Necessity and Influencing Factors for Integrating Oral Health in Cancer Care for Older People

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Introduction

The number of older people with poor oral health diagnosed with cancer is increasing rapidly. However, integration of oral health in cancer care for older people to prevent or minimize oral health complications of cancer treatments is uncommon, except in head and neck oncology. The aim of this narrative review is to describe the need, role of and factors influencing the integration of oral health(care) into cancer treatment in older people.

Methods

MEDLINE, CINAHL, PubMed, Scopus, and Web of Science databases were searched for papers published the last 10 years that focus on oral health in older people diagnosed with cancer, impact of oral health on cancer therapy and integrated oral health in cancer treatment. A three-step framework of literature search and screening, data extraction, and analysis was performed. From 523 related papers, 68 relevant publications were included and summarized.

Conclusion

Oral health is necessary to maintain functional and social capabilities for the overall well-being and health (Fig:1).

Older patients are more vulnerable to adverse effects of cancer therapies (Fig. 2,3).

Oral complications from cancer therapies are inevitable but timely screening, prevention and treatment can help improve the journey. Managing oral complications is critical for basic oral functions such as eating, chewing, speaking, swallowing. Focus on oral health before, during and after cancer therapy is essential for general health and oral function to prevent pain, malnutrition, compliance with therapy. There is a need for multidisciplinary collaborations in cancer teams for older patients for improved outcomes (Fig 3,5).

Identified Research Gap

Limited Research On Integrating Oral Healthcare In Cancer Care for Older People necessitating further research.

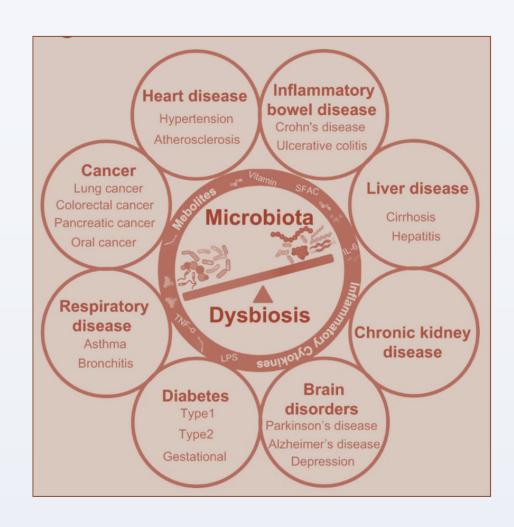


Fig. 1: Importance Of Oral-systemic Connection **As Human Microbiota Dysbiosis Contributes To Various Diseases**

Older adults comprise: *13.4million new cancer *280 million suffer from

oral diseases

oral care

*Cognitive decline with

reduced ability to maintain

*Pre-existing oral diseases, risk factors and habits. *Functional and Financial Dependency

*Comorbidities. Polypharmacy and their side effects

Fig. 2: Importance Of Oral Healthcare For Older People With Cancer

Results

Fig 3: The reviewed literature had four main foci

Oral Mucositis Xerostomia (Dry Mouth) Osteoradionecrosis, Oral Diseases, and Infections, Loss of taste and smell (neurosensory oral complications), Dysphagia(inability to swallow)

1. Oral Complications due to Cancer Therapies

3.The Role of

Integration of Oral

Health in Cancer

Care for Older

People

2.The Need for Oral Healthcare in Older People with Cancer

4.Factors Influencing the Integration of Oral Health in Cancer Care for Older People

Ageism in Cancer Care, **Oral Health Literacy for Patients and Caregivers, Lack of Interprofessional** education and Collaboration **Between Oral Healthcare** Professionals and Oncology Specialists, **Financial Considerations**

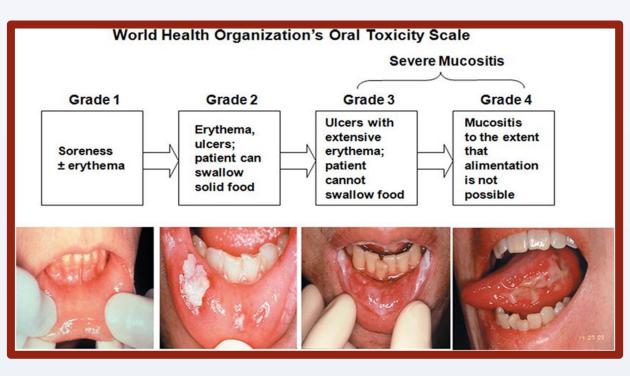


Fig.4: WHO's Scale for Mucositis caused by cancer therapy



Recommendation

Fig.5: To Develop Cost-effective, Sustainable, and Age-appropriate Interventions And Guidelines to Support the Global Oral Health Action Plan (2023-2030),

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