

Oral Health Knowledge of Seniors Joyful Hearts Grandparents House

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ABSTRACT

Introduction: Health education is an essential element, which aims to promote, organize and guide the public on what to do to maintain optimal health in the third stage of life.

Objective: Identify the level of knowledge about oral health of older adults.

Method: A descriptive study of transversal cut was made in the period from January to March 2018 to 44 seniors belonging to the grandparents' house belonging to the joyful hearts Policlínico Universitario "Salvador Allende, located in the municipality Boyeros, Havana. He applied a survey on oral health for the elderly age, sex, level of education, use and care of the prosthesis causes of tooth loss, knowledge on preventive measures of oral diseases, toxic habits and oral self-examination, where the following variables were analyzed.

Results: The group of 75 to 89 years predominated with 47.7%, 52.3% of seniors were female and secondary prevailed with 29.5%. A predominance of knowledge concerning the level of low level (66%) was identified.

Conclusion: Predominant group of 75 to 89 years of age, female gender and secondary school, there is a low level of skills in older adults who participated in the research.

Keywords: Elderly, Prosthetics, Oral cancer, Knowledge level

INTRODUCTION

Aging is one of the few features that unifies and defines all human beings. It is considered a universal phenomenon, a dynamic, irreversible, inevitable and progressive process, in which multiple factors: biological, psychological and social that involves a number of physiological changes that influence the function of the organism as a whole, considered by some authors' an error of the genetic code [1-3].

It defined as the progressive increase in the proportion of elderly in a given population. In recent decades the analysis of demographic changes over 60 years reflects a fact of great importance, the increase in number of those aged 80-85 years as a result of increased life expectancy. Due to current demographic changes, the number of individuals in the world beyond the barrier of 60 years increased from 400 million people in the decade of the 50 to 700 million people in the 90s of last century and it is forecast to around 1200 million elderly exist in 2025 [4-6].

Stomatological care for the elderly is one of the sectors of health involved mostly due to the high values of prevalence

and incidence of oral diseases. Older adults are at high risk of dental buco condition, although it has the necessary and updated on aging knowledge society in general and the same elderly, continues to accept oral and masticatory apparatus deterioration as an inevitable process of aging. The interrelationship between oral health and general, is particularly close in the elderly, however, the barriers to good oral health are considerable [7].

Most elderly adults retain a significant degree of their mental abilities, cognitive and psychological; remain in good

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physical condition until well into old age, in addition to perform everyday tasks play an active role in community life. Conservation maximum functional capacity is so important for the elderly, as being free of diseases bucales [8].

Educate seniors to promote and protect the health, knowing the risk factors for the major oral diseases, will be the goal to be achieved by the model of dental care that responds to the concept of Integral General Stomatology (EGI), places man as a bio-psycho-social being on different factors that influence risk, such as attributes that can act negatively on the occurrence, development and perpetuation of enfermedades [9,10].

Consider that with age becomes more difficult to obtain new knowledge and learn new practices and behavior change is slower, although we associate with the psychological, physical status and quality of life. Therefore, recovery, health maintenance and function of the oral cavity in the elderly affects significantly their quality of life and the responsibility does not lie solely in the hands of the dental profession, but in all healthcare and society and particularly in all families within which there is some adult greater [11].

Health education is a distinctive field in the transmission of knowledge and the development of a strategy for the conservation of health of the individual, collective behavior and society [9].

For all the raised and the lack of previous studies in the territory, it was determined this research in order to identify the level of knowledge on oral health of seniors in the House of grandparents happy hearts.

METHODOLOGICAL DESIGN

A descriptive study of cross section to the elderly population attending the grandparents' house belonging to the joyful hearts Policlínico Universitario Salvador Allende, located in the municipality Boyeros, Havana was conducted. The study period was from January to March 2018. The population consisted of 44 adults of both sexes belonging to the institution.

To achieve the objectives the survey of knowledge of The National Program of Stomatology Health [9], the following

variables was applied, modified according to the objectives which were analyzed and operationalized:

- **Age:** 60-74, 75-89 and 90-99, 100 and more as the years met.
- **Sex:** As biological group (female and male).
- **Level schooling:** Taking into account the last level up, except the primary.

The survey addresses on five aspects:

1. Knowledge use and care of the dental prosthesis.
2. Knowledge about causes of tooth loss.
3. Knowledge about preventive measures of oral diseases.
4. Knowledge of toxic habits.
5. The knowledge of oral self.

To each of whom it was given a score that allowed quantitatively evaluating the survey in its entirety.

ETHICAL CONSIDERATIONS

Each individual in what was the investigation, only one oral examination to detect diseases or lesions of the oral cavity, without invasive procedures and with all the requirements of hygiene and sterilization of the instrument would be conducted was explained in detail. He insisted that his participation would be completely voluntary, without detriment to the relationship with health personnel as a result of refusal to participate.

The investigation rigorously followed the ethical precepts for research and design related research, the procedures of good practice and care data (anonymity, confidentiality and security), in line with the provisions for epidemiological investigations.

RESULTS

Figure 1 shows the elderly age and sex, it can be seen the prevailing age group was 75 to 89 years representing 47.7% of the sample studied. As for sex, there was a slight predominance of women with 52.3%.

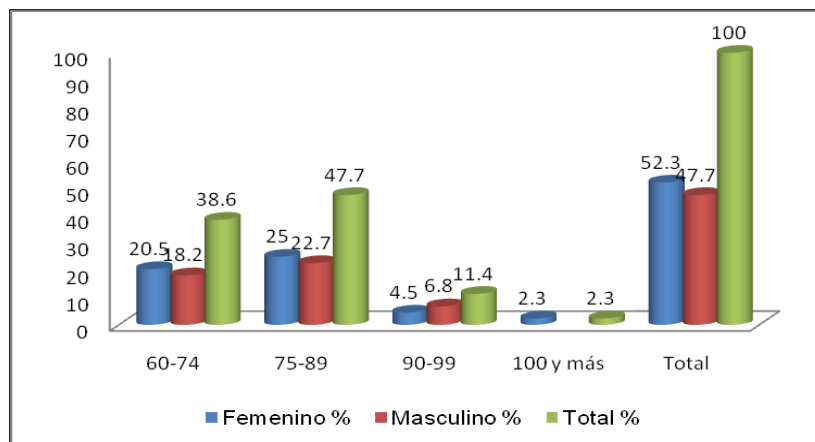


Figure 1. Adults older age and sex.

Source: Survey knowledge

Older adults studied as educational level and sex is shown in **Figure 2**. There was a predominance of basic secondary patients (29.6%), followed by pre-university (27.3%). No

significant relation between the level of schooling and sex found.

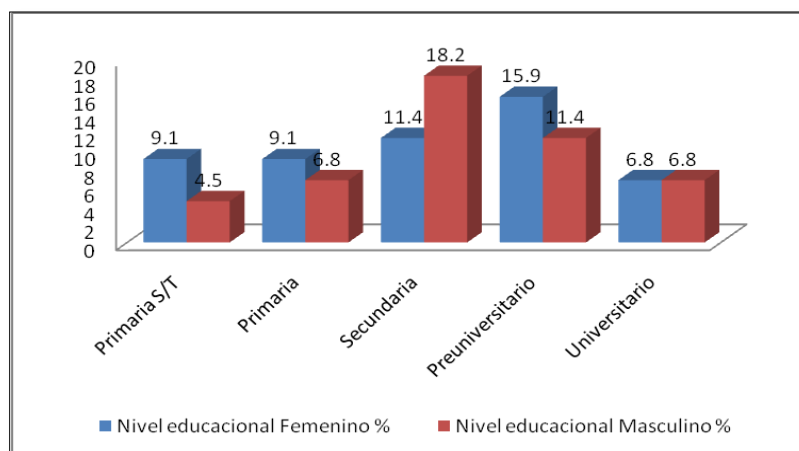


Figure 2. Elderly as educational level and sex.

Source: Survey knowledge

In **Table 1** the knowledge on oral health-related criteria shown. On the use and care of dental prostheses of all older adults studied 72.7% had incorrect knowledge about this. As

for knowledge of causes of tooth loss and the preventive measures of oral diseases they possessed 65.9% and 70.5% respectively incorrect assessment.

Table 1. Knowledge of criteria related to oral health.

Criteria	Knowledge (N=44)			
	Right		Incorrect	
	Do not	%	Do not	%
Use and care of dental prostheses	12	27.3	32	72.7
Causes of tooth loss	15	34.1	29	65.9
Oral disease prevention measures	13	29.5	31	70.5

Source: Survey of knowledge

Table 2 presents knowledge of toxic habits that affect the oral cavity is reflected. It was observed concerning the knowledge of consumption of hot meals, the highest percent (79.6%) of incorrect answers. Mientars the incorrect level of knowledge regarding the toxic alcohol and smoking habits had a similar behavior with 61.3 and 63.6%, respectively.

Table 2. Knowledge toxic habits that affect the oral cavity.

Toxic habits	Knowledge			
	Right		Incorrect	
	Do not	%	Do not	%
Smoking	17	38.6	27	61.3
Alcoholism	16	36.3	28	63.6
Foods hot	9	20.4	35	79.6

Source: Survey of knowledge

In **Table 3** the knowledge about the existence of oral self-examination is observed. 75% of seniors were unaware of their existence, 84.1% did not have adequate knowledge of the manner and frequency in which the same should be done.

Table 3. Knowledge oral self.

Buccal aspects of self	Knowledge (N=44)			
	Yes		Do not	
	Do not	%	Do not	%
Existence	11	25	33	75
Shape and frequency of performing	7	15.9	37	84.1

Source: Survey of knowledge

Table 4 shows the level of knowledge about oral health of older adults studied in the overall assessment, the prevailing low level of knowledge with 66% of the sample.

Table 4. Elderly according knowledge level oral health.

Level of knowledge	Older adults surveyed (N=44)	
	Do not	%
High	3	6.8
Medium	12	27.3
Low	29	66
Total	44	100.0

Source: Survey of knowledge

DISCUSSION

The aging population is considered, rightly, one of the great challenges for humanity in the twenty-first century [12,13]. Seniors shown in **Figure 1** by age and sex, the same can be seen that the prevailing age group was 75 to 89 years and on sex predominated feminine.

The above results agree with those obtained by Lima et al. [13] in Brazil in terms of age group and sex. On the other hand there were also matches the results of Ordaz Hernández et al. [14] in the city of Pinar del Río respect to age group, but it was not about sex where men predominated.

Cuba sex behaves as in the rest of the world, predominantly male births. These are subsequently affected by other

conditions such as excess mortality, which brings with it, which predominates in advanced age females or that women get to live longer than men. Situation occurring product given physiological differences between them and the roles they assume in society, among many other aspects [12,15,16].

As for the educational level of the elderly and sex (**Figure 2**); the results of this research are consistent with those reported in Taiwan by Yen et al. [17], predominating in both the secondary and differ with studies by Moreno et al. [18] at the University of Antioquia and Carneiro et al. [19] in Brazil, where predominated the primary educational level or a low level of schooling.

Taboada Aranza et al. [20] in the work entitled "Oral Health profile in a group of Hidalgo State Aging" a predominance of primary level was found (until sixth year of instruction), no matching results with the present study.

Table 1 shows some related oral health criteria. Lajes et al. [21] reported in their work there knowledge in a general sense by seniors about the use and care of dental prostheses; differing results with those obtained by the author. The final report of the investigation conducted in the province of Holguin by Romero et al. [22] matches this study.

On issues concerning the cause of tooth loss or preventive measures of oral diseases results are consistent with research reports conducted by Martínez Pérez et al. [23] entitled Educational intervention on oral health club Senior Citizens United for Health and Barrio Pedraza et al. [24] in the city of Cienfuegos.

Upon analysis of the results obtained with respect to knowledge of toxic habits that affect the oral cavity it was found in all cases more than 60% of the sample had incorrect knowledge.

Results that correspond to the high presence of toxic habits in the elderly population, is consistent with that reported by Marín Páez et al. [25] at the Polyclinic "Dr. Tomas Romay" Havana. In the city of Pinar del Rio Dr. Paredes Diaz et al. [26] reported on his research a high influence of smoking and alcoholism in the health of Pinar del Rio population, which is related to the results obtained on the low awareness of the damage causing toxic habits.

In recent years, it has increased the incidence and mortality from oral cancer. The increased morbidity and mortality, sequelae of operations and the cost of treatments have led some countries projected regional programs to detect lesions as early possible [27].

In Cuba Dr. Santana Garay [28] designed the Program of Oral Cancer Early Detection, which describes the development of self-oral examination. It is the responsibility of the dentist performing active investigations to detect lesions of the oral cavity in early stages, teach patients how to perform oral self-examination.

The results coincide with those set by Mendoza Fernandez et al. [29] and Rodríguez González et al. [30], both reported that the population had inadequate knowledge on oral self-examination.

Table 4 reveals it overall assessment of the level of knowledge about oral health of older adults studied. Predominated the level of knowledge on oral health, which coincided with the results achieved by Lauzardo et al. [31], similarly behaved obtained in Mexico by Rodriguez et al. [32].

CONCLUSION

- Predominant age group 75 to 89 years, female gender and education level of secondary school.
- There was a predominance of levels of knowledge about oral health of the elderly low.

REFERENCES

1. Bayarre HD (2017) Multiple perspectives for the analysis of demographic aging. A necessity in today's health care environment. *Rev Cuban Public Health* 43: 313-316.
2. Rodríguez JR, Tabares VZ, Jiménez ES, López RS, Del Carmen Cervante Ramos M (2014) Comprehensive geriatric assessment, importance, advantages and benefits in the management of the elderly. *Panorama Cuba and Health* 9: 35-41.
3. Gonzalez LMF, Restrepo GDE, Rovira APT, Ceballos MV, Gil DLC (2011) Description of clinical oral mucosal changes in older adults. *Natl J Dent* 7: 28-34.
4. Arango DC, Peláez E (2012) Population aging in the twenty-first century. Opportunities, challenges and concerns. *Uninorte Health* 28: 335-348.
5. Montero I, Bedmar M (2010) Leisure, free time and volunteer elderly. *Polis Internet* 9: 16.
6. Padilla LMS, Pérez UG, González AA, Gallestey JB (2014) Psychological quality of psychic life and physical health status in the elderly. *Rev haban cienc méd* 13: 337-349.
7. Pérez BL, Legrá SMM, Suarez LP, Almestoy LC (2013) Mouth diseases in the elderly. *CCM* 17: 477-488.
8. Fuentes MR, Peña YA, López IBH (2016) Self-perception of oral health in elderly patients with dental prosthesis. *Rev haban cienc méd* 15: 210-221.
9. Cuba MINSAP (2011) National Program of comprehensive dental care to the population. Educational program for a group of Senior Citizens. Campaign for Dental Health Education (CESD). Havana: Editorial Medical Sciences, pp: 150-262.

10. González GN, del Castillo EMM (2013) General integral stomatology. Havana Medical Sciences, p: 359.
11. Alvarez Lauzarique ME, Rocha Rosabal M, Bayarre See HD, Almenares Hernandez K (2014) Quality of care for the elderly in the physician of the family. *Cubana Med Rev Gen Integr* 30: 388-401.
12. Cuba MINSAP (2016) Ministry of Public Health. National Directorate of Medical Records and Health Statistics. Health Statistical Yearbook. Havana. Available at: <http://bvscuba.sld.cu/anuario-estadistico-de-cuba/>
13. Gonzalez R, Cardentey J (2015) Population aging: A challenge for health professionals in Cuba. *Rev Haban Cienc Méd* 14: 887-889.
14. Lima I, Pinho HH, Caracterização K (2012) Correia da Saude mouth of Permanence longa instituiçãobeneficente idososemuma of Joao Pessoa-PB, Brazil. *Rev Cubana Estomatol* 49: 193-203.
15. Ordaz Hernández E, Ordaz Hernandez M, Rodriguez Perera EZ (2015) Oral health in geriatric population: Experience in a grandparents' house. *Rev Med Sci* 19: 423-432.
16. Miranda MA (2016) Perspective of the aging in Cuba. *AMC* 20: 228-230.
17. Miranda J (2012) Tarragó oral health and healthy aging. *Rev Cubana Estomatol* 49: 88.
18. Yen YY, Lee HE, Wu YM, Lan SJ, Wang WC, JK Du, et al. (2015) Impact of removable dentures on oral health-related quality of life in adults elderly Among Taiwan. *BMC Oral Health* 15: 1.
19. Moreno JA, Montoya AF, Gomez DP, Grove A, Zea FJ, et al. (2012) Oral health situation and status edentadobimaxilar prosthetic patient who comes to the Faculty of Dentistry at the University of Antioquia: A pilot study. *Rev Fac Odontol Univ Antioq* 24: 22-36.
20. Carneiro Leao GM, Jorge Moysés S, Moysés Tetu S, Olandoski M, Anselmo Olinto MT, et al. (2015) Social, economic and behavioral variables associated with oral health-related quality of life among Brazilian adults. *Ciência Saúde Coletiva* 20: 1531-1540.
21. Aranza OT, Colonel XC, Palacio RDH (2014) Profile of oral health in a group of seniors from Hidalgo State. *Revista ADM* 71: 77-82.
22. Ugarte ML, López JA, Ramirez SMF, Hidalgo SH (2014) Breach of prosthetic rehabilitation post signs and their influence on quality of life. *Rev Hum Med* 14: 32-47.
23. Junquera CRR, Rodríguez BG, Ortega SG (2015) Prosthodontics state and oral health status in patients who applied prosthetic repairs. *CCM* 19: 38-50.
24. Pérez Martínez ML, Santos Legrá M, Ayala Pérez Y, Rodríguez Ramos I (2016) Educational intervention on oral health in the elderly club united for health. *CCM* 20: 692-701.
25. de Jesus Barrio Pedraza T, Delgado NS, Neighbourhood EVP, Betancourt AMQ (2009) Educational intervention program for oral health in the elderly. *MediSur* 7: 1-6.
26. Marin Páez W, Loyola Veiga L, Reyes Revilla Y, Mesa González DL (2017) Oral lesions in older adults and risk factors. Polyclinic "Dr. Tomas Romay", Havana, Cuba. *Rev Haban Cienc Méd* 16: 770-783.
27. Diaz Paredes R, Orraca Castillo O, Torres Marimón ER, Casanova Moreno MC, Martinez D, et al. (2015) Influence of smoking and alcoholism in the state of health of the population. *Pinar Rev Med* 19: 46-55.
28. Rodriguez E, Santana KA, Jacas MJ, Quevedo K (2014) Evaluation program for early detection of oral cancer. *AMC* 18: 642-655.
29. Santana Garay JC (2002) Prevention and diagnosis of cancer. Havana: Editorial Medical Sciences, pp: 38-45, 59.
30. Fernández MM, Gonzalez AMO, del Carmen Abreu Noroña A, Perez OR, Mena MG (2013) Educational intervention for the prevention of oral cancer in older adults. *Rev Med Sci* 17: 24-32.
31. González GMR, Gonzalez CFV, Suárez HFC, Morales DV (2017) Knowledge about oral cancer in a sector of the population. *Rev Med Electrón* 39: 233-244.
32. del Prado GLG, Hernández CMG, Castillo MQ, Hernández NG, Puig JF (2009) Characterization of oral health status and level of knowledge in geriatric patients. Caricua: Venezuela. *Haban Cienc Rev Méd* 8.
33. Rodriguez MD, Zárate E, Stewart K, García-Vázquez JP, Ibarra EJE (2015) Ambient computing to support the association of contextual cues with taking medication. *Rev Mexican IngBioméd* 36: 193-209.