

Dossier thématique : Santé buccodentaire des personnes âgées

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RÉSULTATS

de Jong, M. H. S., C. D. van der Maarel-Wierink et al. (2026). "Consensus-based development of a short screening tool predicting oral health deterioration in older people for use by general practitioners."

BMC Oral Health 26(1): 20. <https://dx.doi.org/10.1186/s12903-026-08109-9>

Introduction: Oral health is critical for overall health and well-being, especially in older people. However, the frequency of dental visits tends to decrease as individuals age. In contrast, frail older people who are less likely to visit the dentist, increasingly rely on medical care, such as the general medical practitioner (GP). There is a lack of quick and efficient screening tools for GPs to assess the risk of oral health deterioration. This study aims to develop a short screening tool to provide GPs with a quick, easy-to-use tool to predict oral health deterioration in older people, enabling timely referral and intervention when needed. Methods The study consisted of three phases. In phase 1, the research team preliminary selected themes and items based on their predictive value, following a prior systematic review. In phase two the English self-reporting items were translated into Dutch, following cross-cultural adaptation guidelines. In phase 3 a panel of experts was selected and a Delphi method was conducted to develop the SHORT screening tool. Results The preliminary selection resulted in thirteen self-reporting items. Translation and back-translation proceeded without difficulties. The Delphi panel included 10 healthcare professionals and consisted of three rounds, after which consensus was achieved for the inclusion of three self-reporting items in the tool (100% agreement; median score=5; IQR=0). Conclusion The SHORT screening tool was developed, including a preliminary selection of items, translation, and the Delphi method, which was successful in achieving consensus. Further research is recommended to validate and test the psychometric properties of this newly developed screening tool.

Hui, J. C. Y., L. L. Hu et al. (2026). "Interdisciplinary Strategies for Improving Oral Health in Older Adults: A Comprehensive Review." *Geriatrics* 11(1): 19. <https://dx.doi.org/10.3390/geriatrics11010022>

Oral health in older adults is a critical component of overall well-being requiring integrated, interdisciplinary approaches to address its complex interplay of medical, functional, and psychosocial challenges. The aim of this is to examine strategies to enhance interdisciplinary collaboration among dental professionals, physicians, nurses, nutritionists, and caregivers to improve oral health outcomes in aging populations. Older adults commonly face dental problems such as periodontal disease which can be exacerbated by polypharmacy, systemic diseases, and barriers to accessing care. These multifaceted needs necessitate coordinated efforts across dentistry, geriatric medicine, nursing, and social support systems. Strategies of effective interdisciplinary care include: (1) Medical-dental integration, enabling physicians to screen for oral health issues during routine assessments; (2) Nursing and caregiver engagement in daily oral hygiene support and early problem identification; (3) Nutritional interventions tailored to address chewing difficulties and prevent malnutrition; (4) Social support systems to improve access to affordable care; and (5) Technology-driven solutions such as tele-dentistry to enhance communication, early detection, and care coordination. Despite these opportunities, systemic barriers persist, including fragmented healthcare systems, financial constraints, workforce shortages, cultural biases, and technological gaps. Progress requires commitment from policymakers, healthcare institutions, and health care professionals to prioritize geriatric oral health as a public health imperative. In conclusion, interdisciplinary collaboration enhances older adults' oral-systemic health via cross-sector policies and healthcare workforce education. Implementing these strategies can mitigate oral health disparities, reduce the burden of chronic diseases, and improve quality of life for aging populations through holistic, patient-centered care.

Jager, A. et L. Catapano (2026). "L'importance de l'hygiène bucco-dentaire des personnes âgées dépendantes." *Revue de l'infirmière* 75(319): 43-46. <https://dx.doi.org/10.1016/j.revinf.2026.02.015>

L'hygiène bucco-dentaire des personnes âgées dépendantes est souvent un angle mort dans leur prise en charge en institution ou à domicile et pourtant les répercussions sur leur état de santé sont majeures. La mise en place de bonnes pratiques de soins et de prévention peut contribuer à une amélioration et au maintien de la qualité de vie de ces patients. L'infirmier au plus près du patient joue un rôle déterminant dans les soins et dans la coordination entre le patient et le chirurgien-dentiste.

Sharkiya, S. H., I. Ohana et al. (2026). "The Relationship Between the Awareness of Nursing Staff in Geriatric Institutions and the Dental Health of Residents: A Systematic Review." *SAGE Open Nursing* 12: 23779608261434362. <https://dx.doi.org/10.1177/23779608261434362>

Background : Oral health is frequently neglected among institutionalized older adults, despite its association with systemic morbidity and reduced quality of life. Residents of nursing homes and long-term care facilities often depend on nursing staff for daily oral hygiene. Although staff-focused oral-care programs are widely implemented, the extent to which nursing staff awareness directly influences resident oral-health outcomes remains insufficiently clarified. **Aim**: To examine the relationship between nursing staff awareness-defined as knowledge, attitudes, perceptions, confidence, or training related to oral health-and oral-health outcomes among institutionalized older adults. **Methods**: This systematic review was conducted in accordance with PRISMA 2020 guidelines. Electronic databases (PubMed, CINAHL, Web of Science, and Google Scholar) were searched for studies published between January 2000 and October 2025. Eligible studies included institutionalized older adults and evaluated nursing staff awareness alongside resident-level oral-health outcomes. Methodological quality was appraised using validated design-specific tools. Due to heterogeneity in study designs and outcome measures, findings were synthesized using structured narrative analysis. **Results**: Eleven studies met the inclusion criteria. Most employed quasi-experimental or pre-post designs, while only a minority used controlled methodologies. Staff-focused oral-care interventions were consistently associated with improvements in plaque accumulation, gingival status, mucosal condition, and denture hygiene. However, nursing staff awareness was inconsistently measured and frequently inferred rather than directly assessed, limiting causal interpretation. **Conclusion**: Structured staff-focused oral-care programs are associated with improved resident oral-health outcomes. Nonetheless, direct empirical evidence linking nursing staff awareness to clinical outcomes remains limited. Robust research designs incorporating validated awareness measures are required to clarify this relationship.

Yoshikawa, M., A. Haruta et al. (2026). "Oral Rehabilitation and Multidisciplinary Team Approach in Older Adult: A Narrative Review." *Nutrients* 18(3): 26. <https://dx.doi.org/10.3390/nu18030410>

Background/Objectives: Oral frailty and hypofunction in older adults are strongly associated with declines in nutritional status, physical function, swallowing ability, and overall health. Isolated interventions usually fail to achieve sufficient improvement since these conditions result from interrelated biological, psychological, and social factors. Multidisciplinary approaches combining oral management, nutritional support, and physical rehabilitation have shown promise. This narrative review synthesized evidence from 15 studies examining multifaceted interprofessional interventions across hospitals, communities, long-term care facilities, and home-care settings. Methods: A structured search of PubMed and Web of Science (2000-2025) identified original studies assessing oral, nutritional, or physical outcomes in older adults post-interprofessional

interventions. Fifteen eligible studies were extracted; the findings were integrated using narrative synthesis owing to design and outcome heterogeneity. Results: Educational multidisciplinary interventions improved oral hygiene, caregiver awareness, and oral motor function. Multidisciplinary rehabilitation and multidomain programs consistently improved tongue pressure, swallowing function, mastication ability, appetite, body composition, activities of daily living, and oral intake resumption. Nutrition support team-delivered interventions reduced aspiration risks and improved oral environment and swallowing function. Community-based programs using munchy meals and combined exercises enhanced oral and physical functions. Social participation provided psychological benefits. Home-care dysphagia rehabilitation enabled 69% of tube-fed patients to resume oral intake. Conclusions: This narrative review supports a triadic, interprofessional approach in geriatric care, highlighting consistent improvements in oral function through integrated oral, nutritional, and rehabilitative interventions.

Huang, Y., Y. Liu et al. (2025). "Understanding barriers and facilitators to oral health interventions in community-dwelling older adults with cognitive impairment: A scoping review." *Archives of Gerontology and Geriatrics* 139. <https://dx.doi.org/10.1016/j.archger.2025.106014>

BACKGROUND: Older adults with cognitive impairment face significant challenges in maintaining oral health while the barriers and facilitators for implementing communitybased oral health interventions are uncertain. OBJECTIVE: To understand the barriers and facilitators for the implementation of oral health intervention among community-dwelling older adults with cognitive impairment. METHODS: Literature was searched in PubMed, CINAHL, Embase, PsycINFO, Scopus and Google Scholar. Studies reporting oral health interventions for community-dwelling older adults with cognitive impairment were included. Behaviour Change Techniques (BCTs) were identified and classified using BCT Taxonomy v1. Barriers and facilitators to the implementation were synthesized using thematic analysis. RESULTS: Eleven studies were included. Four types of interventions with 20 distinct BCTs were identified. Facilitators included: 1) Adaptive solutions improved usability and accessibility; 2) Training and guidance enhance the feasibility; 3) The involvement of professionals and care partners ensured the adoption of the new oral hygiene routines; and 4) Participants in earlier stages of cognitive impairment can gradually adjust to new oral care routines. Barriers included: 1) Technique challenges and physical limitations affected participants' ability to perform correct oral hygiene tasks; 2) Memory decline, emotional distress, and lack of motivation hindered participants' engagement and adherence to oral health practices; 3) Care partners burdens and unmet needs affected consistent support; and 4) Logistical constraints and cultural factors influenced participation and access to oral health interventions. CONCLUSIONS: While various interventions have been developed, evidence remains limited. Incorporating user-friendly hygiene techniques, more BCTs, appropriate technical support, caregiver involvement, and oral-cognitive dual-task training were recommended.

Prieto, D., M. Palacios et al. (2025). "Knowledge and Experiences of Oral Health Care and Periodontitis of Caregivers of Older Adults With Cognitive Impairment." *Gerodontology* 42(3): 342-350. <https://dx.doi.org/10.1111/ger.12798>

BACKGROUND AND OBJECTIVES: There is limited evidence on knowledge of related health among healthcare personnel who care for older adults. The objective of this study was to investigate the knowledge and experience of oral health care among family members and medical staff responsible for older adults with varying degrees of cognitive impairment and Alzheimer's disease. MATERIALS AND METHODS: This qualitative study explored the experiences and knowledge of 30 family members and medical staff through in-depth, semi-structured interviews. The interviews were recorded using both audio and video formats: digital platforms were used for immediate family

members, while formal caregivers were interviewed in person. Researchers transcribed and analysed the recordings, categorising the answers to identify emerging topics until reaching saturation. RESULTS: The core emerging themes among the direct family members were: (1) Lack of knowledge about oral health; (2) Oral hygiene role for the patients; (3) Consequences of a poor oral care; and (4) Recommendations for a better oral health care. For the formal caregivers the emerging themes were: (1) Lack of knowledge and experiences about oral health; (2) Deficient oral hygiene of residents; (3) Impact on quality of life; and (4) Suggestions for improving oral health. CONCLUSION: Despite recognising the significance of oral health, direct family members and formal caregivers of older adults with cognitive impairment or dementia still need additional tools to effectively carry out necessary hygiene techniques and care.

Zulkifly, N. A., A. F. Omar et al. (2025). "Oral Health Care Protocol for Caregivers of Elderly in Nursing Homes: A Systematic Review." *Special Care in Dentistry* 45(2): e70030.
<https://dx.doi.org/10.1111/scd.70030>

BACKGROUND: Elderly individuals in nursing homes often experience oral health problems due to their impairments and medical conditions, which can affect their general health. Caregivers in nursing homes may also have inadequate training and awareness, further exacerbating the residents' oral health conditions. METHODS: Three databases (Scopus, Web of Science, and PubMed) and various websites were comprehensively searched for guidelines relevant to this systematic review, which were appraised by two reviewers using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool. Quality scores were calculated based on six AGREE II domains and used to determine the overall assessment of each guideline. RESULTS: Nine guidelines were reviewed, seven out of nine guidelines were categorized as high quality, and two guidelines scored above 70% across all six AGREE II domains, demonstrating consistently high-quality guidelines. The unique characteristics of each guideline were also identified. CONCLUSION: The seven high-quality guidelines each offer unique strengths. Therefore, it is recommended to explore consolidating key elements from these guidelines to create a more comprehensive protocol for the caregivers of elderly individuals in nursing homes.

Bakker, M. H., M. J. de Smit et al. (2024). Évaluation de la santé buccodentaire chez les personnes âgées vivant dans un établissement de soins de longue durée : examen de la portée. *L'explorateur : la revue professionnelle de l'ordre des hygiénistes dentaires du Québec*, Ordre des hygiénistes dentaires du Québec. 34: 16.

https://www.flipsnack.com/lexplorateur/29286_ohdq_magazineexplorateur_vol34-1_juin2024_final_hr_v2/full-view.html?p=31

Tout comme la plupart des sociétés occidentales, les sociétés canadienne et québécoise vieillissent. Les personnes âgées qui les composent développent, durant cette période de leur vie, des maladies chroniques dont plusieurs affectent progressivement et à divers degrés les capacités cognitives et entraînent altération du fonctionnement et perte d'autonomie. Selon le type de maladie et les caractéristiques physiologiques et génétiques individuelles, la vitesse de cette perte d'autonomie variera et affectera différemment les individus atteints. Les troubles neurocognitifs majeurs (TNCM) se retrouvent parmi les problèmes neurologiques les plus fréquents qui les affectent. Ces troubles deviennent pour le personnel professionnel en santé buccodentaire l'un des défis les plus importants à relever en carrière pour aider le patient atteint à maintenir une santé buccodentaire acceptable.

Kit Ying Chan, A., Y. Cheung Tsang et al. (2024). Alimentation, nutrition et santé buccodentaire des personnes âgées : revue de la documentation publiée. L'explorateur : la revue professionnelle de l'ordre des hygiénistes dentaires du Québec, Ordre des hygiénistes dentaires du Québec. 33: 10.
https://www.flipsnack.com/lexplorateur/28594_ohdq_magazineexplorateur_vol33-4_fevr2024_final_hr-hk82n9crzp/full-view.html?p=17

RÉSUMÉ L'alimentation, la nutrition et la santé buccodentaire sont étroitement liées. La malnutrition, problème de santé difficile à résoudre chez les personnes âgées, est associée à un déclin physique qui a des répercussions sur leurs activités quotidiennes et leur qualité de vie. L'objectif de cette étude est de puiser dans les données probantes pour résumer le lien qu'entretiennent l'alimentation et la nutrition avec la santé buccodentaire chez les personnes âgées ainsi que les effets de ce lien. L'Organisation mondiale de la Santé a déclaré que la promotion du vieillissement en bonne santé était la priorité de ses travaux sur le vieillissement. L'American Dental Association a confirmé l'existence de la relation bidirectionnelle entre l'alimentation et la nutrition d'une part et la santé buccodentaire de l'autre. La documentation publiée révèle que l'alimentation et la nutrition sont liées aux maladies buccodentaires, dont la carie dentaire, la maladie parodontale, l'usure dentaire et même le cancer buccal. D'une part, l'apport nutritionnel insuffisant et les mauvaises habitudes alimentaires entraînent une augmentation du risque de maladies buccodentaires, comme la carie dentaire, chez les personnes âgées. D'autre part, les affections buccales, comme la maladie parodontale, peuvent provoquer de la douleur, causer des infections et entraîner une perte dentaire, ce qui a des conséquences sur l'apport nutritionnel. Selon les sondages qui ont été menés, les personnes âgées, en particulier celles des communautés défavorisées, présentent des carences ou des déséquilibres nutritionnels qui ont des effets négatifs sur leur santé buccodentaire. En outre, les données dont on dispose à l'heure actuelle révèlent que la malnutrition est associée à la fragilisation, à l'hospitalisation, à la mortalité et à la morbidité. Avoir une bonne santé buccodentaire et une dentition fonctionnelle est essentiel pour maintenir un apport nutritionnel suffisant chez les personnes âgées et réduire le risque de malnutrition. Il est donc impératif d'intégrer la santé buccodentaire à la prise en charge globale des personnes âgées pour améliorer leur état nutritionnel et leur santé buccodentaire, et ultimement leur permettre de vieillir en bonne santé.

Laporte, B. et N. Gargoui (2019). Programme québécois de soins buccodentaires et de soins d'hygiène quotidiens de la bouche en CHSLD : cadre de référence. Ministère de la santé et des services sociaux du Québec, Direction des communications.

<https://publications.msss.gouv.qc.ca/msss/fichiers/2019/19-231-28W.pdf>

"Le cadre de référence Programme québécois de soins buccodentaires et de soins d'hygiène quotidiens de la bouche en CHSLD vise à optimiser l'organisation et la prestation des soins buccodentaires et des soins d'hygiène quotidiens de la bouche en CHSLD. Pour ce faire, il présente notamment les objectifs poursuivis par le Programme, les services à fournir, le modèle de soins à appliquer, les rôles et responsabilités des acteurs concernés ainsi que les paramètres d'allocations budgétaires et de rémunération des dentistes, des hygiénistes dentaires et des denturologistes. Il s'adresse aux professionnels et aux gestionnaires des équipes de soins en CHSLD ainsi qu'aux gestionnaires concernés des centres intégrés de santé et de services sociaux (CISSS) ainsi que des centres intégrés universitaires de santé et de services sociaux (CIUSSS)."

Bélangier, R., D. Hamel et al. (2016). La santé buccodentaire des aînés québécois. Institut national de santé publique du Québec.

<http://www.santecom.qc.ca/Bibliothequevirtuelle/INSPQ/9782550750734.pdf>

L'objectif principal de l'étude est de décrire, à l'aide des données de l'ESCC – Vieillesse en santé (2008-2009), la santé buccodentaire des Québécois âgés de 65 ans et plus ainsi que certaines habitudes liées à leur santé buccodentaire. De plus, des liens sont vérifiés entre la santé buccodentaire et l'alimentation, le risque nutritionnel, le poids corporel et le tabagisme, sans oublier les facteurs socioéconomiques et certains problèmes de santé chroniques.

Bernard, M.-F., F. Zantman et al. (2016). Soins d'hygiène bucco-dentaire aux personnes âgées et dépendantes. Rueil-Malmaison France, Éditions Lamarre.

<https://catalogue.santecom.qc.ca/cgi-bin/koha/opac-detail.pl?biblionumber=111465>

"L'auteur, cadre de santé et hygiéniste, détaille l'anatomo-physiologie bucco-dentaire, les pathologies rencontrées lors du vieillissement (mais aussi lors de la maladie et du handicap), ainsi que les outils et les thérapeutiques bucco-dentaires à mettre en place au quotidien"