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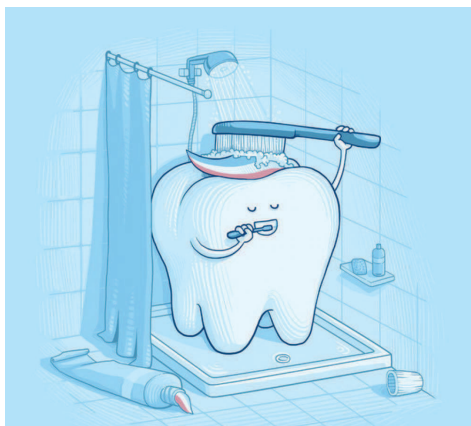
“Importance of dental care in haemophilia patients with inhibitors” with Dr Alison Dougall from Ireland

AGEING AND DENTAL CARE

What are the challenges?

Thinking of people who are older with an inhibitor and who might possibly have a denture. Could there be problems with the denture if they break?

The thing is that we see less and less older people with dentures, so it is becoming less of a problem. But certainly, you don't want any sharp bits in your mouth. If you have broken your teeth, you need to have it looked at it as soon as possible. You don't want to lacerate your tongue.



Dental home

But the problem is that many people with haemophilia and inhibitors do not have what is called a dental home. There is this concept in medicine and dentistry that everybody should have a dental home. That is somewhere where they go regularly without waiting for a problem to come. A dental home means that the dentist can get used to them and they get used to the dentist. They can have a good relationship with the haemophilia team. So if something happens, it means there is no struggle to suddenly find a dentist to treat you. People have a partnership from childhood to older age. In older age this is where there are going to be problems. Because people take medication that dries

their mouth out. Saliva that I was talking about before has disappeared or is much less, so all of a sudden the teeth are in much greater risk.

Preventive dentistry

I think in Western Europe there is a culture of preventive dentistry, but in Eastern European culture preventive dentistry is something relatively new. People go to a dentist when they have a problem, rather than having this concept of going regularly. So, when we are writing this protocol for people with haemophilia and inhibitors we need to write that people need to go and see their dentist every 4-6 months.



Ageing and oral health

Now we face other problems than just dentures. I am starting to do my first rounds of visits to people with haemophilia in residential homes, and they have all of their teeth. But they are now infirm and cannot get to the dentist. In the past it was easy, because the older people had dentures but now they have teeth. We need to make sure when people are going into residential care or people are getting older, that we have a protocol in place to

look after their teeth, to really prioritize oral health. Otherwise we will have problems with older people and tooth decay.

Older people are now at more risk than young children. I notice this when I go to ageing conferences – the mouth is very rarely talked about. People forget that older people have teeth, because this is a new problem.

So again, if we are writing a protocol for older people, we need to remember that they will have problems manipulating a toothbrush, they will have poor vision to see if they have cleaned their teeth properly and this is a global problem. That is why oral health of older people is now on WFH hitlist. It is not all about children, it is also about our older people.



Comorbidities

People with comorbidities, such as HIV or HCV are at a higher risk of developing mouth cancer, so they should have their mouth checked at least once per year. But people are scared to go to the dentist. Especially, the older people, because they had a horrific time at the dentist in their youth.