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The Oral Health Action Plan

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The overall burden of oral disease in older individuals is high and particularly in those who are frail and care dependent. The main barriers to good oral health in older age include person-related issues, lack of professional support and lack of appropriate oral health policies. Despite the high prevalence of oral disease with increasing age, dental consultations decrease after the age of 65 years, while medical care attendance increases. The European College of Gerodontology and the European Geriatric Medicine Society have developed joint recommendations and practical guidelines on oral health promotion in frail older people. Appropriate policies should be implemented integrating oral care into primary healthcare and universal health coverage programmes. Legislative and policy developments and protocols should target oral health promotion in long-term care, including daily oral hygiene provision, regular oral screenings, and access to emergency and routine dental care. An innovative workforce model including dental professionals and other healthcare providers (ie. physicians, nurses, pharmacists, and other professionals working with older people), should be trained and motivated to address the oral health needs of those with limited self-care capacity and limited access to dental offices. Gerodontology training programmes should be developed at all levels of health professionals' education, based on competences agreed between the respected scientific societies and gerodontology societies. Innovative learning methods should be applied including digital technology and interprofessional education. Research should be promoted and funded on effective oral health intervention programmes in the community and long-term care, as well as on new products, equipment, and technology that facilitate older patient's daily functioning and oral care delivery.