

# Oral Health-Related Quality of Life in Nursing Home Residents: A Cross-Sectional Study

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## Background

- With an increase in medical comorbidities, decreased ability to perform self-care and access to professional care, many geriatric patients present with compromised oral health.
- Pain, infection, and a decreased ability to chew and speak are amongst the most noticeable quality-of-life concerns caused by the decline in oral health, which also includes the psychological effect of their worsening oral health and their change in appearance & ability.



Figure 1: Dentist treating nursing home resident

## Objective

- The objective of this study is to assess if the oral health services provided by the "Holistic Oral Health Program for Elders (HOPE)" program is making a difference in the nursing home residents' oral health-related quality of life (OHRQoL).

## Materials and Methods

- The HOPE team provides oral health care services to low-income nursing home residents in San Antonio, Texas.
- A cross-sectional study was done on a preliminary sample of 36 out of a convenience sample of 100 nursing home residents who received oral health services from the HOPE program.
- A modified OHIP-14 questionnaire assessed nursing home residents' OHRQoL perceptions after oral health services was provided to them.
- Some examples of the questions included in the modified OHIP-14 questionnaire are "Have you had painful aching in your mouth?", "Have you been a bit embarrassed because of problems with teeth, mouth or dentures?"

## Preliminary Results

Table 1: Highest number responses for each question according to sociodemographic characteristics and oral health behaviors; N (%)

Question	Highest number response
1. Age (mean, SD)	64.6 (10.0)
2. Gender	Female; 19 (52.8%)
3. Ethnicity	Hispanic or Latino; 17 (47.2%)
4. Highest education level attained	High School or equivalent; 14 (38.9%)
5. What is your current smoking status?	Former smoker; Never smoked; 12 (33.3%)
6. How often do you have a drink containing alcohol in the past year?	Never drank; 23 (63.9%)
7. How often do you consume sugar-sweetened beverages?	More than once a day; 12 (33.3%)
8. How often do you consume candy and sweets?	Rarely; 12 (33.3%)
9. When did you last visit the dentist?	More than 6 months, but not more than 1 year ago; 14 (38.9%)
10. How many times do you brush your teeth daily?	Once a day; Two times or more each day; 15 (41.7%)
11. How often do you use dental floss?	Never; 27 (75.0%)

Table 2: OHIP-14 Summary scores for each item and summary scores for each domain after treatment by the HOPE team; N = 36; Mean (SD)

Domains	Items	Summary scores for each item	Summary scores for each domain
Functional Limitations	Trouble pronouncing words	2.13 (0.885)	2.03 (0.943)
	Taste worsened	1.60 (1.14)	
Physical Pain	Aching Mouth	2.44 (1.29)	2.37 (1.15)
	Discomfort in Eating Food	2.00 (0.966)	
Psychological discomfort	Being self-conscious	2.63 (1.15)	2.76 (1.12)
	Feeling nervous	2.67 (1.30)	
Physical disability	Unsatisfactory diet	2.21 (1.25)	2.14 (1.08)
	Interrupting meals	1.86 (1.07)	
Psychological disability	Difficulty relaxing	2.50 (1.08)	2.47 (1.22)
	Embarrassed	2.43 (1.40)	
Social disability	Irritable with other people	2.00 (1.41)	2.07 (1.30)
	Difficulty doing usual jobs	2.33 (1.53)	
Handicap	Life less satisfying	2.00 (1.22)	2.05 (1.12)
	Unable to function	2.00 (1.41)	

- Of the preliminary 36 study participants, the mean age was 63, the majority were female, Hispanic or Latino, and graduated from high school. Most of them were former smokers or never smoked, never drank, rarely consumed candy, and consumed sugar-sweetened beverages rarely or more than once a day.
- Regarding oral health behaviors, most of the participants last visited the dentist more than 6 months ago, but not more than 1 year ago. They also brushed their teeth once, twice or more times a day and most never flossed.
- The responses to the OHIP-14 questionnaire after treatment by the HOPE team show that most of the participants never had any symptoms or conditions to begin with and the next highest summary scores were for those who felt tense and worried due to problems with their teeth, mouth, or dentures and for those who found it difficult to relax because of problems with their teeth, mouth, or dentures.

## Preliminary Conclusion

- The preliminary findings reveal that psychological discomfort and psychological disability were the domains with the highest OHIP scores.
- To improve the quality of their service the HOPE team should consider questioning of patients at the time of their appointment as to how their last treatment has impacted their quality of life and re-evaluate the patient or past procedures depending on the response. The HOPE team should ascertain the reasons for patients not flossing and recommend an alternative to flossing if necessary.

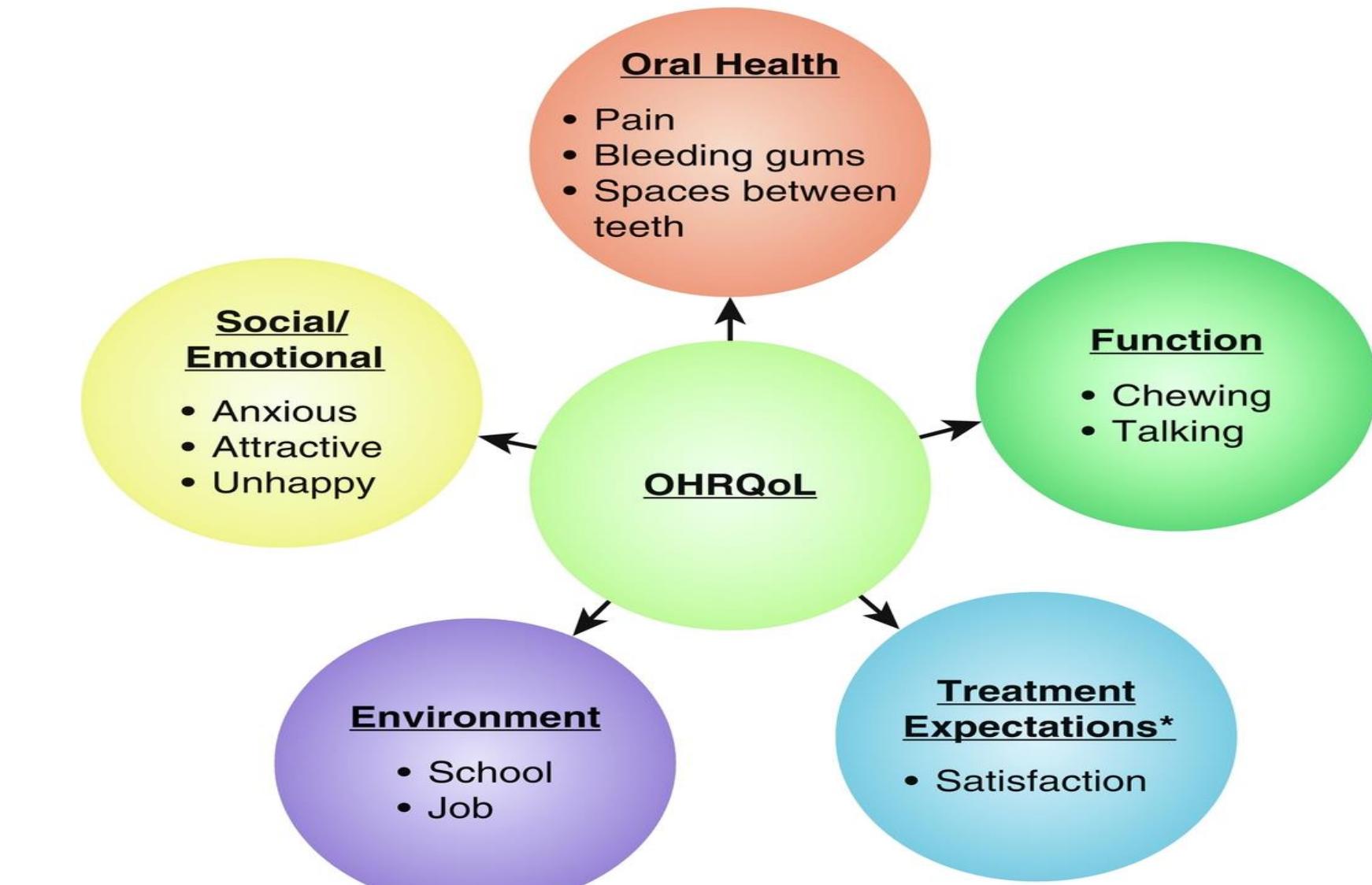


Figure 2: The Five Dimensions of influence of OHRQoL

## References

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