCEIRA IDADE: RELATO DE UM GRUPO DE IDOSOS

AUTOCUIDADO EN SALUD BUCAL EN LA TERCERA EDAD: INFORME DE UN GRUPO DE PERSONAS DE EDAD AVANZADA

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ABSTRACT

Objective: to identify self-care actions in oral health among the elderly. ***Method***: exploratory, descriptive and cross-sectional study with a quantitative approach. The population was made up of 300 elderly people registered to attend the meetings of the Municipal Living Center of the Elderly of Campina Grande/PB/Brazil. The results collected were organized in electronic database and analyzed in Statistical Package for Social Sciences (SPSS) version 14.0, after the project being approved by the Ethics Committee of the Universidade Estadual da Paraíba, CAEE 0275.0.133.000-09. ***Results***: the elderly people are mostly female, aged 60-65 years, having completed elementary school, living together with family and perform, mostly, some self-care actions in oral health, such as: teeth brushing and/or dentures more than twice daily. ***Conclusion***: elderly people exhibit extreme behaviors, sometimes accentuating positive attitudes, sometimes being negligent about self-care actions in relation to the oral cavity. ***Descriptors***: Oral Health; Elderly; Self-Care.

RESUMO

Objetivo*:** identificar as ações de autocuidado em saúde bucal entre idosos. ***Método*:** estudo exploratório, descritivo e transversal, com abordagem quantitativa. A população constituía-se de 300 idosos cadastrados para frequentarem as reuniões do Centro Municipal de Convivência do Idoso de Campina Grande/PB/Brasil. Os resultados foram organizados em banco de dados eletrônicos e analisados no *Statistical Package for the Social Sciences* (SPSS) versão 14.0, após a aprovação do projeto pelo Comitê de Ética em Pesquisa da Universidade Estadual da Paraíba, CAEE 0275.0.133.000-09. ***Resultados: os idosos são, na maioria, do sexo feminino, na faixa etária entre 60-65 anos, possuem ensino fundamental incompleto, vivem acompanhados com familiares e executam, majoritariamente, algumas ações de autocuidado em saúde bucal, tais como: a escovação dos dentes e/ou próteses mais de duas vezes ao dia. ***Conclusão*:** os senis apresentam condutas extremas, ora acentuando atitudes positivas, ora mostrando-se negligentes com as ações de autocuidado em relação à cavidade bucal. ***Descritores***: Saúde Bucal; Idoso; Autocuidado.

RESUMEN

Objectivo: Identificar las acciones de auto cuidado en salud bucal en la tercera edad. ***Método***: Estudio exploratorio, descriptivo y transversal, con un enfoque cuantitativo. La población estuvo conformada por 300 personas inscritas para asistir a las reuniones del Centro de Vivienda Municipal de las Personas de Edad Avanzada de Campina Grande/PB/Brasil. Los resultados se organizaron en base de datos electrónica, y se analizaron en el paquete estadístico para Ciencias Sociales (SPSS) versión 14.0, después de que el proyecto sea aprobado por el Comité de Ética de la Universidade Estadual da Paraíba, CAEE 0275.0.133.000-09. ***Resultados***: las personas de edad avanzada son en su mayoría mujeres, edad 60-65 años, después de haber terminado la escuela primaria, la convivencia con la familia y realizar, en su mayoría, algunas acciones de auto cuidado en salud oral, tales como: cepillarse los dientes y/o dentaduras más del doble de retiro diario. ***Conclusión***: las personas de edad avanzada presentan comportamientos extremos, algunas veces acentuando las actitudes positivas, algunas veces siendo negligente con respecto a las acciones de auto cuidado en relación a la cavidad oral. ***Descriptores***: Salud Oral, Personas De Edad Avanzada, Auto Cuidado.

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INTRODUCTION

The elderly population is one of the fastest growing segment in Brazil.[1] Data of SB Brazil 2010 Project - National Survey on Oral Health showed that the oral conditions of the elderly population, aged between 65-74 years are critical, particularly concerning the serious sequelae of dental caries and the need for upper and lower dentures. Among the elderly, 23% needed a total denture in at least one jaw and 15% needed double denture in both jaws. The scenario gives evidence to a high prevalence of edentulism (tooth loss) among this age group.[2]

It can be inferred that oral problems prevalent in this age group are root caries and periodontal disease, which contribute for the vast majority of tooth extractions.[1] In analogy to the framework that is established, a study on self-perceived oral health and impact life quality in the elderly found poor clinical status: on average 4.8 teeth present, the diagnosis concerning the situation in relation to teeth (D) decayed (C), lost (P) and filled (O) (CPOD) average of 29.9, with 92.8% of representativeness of the missing component (extracted - 91% and extraction indicated - 1.8%); 26 (57.7%) were edentulous; only 3 (7%) patients had more than 20 teeth present.[3]

Accordingly, the determinant factors show a need for studies that approach the correlation between oral health and third age. In any case, oral health is inextricably linked to the overall health and is an integral, essential and determining component for life quality people. Oral health allows to the subject actions such as: talking, smiling, chewing, feeling tastes and smells, among others.[4]

Therefore, although evidence focuses the significance of maintaining oral health, it seems that this is still a problem among populations. Even with numerous actions in this area, difficulties remain high in many communities, especially among groups without resources and in developing nations. Principally in Brazil, the dental practice model found in this country reiterates that people are in a serious need of oral health.[5]

One can establish as a major contributory factors to the poor conditions in oral health, the lack of self-care, understood as care carried out by healthy people or not, aiming at continually maintaining and/or restoring their health and well-being.[6] Self-care is based on the belief that the human being is able to care for themselves and their own health. It comprises a set of practices for the maintenance and enjoyment of physical and mental health.[7]

As a result, the oral health care should be a combination of the health professionals´ practices and that of individuals, who shall be effective subject s in this act. At most, it is possible to improve the oral health parameters at maturity, provided that people become involved since an early time in self-care actions such as tooth brushing, flossing, regular visits to the dentist, abandoning the smoking and alcohol consumption habit, among others.

The significance of this study focuses on the contribution to the reflective practice on the object of study. A greater emphasis is given to nursing professionals, since there is a lack of knowledge about oral health during their professional training. It should be noted that contributions may be more significant to consider that the oral health of the elderly population is still challenging, and self-care actions in the area by the study subjects are poor.

We also add that the results may encourage the development of health education strategies aimed at promoting self-care, an essential element for care, enabling individuals to perform autonomous activities essential to their quality of life.[8] Regarding the nurse's role as an organizer/facilitator of multifocal actions, this professional can help mitigate common oral problems during old age, from educational activities for self-care.[5]

OBJECTIVE

- To identify self-care actions in oral health among the elderly.

METHOD

For performing this study we used the exploratory, descriptive and cross-sectional research with a quantitative approach. The study population consisted of 300 individuals who were registered to attend the meetings at the Municipal Living Center of the Elderly of Campina Grande, Paraíba. From this quantity, we used non-probability sample by convenience, selecting 80 elderly people (27.7% of the total research framework), who met the three established inclusion criteria: being 60 years of age or older, being a frequent attendee (three times a week) at group activities and sign voluntarily, the Statement of Free and Informed Consent (SFIC).

As an instrument of data collection a form, which was previously validated from a pretest was used. In turn, the collection took place in

July 2009 in the very space of the aforementioned Living Center. The results collected were organized in electronic database with typing in Microsoft Excel spreadsheet software, version 2007, transported and analyzed in Statistical Package for Social Sciences (SPSS) or Statistical Package for the Social Sciences version 14.0. In this process they were coded, tabulated, and the data analysis was carried out using descriptive statistics, characterizing its quantitative approach, which emphasizes the measurable properties of the human experience.

It is noteworthy that the data were collected only after the project was approved by the Ethics Committee of Universidade Estadual da Paraíba, CAEE 0275.0.133.000-09, observing the assumptions of Resolution No. 196/96 of the National Health Council (CNS) of the Ministry of Health (MOH), which provides for human research matters.

RESULTS AND DISCUSSION

On the one hand, the generation of care lies in the desire to perpetuate life, and on the other hand the lack of care is a threat to life.[9] With such an understanding, we present the results and discussions of this study that sought to identify the self-care actions in oral health among a group of elderly people living Paraiba.

Preliminarily, the social and demographic profile of the elderly is outlined mostly by females (68.8%/n=55), aged between 60 and 65 years (32.5%/n=26) and low schooling (83.7%/n=67) - incomplete primary education (65.0%/n=52) and who did not study/no schooling (18.8%/n = 15). Making a demographic indicators research has a matchless relevance because the satisfactoriness or not of oral conditions in the elderly, such as edentulism, is influenced by these determinant factors.[10]

Data relating to sex resemble other national studies.[3,5,11-3] The Socio-Demographic and Health Indicators in Brazil in 2009, estimated that the population of Brazilian elderly people is delineated by 55.9% (women) and 44.1% (males), with a predominance of the female gender.[11] This phenomenon is characterized as feminization of the elderly population.[5] This fact is due to the lifestyle that women enjoy compared to men. This conformation, with a predominance of females at the elderly age group, is an aspect full of meaning, helping the planning of local programs for full assistance in the old age.[14]

As to age group, we can characterize it as consisting of “young elderly”. Similar studies carried out in Brazil also revealed a predominant age group between 60-70 years, resembling this research.[5,15]

Referring to the instructional level, it configured as alarming and connected with other studies.[5,11,15] Both showed the low educational level of Brazilian elderly people. It is critical to scrutinize the educational level of subjects participating in researches that emphasize the themes on health and oral health, especially among those in the old age, because the instructional level acts directly on such constraints.

We draw attention to the sample data, especially as regards the majority constitution of women, low socioeconomic class subjects, and poor education and factors that may have an impact on the restrictions of the study, and that highlight the attributes that express the reality of life of the Brazilian elderly population.[15]

Another evidence raised in this research included the fact that they reside in long-stay institutions alone or accompanied by relatives. This topic verified a predominance for those living essentially accompanied with relatives (78.8%/n=63). The result is relevant to oral health, given that the institutionalized elderly and/or people living alone have worse rates of self-care, falling with *deficits* in oral conditions, exerting a strong influence on the development of dental caries, increased tooth loss, halitosis and other determinant factors.[5]

In the second part of this research we highlighted data regarding self-care practices in oral health. The results of the data collection began with questions about the smoking and drinking habits. Out of the 80 elderly respondents in the study, 60.0% (n=48) reported not being a smoker, 32.5% (n=26) said they were smokers, but stopped and only 7.5% (n=6) emphasized being active smokers. In relation to alcohol consumption more than three times a week, it was noted that 68.8% (n=55) had never consumed alcohol more than three times per week, 28.7% (n=23) sometimes, and only 2.5% (n=2) always.

The results previously presented are important because the use of tobacco and alcohol interferes with general health, including oral health and such habits are strongly associated with oral cancer. Smokers (particularly of cigarettes) have a higher risk of presenting gingival alterations, immune problems, nutritional deficiencies, tooth loss and periodontal disease progression.[16-7]

Another matter performed referred to the use of dentures in the oral cavity, 85.0% (n=68) of the elderly in this investigation reported to use them and only 15.0% (n=12) do not use them. These results were expected, given the high prevalence of edentulism among Brazilian elderly people or not.[2,3,5,14,17,18] This situation ends up in need of dentures, towards improvement of the functions of chewing, swallowing, speaking and restoring aesthetics and sekf-esteem.[4,19-20]

It should be added that among the elderly people using prosthesis, 56.2% (n=45) said they did not sleep with it and 43.8% (n=35) did not remove the prosthetic element at bedtime. Removal of dental prosthetics before going to sleep should always be emphasized among the elderly population, because its withdrawal allows the rest of the contact area of the prosthesis, and is crucial for a proper cleaning with the use of sodium hypochlorite at 0.5%, because this compound should be used for immersion of the prosthetic apparatus in the product concerned, while being often more efficient than the very brushing act.[21] This oral hygiene practice is of low cost and has the potential to promote health and quality of care in the area of oral health in old age group.

Consequently, daily self-care practices for oral hygiene should be adopted routinely by the elderly obviously adapting them to their cognitive and functional status.

In relation to visits to the dentist (dental office), mostly, 45.0% (n=36) said they had never been to the said professional, 32.6% (n=29) attended once a year and 15.0 % (n=12) go every five years. Visits occurring four times a year or twice a year were represented by 3.7% (n=3), each. The data characterize a low demand for dental services. The result may be responsible for the positive perceptions regarding oral conditions, such as the practice of hygiene, lack of oral sores and bleeding gums, for example.

The warning is that the lack of concern with visits to the dentist may relate to the perceived need of dental care.[5,10,15] The finding is worrying because the study shows that not visiting a dentist is associated with oral cancer.[21]

To take care of the remaining teeth and dentures, the elderly people in this research referred predominantly to brushing (brush, dentifrice - toothpaste and water) and the use of mouthwash. In any case, the results showed that 2.1% (n=2) do nothing, 6.3% (n=6) use floss or toothpick, 13.7% (n=13) use mouthwash and most (77.9%/n=74) perform brushing (brush, dentifrice and water). It is noteworthy that in this questioning, the elderly people could choose more than one alternative, which generated 95 units of analysis.

The elderly people did not report use of substances such as sodium hypochlorite and 0.5% chlorhexidine, also capable of denture cleaning.[22-3] The data is suggestive that the elderly of this study have functional/motor coordination, as they stated being able to brush their dentures.

The data shown include some of hygiene measures for removable partial and total dentures available in the literature, especially cleaning using toothbrush and toothpaste or soap.[22] Concerning the routine use of mouthwash, its daily use presented in research, association with pharynx tumors, showing the significance of limiting its use.[21]

It is possible to maintain an oral hygiene by brushing with dentifrice. Therefore, it can be seen as an indicator of oral health because the neglect of oral hygiene can trigger various pathological processes such as stomatitis.[12,23]

Therefore, it is essential to take up health education behaviors, with a focus towards promoting self-care, seeking to inform third age members about the appropriate way to clean the oral cavity (prosthetic and tissues hygiene of the oral cavity), focusing on the natural teeth and artificial teeth. An emphasis should be given to the elucidation of the different cleaning methods, because the professional follow-up concerning the hygiene conditions of the elderly contributes to the efficiency of dental dentures in the long run.[23]

Regarding the brushing frequency of teeth and/or dentures, 46.3% (n=37) said they brushed twice daily, 35% (n=28) mentioned twice daily, 17.5% (n=14) once daily and 1.2% (n=1) said they never brushed at all. The number of brushing is significant to keep the hygiene of the oral cavity. It was noted in this and other studies, the concern of the elderly people concerning the performance of brushing of teeth and dentures once or more times a day, observing the maintenance of their oral health in a healthy status.[12-3]

About the performance of one's oral hygiene, 100.0% (n=80) of subjects reported carrying out measures aiming to oral hygiene independently. No elderly subject mentioned a total need of help or some supervision. The data was significant because studies state that elderly person who is considered more dependent has a greater possibility to present inadequate oral conditions compared to the independent one. This factor relates to the

fact that the former do not perform self-care for oral hygiene at satisfactory levels due to his/her physical weakness.[4,8]

One should add that knowing the degree of independence is extremely important because it is a crucial requirement for the quality of life when getting older.[3] Therefore, the emphasis placed on the fact that the elderly people in this approach are independent of others, the practice of general hygiene of their teeth or dentures may be related to their age, as they were considered young old subjects.

There was also a questioning about the performance of systematic mouth self-examination. Soon, it was found that 42.5% (n=34) of the subjects always perform the procedure, 30.0% (n=24) perform a few times and 27.5% (n=22) never do. Unlike this study, other research found 78% of the sample not performing oral self-examination, while 41.9% had had access to information about how to accomplish it.[24] Actually, this investigative method should be a practice among the elderly, because concerning oral lesions in old age, the periodic examinations of the oral cavity are important and can detect precursor lesions of this cancer, allowing a considerable improvement in patient prognosis.

Finally, we asked about guidelines received in order to sanitize the oral cavity. It was found that the majority (66.3%/n=53) had already received any type of orientation and 33.7% (n=27) had not. For those elderly people who had received information about the proper way to sanitize the oral cavity, those responsible for the information were in order of importance, the dentist (58.5%/n= 31), other health professionals (17.0 %/n=9), students (15.0%/n=8) and other means (family, neighbors, media, events) obtained 9.5% of the responses (n=5). Comparing this study with other research, other relevant data arose because contrary to the results of this, where the dentist was primarily responsible for proper guidance as to the oral cavity hygiene, another one emphasized family members[13].

It is noteworthy that a representative number of elderly (33.7%/n=27), however, had never been guided on how to cleanse the oral cavity, being essential for the adoption of health education principles, through the development of educational and multidisciplinary work, by means of simple and clear information, facilitating the understanding by the elderly people. Within this framework, the nursing professional is of paramount important because of his/her actions the prevention and promotion of health stand out. As such, he/she should seek theoretical knowledge of how to proceed in cleaning the oral cavity of the elderly, hence, motivating them to adopt a practice grounded in self-care, developing it properly, and with quality.

In conclusion, the need of proper guidance for oral hygiene among the elderly population is emphasized, especially for dentures, because even getting information, there remains the question in what level these guidelines are being given? Is it really true that the elderly people are understanding the dialogue between professionals and users? Such questions are relevant since even with the practice of oral hygiene by brushing at least once a day (brush + dentifrice + water), using the chemical method (using sodium hypochlorite at 0.5%) has shown to be more effective in cleaning the prosthesis than the brushing itself, and it had not been mentioned by elderly population in Campina Grande.

It is believed that the more we invest in education, the lower is the incidence of oral diseases. Information dissemination facilitates the promotion of health and self-care.[8,13] After all, a poor oral hygiene or its lack may be a risk factor for halitosis, denture stomatitis, papillary hyperplasia, candidiasis, periodontal disease and other oral and more severe systemic problems, while being able to happen to anyone, being most dangerous among the elderly, whose health often requires more attention and care.[13,22] Finally, “oral health and care with it in an edentulous patient are important to maintain adequate chewing, speech, appearance and psychological well-being”.[25:79]

CONCLUSION

It was possible to verify that some aspects are satisfactory and others are unsatisfactory as to self-care practice in oral health among the elderly in a living center in Paraiba. It was noted that the elderly people show extreme behaviors, sometimes accentuating positive attitudes, sometimes being extremely negligent relating to oral health care.

Such behaviors pose a great challenge to be overcome, while the adoption of measures related to the field of oral health care in old age is of paramount relevance. From the findings, we highlight the importance of developing educational programs that prioritize performance behaviors, values and actions that promote greater health and quality of life to the maturity group.

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