

Better teeth better health (v6-v10)

6. The Connection between General Health and Oral Health in Older People

長者的整體健康與口腔健康的關連

The link between general health and oral health is important.

口腔健康和整體健康的聯繫是非常重要的。

Problems with teeth, gums and dentures can significantly affect the overall wellbeing of an older person and their ability to age positively. For example:

牙齒、牙齦、假牙的問題，對長者的健康生活和積極享受老年生活，均有重大的影響。例如：

- Toothache and difficulty with eating can lead to poor levels of nutrition
牙痛和進食困難，會引致營養不良
- A dry mouth can be caused by medications taken by older people
長者可能因服用藥物而口乾
- Poor appearance and dental incapacity can lead to low self-esteem and social isolation
不良的外觀和牙齒問題，會導致自尊心低落和孤立
- Poor oral health can compromise other health conditions, such as diabetes, aspiration pneumonia and cardiovascular disease
口腔健康欠佳可以危及其他健康問題，如糖尿病、吸入性肺炎、心血管疾病等。

Oral health means more than good teeth.

口腔健康不僅是有健康的牙齒。

It is an integral part of the health of the whole body, and it is also a significant factor affecting older people's quality of life, overall health and wellbeing.

它是整個身體健康中的一部分，並影響長者生活質素、整體健康的一個重要因素。

As we grow into senior years, dental well-being is often an overlooked component of general health.


當我們年紀漸長，口腔健康往往是一般健康中被忽略的一環。

The mouth acts as an entry for disease with tooth decay and gum disease sharing links with many of the chronic medical conditions experienced by older people.

病從口入，蛀牙和牙周病與很多長者慢性疾病有所關連。

Although the data have not been conclusive, there is some scientific evidence to support the proposition that local periodontal infection may be an independent risk factor for certain diseases, including diabetes, cardiovascular disease, dementia, pulmonary infections.

雖然數據並不具結論性，但有一些科學實證支持牙周感染可能是某些疾病的獨立風險因素，包括糖尿病、心血管疾病、認知障礙症、肺部感染等。

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Therefore, it is important to understand the connection between dental hygiene and overall health as the first step, to protecting yourself from conditions and diseases associated with problems in the ageing mouth.

因此，了解口腔衛生與整體健康的關係，是保護自己的重要第一步，預防因口腔老化問題而帶來的疾病。

7. Adverse medical outcome such as aspiration pneumonia has an association with poor oral health.

不良醫療結果如吸入性肺炎與口腔健康問題息息相關。

This condition is a cause of preventable hospital admissions and death of older people. 此情況是可預防卻導致長者住院，與死亡。

With the accumulation of dental plaque and bacterial colonization of teeth, gums and tongue as well as dentures, the mouth serves as a reservoir for recurrent lower respiratory tract infections. 當牙菌斑和細菌植在牙齒、牙齦、舌頭和假牙上累積，口腔成了反覆出現下呼吸道感染的溫床。

This is made worse by the presence of tooth decay, gum disease, dry mouth and difficulties with swallowing.

若加上蛀牙、牙周病、口乾和吞嚥困難，情況會更為惡劣。

Oral pathology increases risk of aspiration of infectious material and saliva, leading to respiratory infection, which can be life threatening in vulnerable patients.

口腔病理學增加吸入受感染物質和唾液的風險，引致呼吸道感染，對老弱的病人更可能致命。

A study conducted within nursing homes in Japan found that brushing teeth after meals significantly reduces the risk of pneumonia.

一個在日本療養院做的研究顯示，餐後刷牙顯注地減少肺炎的風險。


Researchers have found that people with periodontal disease are almost twice as likely to have heart disease.

研究員發現，有牙周病的人患上心臟病的機會，比其他人高出兩倍。

Bacteria found in infected gum tissue around teeth break down the barrier between the gums and the underlying connective tissue, causing inflammation.

在牙齒周圍受感染的牙齦組織中發現的細菌會破壞牙齦和底層結締組織之間的屏障，引致炎症。

During normal chewing or brushing, bacteria can enter the bloodstream and move to other parts of the circulatory system, contributing to the formation of cardiovascular disease.

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在正常咀嚼或刷牙時，細菌會進入血液，並隨著血液流動而進入循環系統，增加心血管病形成的機會。

The possibility that periodontitis is a risk factor for dementia has also been investigated. 已經有研究調查，牙周炎可能是一個風險因素導致認知障礙症。

The systemic presence of inflammation factors derived from local inflammation in moderate to severe periodontal disease, has been associated in brain inflammation and subsequent neurodegeneration in Alzheimer's disease patients. 從中度至嚴重牙周病的局部炎症引起的系統性炎症因數，與阿茨海默症患者的腦炎症和神經組織退化有關。

Diabetes mellitus is a major cause of dry mouth. 糖尿病是口乾的重要成因。

Meta-analyses have shown that oral hygiene and periodontal disease severity are worse in diabetics than in nondiabetics. 根據綜合分析研究，糖尿病患者的口腔衛生狀況和牙周病的嚴重程度較非糖尿病患者為差。

It was also reported that periodontal therapy with antibiotics reduced blood glucose in patients with type 2 diabetes. 同時亦有報告顯示，使用抗生素的牙周病治療，會減低二型糖尿病患者的血糖量。

Equally, poor glycemic control contributes to a worse periodontal condition, evidencing the interrelationship between periodontal disease and diabetes. 同樣，不良的血糖控制，亦會令牙周狀況變差，證明牙周病與糖尿病之間的相互影響關係。

8. Impact of Oral Health on Chewing and Nutrition


口腔健康對咀嚼與營養的影響

Getting optimal nutritional intake is fundamental for the preservation of general health. 攝取最佳的營養是維持身體健康的基礎。

Disorders of the oral cavity have contributed to poor eating habits in the elderly. 口腔疾病會導致長者的不良飲食習慣。

Loose painful teeth or ill-fitting dentures may result in a reduced desire or ability to eat. 鬆動的牙齒、牙痛，或裝得不好的假牙等，都可能減低食慾或進食的能力。

Poor oral health status is one of the most frequent causes of malnutrition, due to its effect on chewing and swallowing, which can lead to severe deficiencies in energy and nutrient intake. 口腔健康情況不佳是營養不良的最常見原因之一，因為影響了咀嚼和吞嚥，會令能量和營養攝取出現嚴重不足。

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Deficient chewing is related to tooth loss, a lack of saliva, and chewing force.

咀嚼不足與牙齒脫落、唾液不夠和咀嚼力有關。

Even when edentulousness is corrected with partial or complete dentures, mastication is less efficient than with intact natural dentition.

無牙症患者即使裝上部分或全部假牙，咀嚼能力都沒有完整無缺的真牙齒來得有效率。

Older people with chewing problems tend to avoid fresh fruits, vegetables, and “well-done” meat.

有咀嚼問題的長者，傾向避開不吃新鮮水果、蔬菜和全熟的肉類。

It constrains one’s food choice.

食物的選擇受到限制。

They may prefer soft, easily chewable food that can often raise sugar and fat consumption to levels above recommendations.

他們寧可吃嫩的、易於咀嚼的食物，往往令糖分與脂肪攝取量高於建議的標準，

As a result, it increases their risk of cardiovascular diseases and metabolic syndrome.

因此會提高他們患上心血管疾和代謝綜合症的風險。

Oral health is a modifiable risk factor.

口腔健康是一個可改變的風險因素。

Its improvement would reduce the risk of chewing and swallowing problems and the nutritional deficiencies they can cause.

它的改善將減少咀嚼和吞咽問題的風險，以及它們可能造成的營養缺乏。

9. Quality of Life and Oral Health

生活質素與口腔健康

Oral health contributes substantially to health and wellbeing in older people.


口腔健康對長者的整體健康和安康生活影響深遠。

Oral problems that frequently affect older populations, such as missing teeth, dry mouth, and chewing limitations, were found also to be correlated with worse quality of life.

常見的長者口腔問題，如牙齒缺失、口乾、咀嚼困難等，同時也會令生活質素變差。

Discomfort from poor oral health disrupts sleep and the ability to relax.

口腔健康不佳造成的不適會擾亂睡眠和放鬆能力。

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The impact of tooth loss, ill-fitting dentures on an older person wellbeing can easily be overlooked, not to mention bad breath on a person self-confidence and social interaction.

牙齒脫落、假牙裝不好等對長者生活的影響很容易被忽視，更莫說口氣的問題如何影響個人自信和社交活動。

It is therefore important to appreciate the role it plays in personal and social comforts that influence self-esteem, body image and communication, including talking and smiling, of older people.

因此，了解口腔衛生在個人與社交層面上的重要角色變得很重要，長者的自信、形象、溝通包括說話和笑容等均與之攸關。

Healthy teeth are essential for speech.

健康牙齒對維持良好的講話能力是不可或缺的。

Severe tooth loss will cause difficulties in articulation and pronunciation, which in turn impairs an older person's communication abilities.

嚴重牙齒脫落問題會長者令發音和表達變得困難，削弱他們的溝通能力。

A neglected mouth at any age can lead to disease and distress.


任何年紀的人若罔顧口腔衛生，均會導致疾病和窘迫。

Having a clean and healthy mouth contributes to a sense of well-being, allows for fluid and nutritional intake, and assists with clear speech and communication.

擁有一張乾淨健康的口腔有助於獲得幸福感，維持足夠的飲食與營養攝取，並有助於清晰的言語和溝通。

Good oral health is therefore essential to one's general health and quality of life.

因此，良好的口腔健康對一個人的總體健康和生活品質至關重要。

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10. Common Misconceptions about Oral Health

對口腔健康的常見誤解

10.1 Gum disease is just a part of growing older

牙周病只是老化的過程

The presence of bleeding gums in older persons may not be understood that this may be a sign of periodontal disease.

很多長者不知道牙齦出血可能是牙周病的先兆。

Early intervention is therefore not received.

因而錯過了早期治療。

Inflammation and the chemical it releases eat away the gums and bone structure that hold teeth in place.

炎症及其釋放的化學物質會侵蝕牙齦和牙槽骨。

Inflammation can also cause problems in the rest of the body.

炎症也可能引起身體其他部分的健康問題。

However, with regular dental visits, gum disease can be treated or prevented entirely.

然而，定期看牙醫可以及早醫治、甚至可以完全預防牙周病。

10.2 Simply taking painkillers for treating toothache

牙痛可以單靠止痛藥解決

Some people will use painkillers to treat toothache, seeing painkillers as all-powerful.

有些人會用止痛藥來應付牙痛，以為止痛藥是萬能的。

Actually, it can only suppress the symptom, not the root cause.

其實它只可以抑制病徵，而非根治病因。

If the pain is dealt with hastily, the problems may become more serious.


如果倉促處理痛症，問題可能會變得更嚴重。

One should consult dentist for early diagnosis of the problems, so that appropriate treatment could be given to cure the disease thoroughly and prevent complications.

大家應該找牙醫作早期診斷，務求疾病得到適當而全面的治療，以防止併發症。

Find out the root cause of toothache and use the appropriate strategy.

找出牙痛的根本原因，並使用合適的治療策略。

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Tooth extraction is only an option when the tooth cannot be retained.
當牙齒無法保留時，拔牙只是一種選擇。

10.3 Losing teeth is inevitable as one aged **長者無可避免會有牙齒脫落**

Many people think that tooth loss is one of the normal ageing phenomena.
很多人以為牙齒脫落是正常的老年現象。

One common misconception is that losing your teeth is inevitable.
有「牙齒脫落是無可避免」的誤解。

Having no teeth is no big deal.
沒有牙齒沒甚麼大不了。

Hence, the problem is often overlooked.
於是很容易會忽視問題所在。

However, edentulism affects masticatory function, process of eating and quality of life.
然而，沒有牙齒會影響咀嚼功能、進食過程、和生活質素。


In worse case, the senior will suffer from malnutrition and affect general health.
嚴重者會引致長者營養不良，影響他們的整體健康。

Many edentulous elderly believe erroneously that once all their teeth have been extracted, they no longer need to be concerned about oral health.
很多一齒不剩的長者，誤以為當全口牙齒都拔掉以後，他們便無需注意口腔健康。

The tissues can be prevented from harm by avoiding wearing dentures constantly.
只要避免長期戴假牙，口部組織就可以免受傷害。

As you age, it becomes even more important to take good care of your teeth and dental health.
隨著年齡的增長，照顧好牙齒和牙齒健康就顯得更加重要了。

If cared for properly, your teeth can last a lifetime.
若保養得宜，你的牙齒可以持續一生。

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10.4 Dry mouth is a natural part of the ageing process

年紀大自然會出現口乾

Dry mouth is not a natural part of ageing.

口乾並非自然老化的一部分。

However, common cause of dry mouth in older people, could be induced by side effects of medications such as antibiotics, bronchodilators, diuretics, anti-hypertensives, anti-depressants, or due to certain diseases that affect the salivary glands.

但是長者有口乾問題的普遍成因，卻可能是因為藥物副作用所致，如抗生素、支氣管擴張劑、利尿劑、抗高血壓藥、抗抑鬱藥，或一些會影響唾液腺的疾病等。

Dry mouth increases the risk for tooth decay, and makes dentures uncomfortable.

口乾增加蛀牙危機，令戴假牙不舒服。

Without enough saliva, chewing, eating, swallowing, and even talking can be difficult.


唾液不足，會令咀嚼、進食、吞嚥，甚至說話變得困難。

In addition, dehydration is a significant risk factor for poor oral health through its effect on saliva flow.

再者，脫水影響唾液流動，因而是口腔健康變差的一大風險因素。

So it is important to find the cause of dry mouth so you can get relief from sequential problems that follow.


所以找出形成口乾問題的原因，你才可以對症下藥，解決隨之而來的問題。

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The following drug classes can contribute to dry mouth:

以下的藥物可能導致口乾：

- ACE inhibitors (captopril, enalapril, lisinopril)
血管張力素轉化酶抑制劑 ACEI (captopril, enalapril, lisinopril)
- Anticholinergic agents (oxybutynin, tolterodine, hyoscine, inhaled tiotropium)
抗膽鹼藥物 (oxybutynin, tolterodine, hyoscine, inhaled tiotropium)
- Diuretics (frusemide, hydrochlorothiazide)
利尿劑 (frusemide, hydrochlorothiazide)
- Selective serotonin reuptake inhibitors (citalopram, paroxetine)
選擇性血清素再吸收抑制劑 SSRI (citalopram, paroxetine)
- Monoamine oxidase inhibitors (moclobemide, phenelzine)
單胺氧化酶抑制劑 MAOI (moclobemide, phenelzine)
- Opioids (codeine, morphine, oxycodone, methadone)
鴉片類藥物 (codeine, morphine, oxycodone, methadone)
- Antipsychotic drugs (chlorpromazine, haloperidol, olanzapine)
抗精神病藥 (chlorpromazine, haloperidol, olanzapine)
- Antihistamines (promethazine, dexchlorpheniramine)
抗組織胺藥 (promethazine, dexchlorpheniramine)
- Tricyclic antidepressants (amitriptyline, doxepin, dothiepin)
三環類抗抑鬱藥 TCAs (amitriptyline, doxepin, dothiepin)
- Proton pump inhibitors (omeprazole, lansoprazole)
質子泵抑制劑 PPIs (omeprazole, lansoprazole)
- Oral retinoids (isotretinoin, tretinoin)
口服維生素A酸 (isotretinoin, tretinoin)
- Benzodiazepines (diazepam, temazepam)
鎮靜安眠藥苯二氮平類 BZD (diazepam, temazepam)
- Chemotherapy (capecitabine; many drugs cause mucositis)
化療藥物 (capecitabine; many drugs cause mucositis)
- Other miscellaneous agents (carbamazepine, , sibutramine, tramadol)
其他藥物 (carbamazepine, sibutramine, tramadol)

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