

## ABSTRACT

Institutionalized elders were considered as an underprivileged group of elders when considering oral health. So the objective of this study was to determine the prevalence of the common oral health problems and utilization pattern of oral health care services by the institutionalized elders in Colombo Municipality area.

A descriptive cross sectional study was done.

Study subjects were selected from among the inmates of “Home for the Aged” with a minimum residence period of 6 months and over 60 years of age.

532 individuals were resident in Homes for the Aged in the Colombo Municipality area and all available samples were included in the study. Due to constraints on time and resources, a sub-sample of 50% of the study subjects were selected for the oral health examination. That sub-sample was selected by the systematic sampling.

Study instruments consisted of a pre-tested interviewer administered questionnaire and a clinical oral examination using WHO oral health assessment format. Data collection was done after fulfilling the administrative and ethical criteria.

Results show that socio demographic profile of the elders was considerably different in the two living settings. In both fee levying Homes and non-fee levying Homes majority belongs to 70-79 age category.

The majority of the study samples was Sinhala (80.7%) in non-fee levying Homes and the proportions of Sinhala and Tamil were almost equal in fee levying Homes. (Sinhala 47.3% and Tamil 35.5%) A considerably higher proportion of unmarried and widowed elders were found in both.

Education level, previous occupation and current income level of the elders differed considerably in the two living arrangements. All the elders who were in the paying homes were educated, most of them were previously employed and everyone had a current income. However nearly one fourth (23.4%) of the elders in nonpaying homes did not have any formal education and 93.5% of them did not have any income.

The most prevalent oral mucosal lesion of the study sample was oral candidosis which included denture stomatitis as well. No elder with oral cancer was found in the study samples.

Only 9.1% of the study sample had gingivitis. There were 36.2% of elders in the study sample who had at least one mobile tooth.

The mean number of teeth present for the dentate participants was 14.63 and one fifth of the study samples (20.8%) was fully edentulous while 73.7% of the elders had caries. The mean DMFT Index for the study sample was recorded as 22.97.

From the dentate population 44.6% needed restorations and 61.1% of the elders had at least one tooth indicated for extractions. Out of totally edentulous elders only 34.78% elders were wearing full dentures for both upper and lower arches.

Sixty percent of the study samples had current oral health problems but only 10.7% elders who had oral health problems had visited either hospital or private dental clinics.

Utilization pattern of the oral health service by the institutionalized elders were clearly different in the two living settings. Majority of elders (65.6%) who lived in fee levying homes used general dental practice while most of the elders who lived in nonpaying homes used hospital dental clinics regularly. Nearly 50% of the elders of paying homes had visited a dental surgeon during the course of one year but there were 26.7% of elders who lived in nonpaying homes have never visited a dental surgeon.

There were several reported difficulties among the institutionalized elders. The main problem for elders in both elders' homes was the high cost of the dental treatments. The difficulty in transport and the non availability of an escort were the other common difficulties experienced by them.

Key words: Institutionalized elders, oral health, service utilization