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Oral health and access to dental care – older adults in Australia



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This report provides information on the oral health and use of dental services among older adults in Australia. One in every two adults aged 55 years and over is a government concession cardholder who is eligible for publicly funded care. As the population ages and a greater proportion of older adults retain their teeth, the demand for dental services will increase, putting further pressure on public dental care facilities.

Data on tooth loss, denture use, dental visiting patterns, treatment received and affordability of dental care are presented by cardholder status.

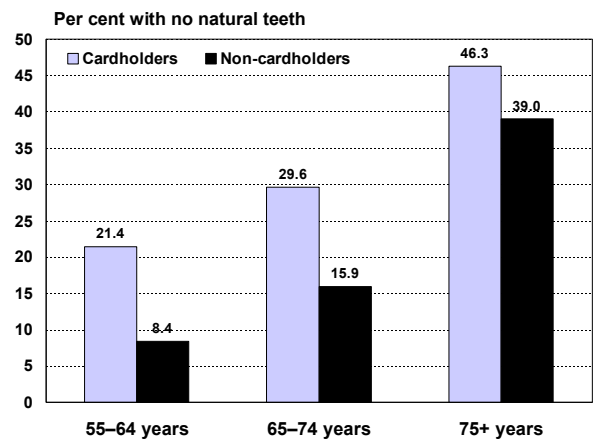
Data collection

Data presented in this publication were sourced from the National Dental Telephone Interview Survey 2002. Respondents aged 55 years and over (n=2,551) were classified into 10-year age groups to investigate the oral health and visiting behaviour of older adults. Data were weighted to represent the age and sex distribution of the Australian population at the time of the survey.

Dentate status

The cumulative effects of past disease and treatment practices are reflected in tooth loss and the wearing of dentures. The percentage of older adults who were edentulous (i.e. have lost all their natural teeth) is presented in Figure 1. Complete tooth loss increased sharply across age groups with 46.3% of cardholders, and 39.0% of non-cardholders, aged 75 years and over reporting they were edentulous. Cardholders were more likely to be edentulous than non-cardholders. This was particularly evident for cardholders aged 55–64 years who were two-and-a-half times more likely to be edentulous.

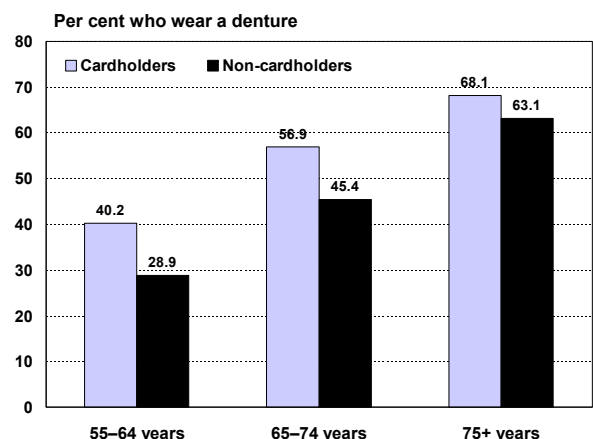
Figure 1: Complete tooth loss – adults aged 55+ years



Source: National Dental Telephone Interview Survey 2002

The use of full or partial dentures by dentate adults (i.e. those with one or more natural teeth) is presented in Figure 2. Denture use increased across age groups with approximately two-thirds of dentate adults aged 75 years and over reporting they wore a denture. Cardholders in all age groups were more likely to wear a denture than non-cardholders, particularly cardholders aged 55–64 years.

Figure 2: Use of dentures – dentate adults aged 55+ years



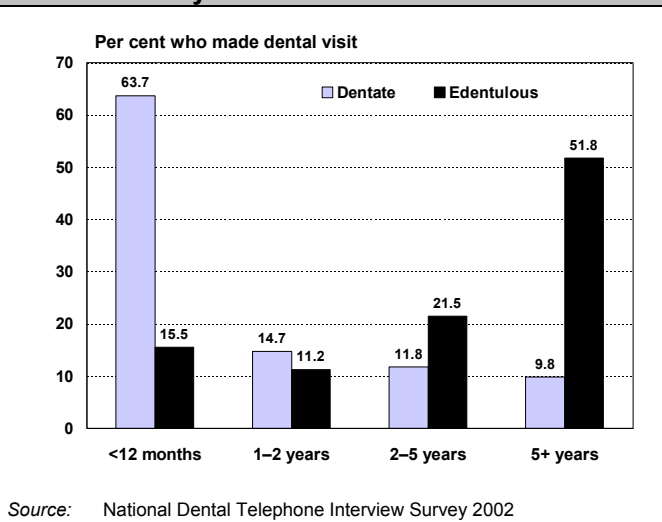
Source: National Dental Telephone Interview Survey 2002

Access to dental services

Dental visiting patterns

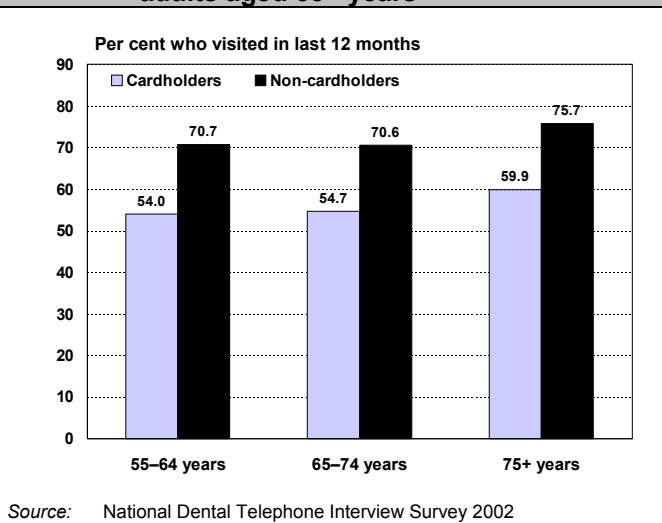
Regular visits to the dentist can help prevent or control dental disease. The time elapsed since older adults made their last dental visit is presented in Figure 3.

Figure 3: Time since last dental visit – adults aged 55+ years



More than 60% of dentate older adults visited the dentist in the last 12 months compared with only 15.5% of edentulous older adults. Over 50% of edentulous older adults had not visited a dentist in the last 5 years. As more older adults retain some of their natural teeth the demand for regular dental care will increase.

Figure 4: Dental visits in last 12 months – dentate adults aged 55+ years



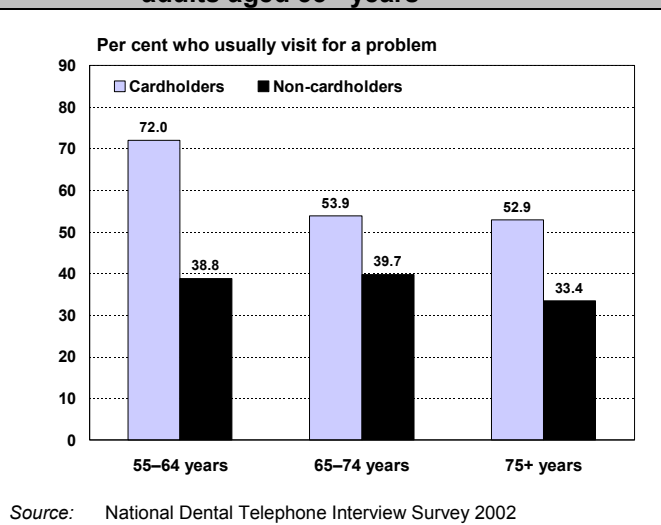
The dental visiting patterns of cardholders and non-cardholders in the previous 12 months are compared in Figure 4. Cardholders in all age groups were less likely to have visited a dentist in the last 12 months than non-cardholders.

Usual reason for dental visit

A person’s reason for seeking dental care influences the type of care they receive. Those seeking care for a check-up benefit from early detection and receive preventive services, while those who usually seek care for a problem may receive less complete treatment and fewer preventive services.

Cardholders were more likely to usually visit for a problem than non-cardholders. This was particularly evident for cardholders aged 55–64 years, with 72.0% usually visiting for a problem compared with 38.8% of non-cardholders (Figure 5).

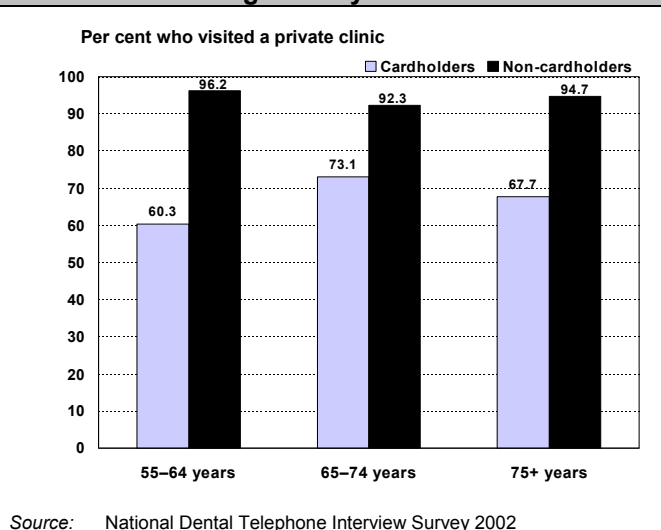
Figure 5: Usually visit for a problem – dentate adults aged 55+ years



Location of last dental visit

The majority of non-cardholders attended a private clinic at their last visit. Although cardholders were eligible for public funded dental care, over 60% attended a private clinic (Figure 6).

Figure 6: Location of last dental visit – dentate adults aged 55+ years

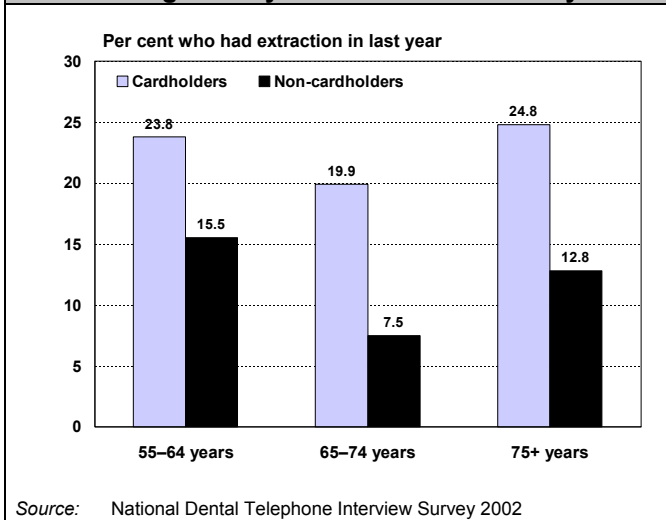


Treatment received

Extractions

Respondents who made a dental visit in the last year were asked about the treatment they received. Extraction of a tooth indicates that all previous preventive and restorative treatment has failed.

Figure 7: Had extraction in last year – dentate adults aged 55+ years who visited in last year

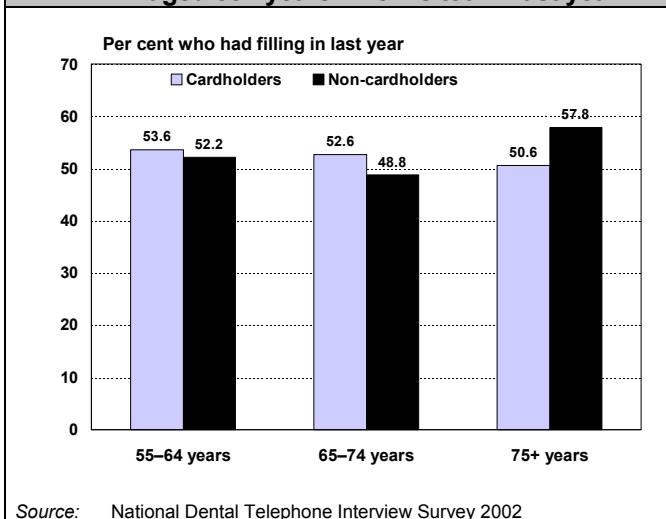


Cardholders in all age groups were more likely to have had teeth extracted in the last 12 months than non-cardholders (Figure 7).

Fillings

The percentage of adults who received a filling in the last year is presented in Figure 8. Approximately 50% of adults aged 55 years and over had received a filling, with little variation across age and cardholder status.

Figure 8: Had filling in last year – dentate adults aged 55+ years who visited in last year

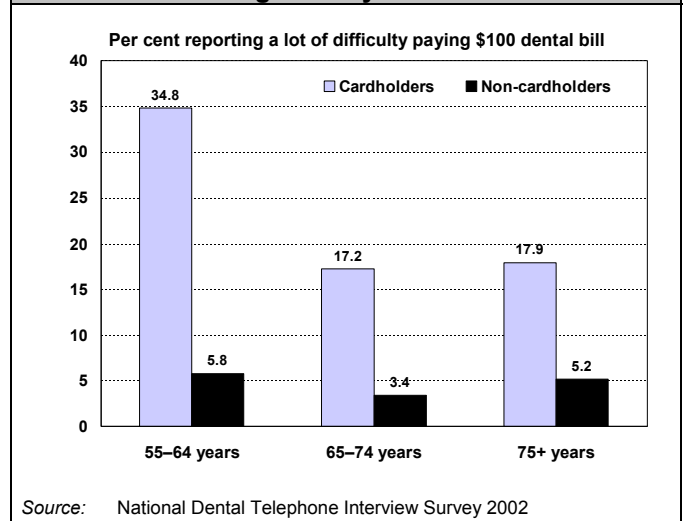


Cost of dental care

Affordability

Respondents were asked how much difficulty they would have in paying a \$100 dental bill. Cardholders were more likely to report they would have a lot of difficulty paying a \$100 dental bill than non-cardholders (Figure 9). In particular, cardholders aged 55–64 years were six times more likely to report difficulty than non-cardholders of this age.

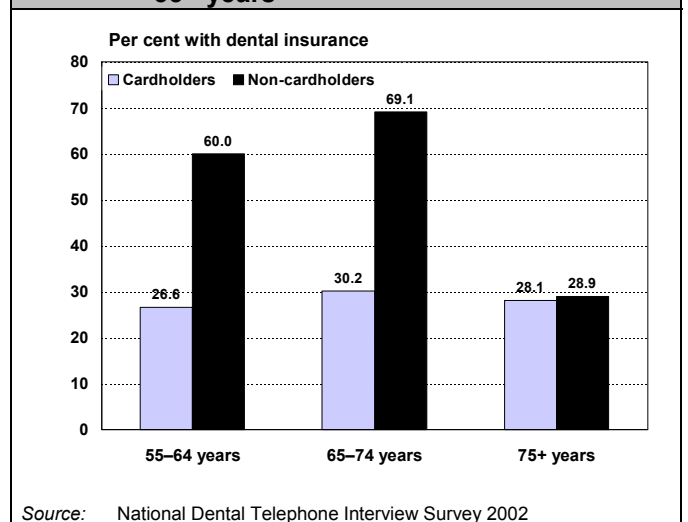
Figure 9: Difficulty with a \$100 dental bill – dentate adults aged 55+ years



Dental insurance

Non-cardholders aged 55–74 years were twice as likely to have dental insurance as cardholders in this age group. Although age influenced whether non-cardholders had dental insurance, it was not a factor for cardholders (Figure 10).

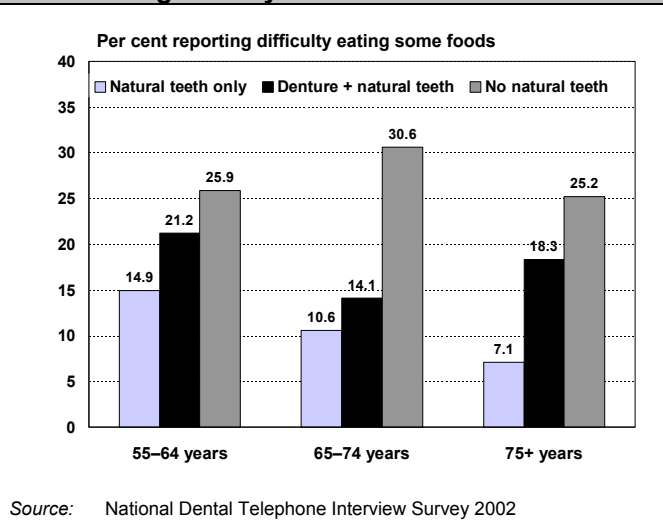
Figure 10: Dental insurance – dentate adults aged 55+ years



Social impact

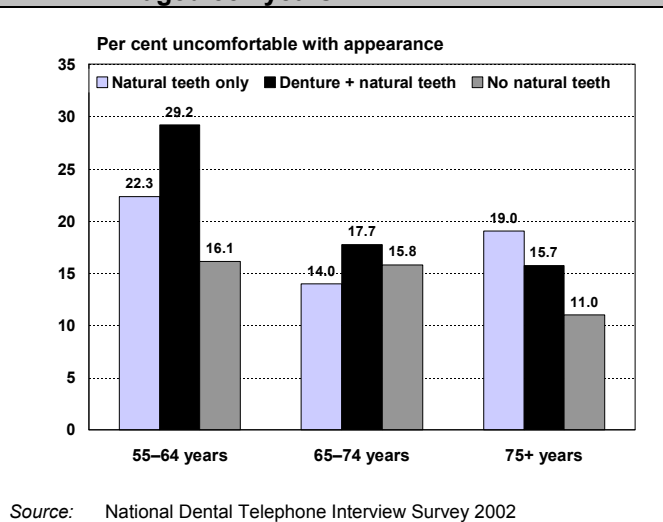
The percentage of older adults who reported they had avoided eating some foods 'very often', 'often' or 'sometimes' in the last year due to problems with their teeth or dentures is presented in Figure 11.

Figure 11: Difficulty eating some foods – adults aged 55+ years



The degree of tooth loss influenced whether a person had difficulty eating certain foods. Edentulous adults were more likely (over 25%) to report they had avoided certain foods in the last year than other adults. Adults with a combination of natural teeth and dentures reported more difficulty than adults who had only natural teeth.

Figure 12: Uncomfortable with appearance – adults aged 55+ years



The percentage of older adults who reported they felt uncomfortable about the appearance of their teeth, mouth or dentures 'very often', 'often' or 'sometimes' in the last year is presented in Figure 12.

Adults aged 55–64 years who were dentate (i.e. had natural teeth only or a combination of natural teeth and dentures) were more likely to report they were uncomfortable about their 'dental' appearance than other adults.

Summary

- Although the prevalence of edentulous adults has declined in the last 20 years, 44% of adults aged 75+ years and 26% of adults aged 65–74 years reported they were edentulous.
- Edentulous adults were far less likely to have recently visited a dentist, with one-in-two reporting they had not visited in the last 5 years.
- Cardholders in all age groups were less likely to have visited a dentist in the last 12 months than non-cardholders.
- Cardholders aged 55–64 years had the highest prevalence of problem-oriented visiting and were far more likely to report they would have a lot of difficulty paying a \$100 dental bill.
- Cardholders in all age groups were more likely to have received an extraction in the last 12 months than non-cardholders.
- Edentulous adults were more likely to report they had avoided eating certain foods in the last year, while adults aged 55–64 years with some natural teeth remaining were more likely to report being uncomfortable about their 'dental' appearance.

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborating unit of the Australian Institute of Health and Welfare, established in 1988 at The University of Adelaide and located in the Australian Research Centre for Population Oral Health (ARCPOH), Dental School, The University of Adelaide. DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of information on oral health and access to dental care, the practice of dentistry and the dental labour force in Australia.

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