

ABSTRACT

Objective – The objective of this study was to assess Oral Health Related Quality Of Life (OHRQOL) among elderly in Moratuwa MOH area (DS Division) in terms of prevalence of impacts related to oral conditions / the frequency of reporting oral impacts.

Method – A total of 585 elderly, consisting of 475 free living (living at home) and 110 institutionalized (living at homes for the elders in Moratuwa MOH area (DS division) was selected using multi stage cluster sampling method combined with Probability Proportional to Size (PPS) technique. All 585 subjects had an interviewer administered questionnaire. A representative sub sample of 235 subjects had an oral examination. Data on the impact of oral conditions on the activities of daily living based on OHIP – 14 (Oral Health Impact Profile – short form) were collected.

Results - 6% of the participants stated that their oral conditions had affected them fairly often or very often. The most frequently reported impact was “uncomfortable to eat”. 21% of the participants had experienced this oral impact frequently in the six months preceding the study. Other frequently reported impacts were, “worsened sense of taste”, “diet unsatisfactory”, “painful aching in mouth”, “had to interrupt meals” and “trouble in pronouncing words”. The number of missing teeth and teeth with 3rd degree mobility were significantly associated with the frequency of reporting oral impacts ($p < 0.05$). Moreover, significant associations were observed between perceived oral health status, perceived need for dental treatment and the frequency of reporting oral impacts ($p < 0.05$). Socio-demographic factors such as age, gender, living arrangement, clinical parameters such as the number of teeth with dentinal caries, retained roots, denture status of edentulous elderly and utilization of dental services within past 12 months were not associated with the frequency of reporting oral impacts.

Conclusion – This study has shown that oral conditions resulted in various physical, psychological and social impacts among elderly with varying frequencies. Those with 12-31 missing teeth, 7 or more teeth with 3rd degree mobility, perceived their oral health status to be poor or perceived a need for dental treatment were frequently affected by oral impacts. These findings emphasize the need to incorporate OHRQOL into routine oral health need assessments of “senior citizens”, as clinical conditions alone does not fully indicate how senior citizens perceive the impact of their oral conditions. From a public health perspective, the concept of “shortened dental arch” should be practiced widely as a treatment strategy. This study was the first attempt to assess OHRQOL among a group of elderly in Sri Lanka. Moreover, OHRQOL measures Such as OHIP – 14 need to be assessed for psychometric properties and cross-cultural sensitivity among Sri Lankan populations.