

Older Patients' Views of Oral health and Access to Dental Care Services: A Qualitative Systematic Review

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Introduction

The global population is aging at an increasing rate. Elderly populations provide greater challenges for healthcare services, including within the dental field. However, an association between aging and a loss of regular contact with dental care services exists.

There is a need to identify factors which facilitate or prevent older people from accessing dental care services.

No qualitative review existed that synthesised and brought together themes related to independently living older people's views about accessing dental services. With the intention of addressing this gap, a systematic review was undertaken, conducted according to an *a priori* protocol.

Method

The review was conducted according to JBI methodology for qualitative systematic reviews (Lockwood *et al.*, 2017).

Definitions of older adult vary between countries. For this review, 'older' refers to those aged over 65.

Dentistry and Oral-Sciences Source, CINAHL, MEDLINE and AMED were searched.

The JBI QARI Critical-Appraisal Checklist for Qualitative Research was used by two independent reviewers, to assess the papers' validity and suitability for inclusion.

As data were extracted, descriptive categories were devised that pooled data according to similarity. Categories then underwent meta-aggregation, producing a body of synthesised results.

Results

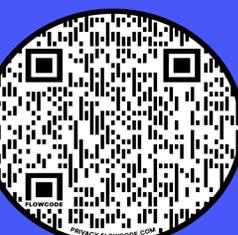
The search identified five studies for synthesis (Giddings *et al.*, 2008; McKenzie-Green *et al.*, 2009; Borreani *et al.*, 2010; Gregory *et al.*, 2012; Derblom *et al.*, 2017). They took place in three countries; New Zealand, Sweden and the UK.

The JBI QARI critical-appraisal checklist was used to assess validity and methodological quality.

Forty-six units of analysis were extracted. Units of analysis were synthesised and placed into one of 18 descriptive categories. The categories were inductively synthesised into five themes.

Previous dental healthcare experiences influence older peoples' health perceptions and health-seeking behaviours. Dental service provision and the **perceptions** of dental professionals require **adaptation** to accommodate the needs of adults as they age. This includes provision of **domiciliary services and nationally subsidised dental care**

'... you have to book transport or ask someone to drive, it gets complicated with everything.' (Derblom, 2017)



'The murder house was an appropriate name for the school dental clinics, believe me.' (Gregory, 2012)

'...old people may have problems with forgetfulness, it would be helpful if someone could come here.' (Derblom, 2017)

'Well hang it all, I am 74 now, it [my oral health] can't really matter, can it?' (Giddings, 2008)

'I can't afford to go to the dentist. I have pain sometimes, and have for several months, but it's so expensive.' (Derblom, 2017)

Discussion

This synthesis of rich, in-depth studies has provided valuable insight into needs and concerns of older adults. Oral health practices and perceptions are established and institutionalised over a lifetime and there are older adults for whom oral hygiene practices have never been established or perceptions of dentistry have not changed with the times.

Healthcare systems struggle to accommodate the increasing needs of independently living older people. A consumer-demand for domiciliary services exists; however, the poor remuneration and logistical challenges of domiciliary care make them unattractive to providers.

Older people raised concerns about receiving treatment from auxiliary staff. It would be useful to conduct further studies on why patients were concerned and how to address this.

Conclusion

Experiences aggregated over a lifetime inform older adults' perceptions of oral-health and care providers, which in turn acts as a barrier or facilitator to care.

Older people share the perception that the lack of affordable care prevents regular access. Oral healthcare fell down the list of personal priorities for older people and they faced the stark choice of whether oral care was worth its associated costs and inconveniences, when they may not live much longer.

Dentists need to be sensitive to generational differences in dental experiences, as practice has changed dramatically over time and appreciate that aging impacts upon an individual's ability to access services.

This synthesis has allowed areas for change within dental and social care provision to be identified and prioritised; it also demonstrates where future impact studies can focus.

Recommendations

Practices could organise appointments to coincide with public transport. Liaison between local councils and dental services would help to make public-transport routes conducive to reaching the dentist.

Future service-commissioning might increase numbers of state-subsidised general practices. There is demand for domiciliary services, which could be made more attractive to care providers.

Further research could determine how their implementation changes older people's access.

Selected References

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Meta-aggregation: Oral Health Perceptions and Oral Care Access

Aggregated Oral Health Experience

Older peoples' perception of dental care is largely informed by emotional experience and satisfaction with the outcomes of previous visits.

Older people became increasingly tolerant of dental problems, accepting them as everyday experiences rather than health issues requiring attention. This marked a shift in views of oral-health, related to net-benefit of accessing and receiving care against cost and inconvenience, when they may not live much longer

Taking responsibility for oral health

Several findings demonstrate ambivalence toward the concept of oral-health and that it pertains to more than health of teeth.

Despite acknowledging need for self-care, many expected a natural and inevitable decline in oral health with age and that the organisation of dental appointments was only necessary if in pain or if the dentist called them in.

Practical Issues related to Access

The effort and complexity involved in organising transport and appointments was a barrier to services for some, whereas for others, it was unwillingness to 'put-upon' family. Perceived lack of flexibility by dental clinics to accommodate transport and timing issues also impeded access. An opinion expressed across all studies was that issues surrounding care access could be overcome by provision of domiciliary care

Negotiation of cost

Older peoples' care-seeking was strongly influenced by perceived cost. Even after experiencing prolonged pain, cost remained a barrier to care. Privatisation of the dental sector could compound the cost of care and was viewed as unfair towards low-income older people, left without accessible state-subsidised practices

Role of the dental professional

Confidence in dentists and their behaviours were important contributors to altering peoples' perspectives, and to portraying oral-health and care positively. Elderly people expressed mistrust when receiving care from auxiliary staff such as hygienists. There was a lack of understanding regarding their role and were seen to be less well-qualified; patients expressed a desire for all care to be undertaken by dentists