CED
COUNCIL
OF EUROPEAN
DENTISTS

CED White Paper

Ageing and Oral Health

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I – INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dental practitioners across Europe through 33 national dental associations and chambers in 31 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED key objectives are to promote high standards of oral healthcare and dentistry, and effective patient-safety centred professional practice.

As part of its work, the CED aims to accelerate the prevention of diseases and the promotion of oral and dental health across the life course. Oral health and general health remain inextricably linked and associated oral and general conditions disproportionately impact the older age group.

II- DEFINITIONS AND GUIDELINES

There is no universally accepted definition of an "older person" in the literature. The World Health Organization (WHO) and the United Nations typically define older adults as those over the age of 60 years old, whereas many European Union countries set the threshold at 65. Demographic shifts in the EU are significant, with the proportion of the population aged 65 and over, increasing from 16% in 2000 to more than 21% in 2023, with projections of an increase to nearly 30% by 2050[1].

This growing ageing population gives rise to significant economic and social challenges, including increased strains on existing health systems and particularly on primary care providers such as dental practitioners. The CED also highlights the additional challenges relating to the ageing of the dental workforce across Europe, with heightened risks of workforce shortages, unavailability of care and increased financial burden of oral diseases.

With rising life expectancy and evolving retirement ages, distinctions are now being made between "young old" (65–74 years), "middle old" (75–84 years), and the "oldest old" (85+ years)[2].

Healthy ageing/ Healthy Longevity

While overall life expectancy has improved, the quality of these additional years remains a major concern - over 40% of EU citizens aged 65 and older live with at least two chronic conditions.

In its 2015 World Report on Ageing and Health, the WHO highlights the profound impact of population ageing on health systems, workforce and budgets. The report affirms that, through effective policies and services, old age does not always imply dependence but can instead offer new opportunities for older adults, their families, and society at large[3].

[1] Health at a glance: Europe 2024. State of health in the EU Health Cycle. OECD/ European Union 2024
[2] Cohen-Mansfield J, et al. CALAS Team. 2013. The old, old-old, and the oldest old: continuation or distinct categories? An examination of the relationship between age and changes in health, function, and wellbeing. Int J Aging Hum Dev. 77:37–57
[3] World Health Organisation. (2015). World report on ageing and health. Available: https://www.who.int/publications/i/item/9789241565042

Healthy ageing involves not only remaining free from disease, including oral disease, but involves maintaining quality of life, functional ability, and bring benefits to individuals, families and communities[4].

Dependant Older Adults

Dependant older adults, as persons dependant on home support workers or nursing home staff to carry out routine daily and oral hygiene, are particularly vulnerable to oral conditions and diseases[5]. Dependency is understood as temporary or chronic functional disability where an individual is unable to perform a task previously performed alone. Dependant older adults may experience decline in oral health for various reasons including poorer diet and impaired oral hygiene. Older adults may also experience increased difficulties in receiving appropriate and timely oral care due to, for example, lack of informed valid consent, cognitive impairment, communication barriers between carers, dependant adults and legal guardians, and power of attorney obligations leading to delays in care.

Oral Health and General Health

The FDI World Dental Federation defines oral health as multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease.

Oral health status affects healthy ageing in older adults, being closely linked to general health, cognitive health, nutritional health and psychological health. Furthermore, oral and general health are closely interconnected and maintain a bidirectional relationship by impacting one another. Many chronic diseases manifest orally, often sharing common risk factors with oral health issues.

Deteriorating oral health in older age groups poses significant challenges, with high levels of dental disease, strained oral healthcare systems, and the need for robust policy interventions. According to the Global Burden of Disease, Injury and Risk Factor Study (GBD), oral disorders affect more than 280 million adults aged 70 years and above and rank as the 22nd leading cause of global disability adjusted life-years (DALYs)[6].

The 2024 WHO Bangkok Declaration, "*No Health without Oral Health*"[7] calls for the urgent promotion, prevention, and management of oral diseases. This need for accelerated action must therefore be integrated into general efforts around the fight against non-communicable diseases

[4] Ying Chan A.K, et al. (2024). Improving oral health of older adults for healthy ageing Journal of Dental Sciences (19)
[5] Andersen, C. et al. (2025). Prediction of oral diseases in care dependent older people. BMC Oral Health 25, 60.
[6] Collaborators, G. D. A. I. (2020). Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet. 2020;396:1204–22.
[7] WHO Bangkok declaration. (2024) No Health Without Oral Health, towards universal oral health coverage by 2030

in the European Union. Currently, the European Union however fails to address acute oral health diseases within initiatives and policies around health ageing.

For decades, our profession has championed the view that oral health is an integral component of overall health and quality of life.

III - CHRONIC CONDITIONS AND ORAL HEALTH IN OLDER PERSONS

Bacteria present in dental plaque contribute to dental caries, and periodontal disease. These bacteria and inflammatory mediators may also contribute to systemic inflammation across the body. For instance, there is an established association between periodontal disease and cardiovascular disease, and a bidirectional relationship with diabetes. Many chronic systemic diseases and oral diseases also share common risk factors thus increasing the risk of developing comorbidities.

Dental Caries and dental diseases

Root surface caries is a disease process more common in older adults[8]. It is important to note that dental diseases may become more complex to manage in older adults, causing the development of wider diseases, difficult to control. These can include reduced manual dexterity, reduced access to dental services, complex restorations, and insufficient saliva production (xerostomia).

Periodontal Disease

Periodontal disease in older adults represents a lifetime of periodontal destruction exacerbated by poor oral health. In this age group, periodontal disease often presents as clinical attachment loss and gingival recession thus exposing root surfaces to caries.

Toothwear

Toothwear (including erosion, attrition, abrasion and abfraction), is a chronic disease impacting older adults with increased risks of developing wider oral health issues. In some cases, erosive toothwear may be symptomatic of underlying pathologies, including acid reflux (GERD).

Frailty

Frailty is a disorder affecting many daily activities, characterised by diminished physiological reserves and reduced resistance to stress. The FDI has developed a practical frailty guide for dentists and dental teams to use during consultations with patients aged 65 and over[9].

[8] Da Mata C., et al. (2019). An RCT of atraumatic restorative treatment for older adults: 5 year results. J Dent. 83:95-99.
[9] See the FDI Frailty Guide: frailty-guide.fdiworlddental.org

Poor oral health can be an early indicator of frailty. Preserving or enhancing oral function may improve nutritional and functional status in older adults and could potentially reduce the risk of mortality and other adverse outcomes, including dementia and Alzheimer's disease[10].

Oral Cancer

Mortality from oral and oropharynx cancer significantly impacts the over 65 age group[11]. However, oral cancer is one of the cancers with the lowest survival rate in the European Union, due to late detection.

Sugar – a risk factor for caries and other NCDs

Sugar consumption is a leading cause of caries, including amongst older adults, particularly those in care homes[12]. Reducing sugar intake can alleviate the pain and suffering caused by preventable conditions and decrease related morbidity[13]. Moreover, both poor oral health and excessive sugar consumption are common risk factors for several major non-communicable diseases, including obesity, type 2 diabetes, insulin resistance, cardiovascular diseases, Alzheimer's, dementia, and several types of cancer.

Respiratory disease

In frail older adults, bacteria from the mouth can be aspirated into the lungs, increasing the risk of aspiration pneumonia. Studies suggest that regular oral hygiene interventions in this population may lower the incidence of aspiration pneumonia among dependent older adults living in nursing homes[14].

Malnutrition

Oral diseases and nutrition are inherently connected with a person's oral health status affecting dietary choices, and in turn, influencing the risk of oral disease. Interventions to prevent malnutrition, as a key factor in poor oral health in older adults, vary according to the level of dependance and various care settings. It is estimated to affect approximately one quarter of European adults over 65[15].

Saliva and Xerostomia

Saliva plays a crucial role in maintaining oral health. A high percentage of older patients are prescribed multiple medications (polypharmacy) to manage chronic systemic disease. However,

[10] Dibello, V., et al. (2021). Oral frailty and its determinants in older age: a systematic review. Lancet. 507–20
[11] Petti, S. (2025). Negative excess oral and pharyngeal cancer mortality in Europe during the early pandemic years. Oral Diseases, 31, 121–128.
[12] Bradwel S, et al., (2025). Nutrition and Oral Health in Care Homes: A qualitative study of stakeholder perspectives. J Dent: 159
[13] See the CED Resolution on Reducing Sugar Consumption and Prevention Oral Diseases here
[14] Manger D, Walshaw M, Fitzgerald R, et al. (2017). Evidence summary: the relationship between oral health and pulmonary disease. Br Dent J.
[15] Norman K, Haß U, Pirlich M. (2021). Malnutrition in Older Adults-Recent Advances and Remaining Challenges. Nutrients.13(8)

this can have a significant negative impact on saliva production. Managing this complexity often requires enhanced collaboration and coordination between medical and dental professionals.
This condition can significantly affect mastication, swallowing, speech, taste, and increase the risk of dental caries. It is essential to diagnose and manage xerostomia carefully.

V - CED RECOMMENDATIONS

CED welcomes the publication of the 2024 Health at a Glance Report on health workforce shortages and health longevity and the acknowledgement of the interconnected issues of ageing of the European population and the growing burden on already stretched health care services.
The European Union must however take urgent action to make oral health an integral part of European public health policy and initiatives aiming to improve healthy ageing and tackling widespread conditions among older adults.

CED takes the view that ageing and oral health have a multifaceted complexity that require a multi-disciplinary and integrated approach bringing together EU institutions, Member States, dentists, doctors, public health professionals, healthcare workforce, patient groups and other relevant stakeholders.

The CED calls to

Integrate oral health in all EU health policies and initiatives for healthy ageing

- **Acknowledge oral health as a key factor for healthy ageing and an integral part of general health across all EU policies and initiatives addressing healthy ageing and non-communicable diseases**. Promotion, prevention and management of oral diseases across the life course, including for autonomous and dependent older adults, needs urgent action**.**
- **Address common risk factors and barriers among older adults through unified public health policies.** This includes targeted and accelerated efforts for tackling unhealthy diets, tobacco, and harmful alcohol consumption, as well as addressing social and commercial determinants of oral health.

Target education and professional qualifications towards oral care for older adults

- **Promote and develop high quality postgraduate education for dental specialists in gerodontology and enhance gerodontology competences among general practitioners[16].** The European Commission must therefore strengthen and define clinical training requirements under Directive 2005/36/EC, with mandatory training dedicated to

[16] Kossioni A, et al. (2017) Higher education in Gerodontology in European Universities. BMC Oral Health. 17(1):71. Available at: https://pubmed.ncbi.nlm.nih.gov/28351394/

oral care of frail older adults in undergraduate, postgraduate and continuing education training programmes.

Furthermore, more emphasis should be placed on developing positive attitudes as well as interdisciplinary and interprofessional training towards oral healthcare of older adults.

- **Expand oral health education to non-dental healthcare practitioners, as well as to carers, both formal and informal, including family members and friends who work with older people, to improve integrated care.** Oral health promotion, prevention and assessment should be integrated across undergraduate, postgraduate curricula as well as continuing professional development training for both health- and social care workers.

Improve workforce conditions and interprofessional collaborative care

- **Invest into strategies for recruiting and retaining adequate and qualified care and healthcare workforce by improving working conditions for all care and healthcare professionals** specialised in older adults and dependant older adults.
- **Promote interprofessional collaboration between dental and non-dental healthcare professionals.** This strategy highlights the need to "put the mouth back in the body" and encourage positive attitudes towards care for older adults.
- **Improve availability and accessibility of healthcare professionals to their older patients' electronic health records (EHR) and enhance access of these records to the ageing population.**
- **Integrate oral health into general and mental health assessments for older adults,** recognising the bidirectional link between oral conditions, physical wellbeing, and mental health, particularly in the context of prevention and early intervention.

Establish a dedicated oral health strategy for healthy ageing

- **Introduce nutritional standards and training** in hospitals, nursing homes, home assistance services and within family care settings. Develop nutritional recommendations for catering services and ensure appropriate implementation of daily sugar intake recommendations.
- **Ensure stakeholder engagement in oral health policy development.** Policies for improved accessibility to oral care services should consider illness, mobility, care dependency, oral health literacy, geographic isolation and social determinants of health.
- **Ensure availability and affordability of emergency and routine examinations as well as comprehensive oral healthcare services** offered through home support services and institutional healthcare settings such as nursing homes, residential care, assisted living, and long-term care. Continuity of professional dental care and oral health interventions must be established when transitioning from independent living to residential or care homes.

- **Promote evidence-based fluoride interventions and initiatives.**
- **Encourage oral health literacy and citizen empowerment** on oral health and oral healthcare needs of older adults. This includes ensuring that the mouth, teeth and prosthodontic appliances of dependant older adults are cleaned daily in family and home care, residential care and nursing homes by formal or informal carers.
- **Enhance early detection of oral cancers among older adults across the EU**. Older adults should be informed of the need for regular examinations by a dentist (and, when appropriate, by an oral healthcare professional, under the supervision of a dentist).
- **Systematic cancer screening must also be carried out for older adults**, with or without predisposing risk factors.

VI - CONCLUSIONS

Older adults are more prone to a wide range of oral conditions, including chronic diseases and co-morbidities, significantly affecting both oral and general health levels. Integrating specific oral health needs and conditions of older, and dependant older adults must therefore be central to all disease prevention strategies formulated at European and national levels. Oral health must imperatively be considered under healthy ageing policies and action plans, including the Union's priorities for long-time care, as well as in education and workforce policies for care and healthcare professionals, and through the development of a comprehensive oral health strategy for health ageing.

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