

Dental Care among Older and Adults

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Introduction

Both industrialised and developing countries are experiencing population ageing. The worry regarding population ageing stems mostly from two sources. The first is that the elderly consume a lot of food, greater resources for health care and welfare than the young. The second point to make is that the fraction of the As a result, the population aged 18-64 years will decrease will the proportion of the population that is economically active. As a result of the population's ageing have a 'pincer effect' on government budgets. An increase in the number of elderly individuals will need more healthcare services and pensions will be provided, but fewer workers will be employed to cover the cost of them [1-5].

About the Study

Oral health and dental care are vital parts of overall health and well-being. Because of lower incidence of edentulism and an ageing population, elderly persons are now more likely to be served by dental care. This study examines the reasons for and against the influence of ageing on health and wellbeing in general, before delving into the specifics. The relevance of these ideas to dental care. The consequences of population ageing have been extensively researched and commented on. Particular attention has been paid to the economic consequences, which include not just the impact on health and welfare costs, but also productivity and economic growth.

Population ageing is expected to limit economic development due to decreasing labor-force participation and an older, less productive workforce. When compared to an unaltered population structure, this affects both per capita income and governments' ability to levy taxes to pay for services. The impact of slower economic development will be exacerbated by increasing welfare expenses. The contribution of ageing to higher welfare expenses is connected with an increasing proportion of the population in various nations qualifying for various public and private pension programmes. The fundamental problem is that these pension programmes are underfunded, and that the growth in the number of individuals approaching retirement age is not being matched by an increase in the number of persons contributing to the schemes. Aside from higher welfare costs, population ageing is expected to raise health-care costs because the elderly are more likely to have diagnosed disease and use more health-care services.

The consequences for health care have been calculated using a predicted per capita cost. Population ageing, as well as the transition from acute to chronic diseases, has already put pressure on health-care systems to reform. Unlike in the past, when most illnesses were of short duration and resulted in either death or recovery, the most common diseases of the early twenty-first

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century are of longer duration and are compounded by the existence of various chronic ailments. These are linked to continuing medical treatment provided by a variety of health professionals and lay caregivers. These changes continue to put the practise of medicine and health care on the line. Projections of future health-care demand have been accompanied by estimates of future health-care costs. These are often calculated by comparing the existing age distribution pattern of healthcare spending to future expected spending.

These estimates are not without controversy. First, there are those observers who believe that other aspects are more essential. The wisdom of this approach has been called into question due to the role of ageing in driving healthcare costs. Cross-sectional data from Australia, cross-sectional data from other countries, cross-national time series data analysis, and data from the United States, in particular, do not indicate a causal association between population ageing and rising healthcare costs. It has been suggested that the relationship between age and healthcare expenditures for people reflects historical trends that can grow or decrease irrespective of population demographics, and that they reflect the distribution of healthcare services rather than age as a driver of cost.

There has been a drive for higher self-funding of retirement through larger individual retirement savings. Some consider self-funding through savings, rather than pay-as-you-go plans, as a cure for the population-aging challenge. It has the twin impact of raising national savings, which should lead to more investment and quicker economic development, as well as decreasing the demand for government financing for retirement income. Another point of view is that senior spending, which is mostly supported by savings, will be inflationary in the lack of extra productive capacity in the economy to meet their demand. Even if they meet their need for goods and services by importing from outside, there will be current account consequences. The fundamental problem is whether or not societies can continue to produce the goods and services that people need in sufficient quantities.

This collection of policy recommendations, with the exception of the first, is unlikely to be beneficial in the context of oral health. One key issue for oral health is So little government money is spent on dental treatment for the poor elderly. These suggestions are intended to reduce rather than guaranteeing suitable demand, effective demand use. Administrative and financial changes configurations might be used to increase access to dental care in the same manner as they do to medical care. Many wealthy countries have employed to expand access to medical treatment. Demographic studies on ageing and its consequences suggest that the expenses of an old population will be too enormous for the remainder of the population to bear.

This conclusion is based on greater per capita healthcare expenditures for older persons as well as the cost of providing publicly subsidised retirement incomes. It appears to be commonly agreed that the future expenses of an ageing population with present levels of retirement income and healthcare assistance are unsustainable, if not unaffordable. The unaffordability argument contends that the weight of government spending will be too great to bear. According to the unsustainability argument, future generations of young people will not tolerate paying the level of taxation required to continue to support the government.

Conclusion

There is no explanation of how affordability is assessed when allegations of unaffordability are raised. Even though health and welfare expenses are expected to rise as a share of GDP in the future, most analysts predict that GDP will rise by enough to pay these costs while leaving residual income

far larger than it is currently. The topic of sustainability is centred on future generations of younger people's willingness to pay the taxes required to cover these growing expenditures of health and social programmes. There is no commonly agreed-upon metric for determining an optimal level of spending on health and social services.

References

1. Rajendra, Santosh A.B. "Odontogenic Cysts." *Dent Clin North Am* 64 (2020):105-119.
2. Dodds, Michael W.J., Dorteia A. Johnson, and Chih-Ko Yeh. "Health benefits of saliva: A review." *J Dent* 33 (2005): 223-233.
3. González, Galván MdC, A. García-García, E. Anitua-Aldecoa, and R. Martínez-Conde Llamosas, et al. "Orthokeratinized odontogenic cyst: A report of three clinical cases." *Case Rep Dent* (2013).
4. Mandel, Irwin D. "The diagnostic uses of saliva." *J Oral Pathol Med* 19 (1990): 119-125.
5. MacDonald-Jankowski, DS. "Orthokeratinized odontogenic cyst: A systematic review." *Dentomaxillofac Radiol* 39 (2010):455-67.

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