



National Institute of Dental
and Craniofacial Research

Older Adults and Oral Health



Is dry mouth a natural part of the aging process? Is tooth decay just kid stuff? Separate fact from fiction by reading this fact sheet about oral health and growing older. Having the right information can help you keep your mouth healthy for a lifetime.

In this publication, you will find information on –

- *Tooth Decay (Cavities)*
- *Gum Diseases*
- *Dry Mouth*
- *Oral Cavity (Mouth) and Oropharynx (Throat) Cancer*

TOOTH DECAY (CAVITIES)

Myth: Only school kids get cavities.

Fact: Tooth decay can develop at any age.

Tooth decay is not just a problem for children. It can happen as long as you have natural teeth. Dental plaque—a sticky film of bacteria—can build up on teeth. Plaque produces acids that, over time, eat away at the tooth's hard outer surface and create a cavity.

Even teeth that already have fillings are at risk. Plaque can build up underneath a chipped filling and cause new decay. And if your gums have pulled away from the teeth (called gum recession), the exposed tooth roots are also vulnerable to decay.

But you can protect your teeth against decay. Here's how:

- Use toothpaste that contains fluoride. Fluoride can prevent tooth decay and also heal early decay. And it is just as helpful for adults as it is for children. Be sure to brush twice daily. This will help remove dental plaque that forms on teeth. Drinking fluoridated water also helps prevent tooth decay in adults.

- Floss regularly to remove plaque from between teeth. Or use a special brush or wooden or plastic pick recommended by a dental professional.
- See a dentist for routine check-ups. If you are at a higher risk for tooth decay (for example, if you have a dry mouth because of medicines you take), the dentist or dental hygienist may give you a fluoride treatment such as a varnish or foam during the office visit. Or, the dentist may tell you to use a fluoride gel or mouth rinse at home.

GUM DISEASES

Myth: Gum disease is just a part of growing older.

Fact: You can prevent gum disease—it does not have to be a part of getting older.

Gum (periodontal) disease is an infection of the gums and surrounding tissues that hold teeth in place. Gum disease develops when plaque—a sticky film of bacteria—hardens and builds up along and under the gum line. Called tartar or calculus, this hardened plaque cannot be removed by brushing and flossing. Only a dental professional can remove it.

The two forms of gum disease are:

- Gingivitis, a mild form that is reversible with good oral hygiene. In gingivitis, the gums become red, swollen and can bleed easily.
- Periodontitis, a more severe form that can damage the soft tissues and bone that support teeth. In periodontitis, gums pull away from the teeth and form spaces (called “pockets”) that become infected. The body’s immune system fights the bacteria as the tartar continues to build up below the gum line. Bacterial toxins and the body’s natural response to infection start to break down the bone and connective tissue that hold teeth in place. If not treated, the bones, gums, and tissue that support the teeth are destroyed. The teeth may eventually become loose and have to be removed.

The good news is that gum disease can be prevented. It does not have to be a part of growing older. With thorough brushing and flossing and regular professional cleanings by a dentist, you can reduce your risk of developing gum disease as you age.

And if you have been treated for gum disease, sticking to a proper oral hygiene routine and visiting the dentist for regular cleanings can minimize the chances it will get worse.

Here are some things you can do:

- Brush your teeth twice a day (with a fluoride toothpaste).
- Floss regularly, making sure to (gently) floss below the gum line to remove plaque before it becomes tartar.
- Visit a dentist for routine check-ups.
- Don't smoke or use chewing tobacco or snuff.

If you smoke, you are at higher risk for developing periodontitis than a nonsmoker. In fact, smoking is one of the most significant risk factors for gum disease.

Here's why:

- Smoking may impair blood flow to the gums, reducing the amount of oxygen and nutrients to the tissues and making them more vulnerable to infection.
- Chemicals in tobacco smoke cause inflammation and cell damage, and can weaken the immune system.
- Nicotine is toxic to cells that make new connective tissue, and also increases the production of an enzyme that breaks down tissue.

Smoking can also lower the chances that treatment for periodontitis will be successful and can lengthen the time it takes for treatments to work.

DRY MOUTH **Myth:** Dry mouth is a natural part of the aging process. You just have to learn to live with it.

Fact: Dry mouth is not a part of the aging process itself; it's important to find the cause of dry mouth so you can get relief.

Dry mouth is the feeling that there is not enough saliva in the mouth. Common causes of dry mouth in older adults include side effects of certain medications and dehydration. Dry mouth can make it hard to chew, swallow, or even talk. Having less saliva also increases the risk of developing tooth decay or fungal (yeast) infections in the mouth since saliva helps keep harmful germs in check.

If you have dentures, dry mouth can make them uncomfortable and they may not fit as well. Without enough saliva, dentures can also rub against the gums or the roof of the mouth and cause sore spots. In addition, fungal infections can develop under the dentures.

It's important to know that dry mouth is not part of the aging process itself. However, many older adults take medications that can dry out the mouth. And older adults are also more likely to have certain conditions that can lead to oral dryness.

Here are some causes of dry mouth:

- Side effects of medicines. Hundreds of medicines can cause the salivary glands to make less saliva. Medicines for high blood pressure, depression, and bladder control problems often cause dry mouth.
- Dehydration. Older adults are more prone to dehydration than younger people.
- Disease. Diabetes, Sjögren's Syndrome, and HIV/AIDS can cause dry mouth.
- Radiation therapy. The salivary glands can be damaged if they are exposed to radiation during cancer treatment.
- Chemotherapy. Drugs used to treat cancer can make saliva thicker, causing the mouth to feel dry.
- Nerve damage. Injury to the head or neck can damage the nerves that tell salivary glands to make saliva.

If you think you have dry mouth, see a dentist or physician. He or she can try to determine what is causing your dry mouth and what treatments might be helpful. For example, if dry mouth is caused by a medicine, the physician might change your medicine or adjust the dosage.

The dentist or physician also might suggest that you keep your mouth wet by using artificial saliva, sold in most drug stores/pharmacies. He or she may also prescribe a medication that increases the flow of saliva. Some people benefit from sucking sugarless hard candy or chewing sugarless gum.

ORAL CAVITY (MOUTH) AND OROPHARYNX (THROAT) CANCER

Myth: If you don't use chewing tobacco, you don't need to worry about mouth and throat cancer.

Fact: It's not just smokeless tobacco ("dip" and "chew") that can increase your chances of getting these cancers.

Here's what puts you at risk:

- Tobacco and alcohol. Tobacco use of any kind, including cigarette smoking. Heavy alcohol use also increases your chances of developing the disease. And using tobacco plus alcohol poses a much greater risk than using either substance alone.
- Certain types of the human papillomavirus (HPV). Although many people are exposed to oral HPV, the body usually clears the virus. But in some people the virus doesn't go away, putting them at risk for throat cancer.
- Age. The likelihood of mouth and throat cancer increases with age. Most people with these cancers are 55 or older when diagnosed.

It's important to catch cancers of the mouth and throat early—because treatment works best before the disease has spread. Pain may not be an early symptom of the disease. So be on the lookout for any changes in your mouth, especially if you smoke or drink.

If you have any of the following symptoms for more than two weeks, be sure to see a dentist or physician:

- A sore, irritation, lump or thick patch in the mouth, lip, or throat
- A lump on the neck
- A white or red patch in the mouth
- A sore throat or a feeling that something is caught in the throat
- Hoarseness
- Difficulty chewing, swallowing, or speaking
- Difficulty moving the jaw or tongue
- Numbness in the tongue or other areas of the mouth
- Swelling of the jaw; in denture wearers, this could feel like dentures have become uncomfortable or don't fit right
- Ear pain

Most often, these symptoms do not mean cancer. An infection or other problem can cause the same symptoms. But it's important to get them checked out—because if it is cancer, it can be treated more successfully if it's caught early.

**U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES**

**National Institutes
of Health**

November 2023

National Institute of Dental and Craniofacial Research
1-866-232-4528
www.nidcr.nih.gov

*This publication is not copyrighted. Make as many photocopies
as you need.*