Nos últimos 30 anos, o Brasil tem passado por um processo de envelhecimento populacional caracterizado pela crescente expectativa de vida. No entanto, esse aumento tem se refletido na saúde, muitas vezes, indicando problemas, tais como os vinculados à saúde bucal e as interferências na qualidade de vida do idoso. O objetivo do presente trabalho foi compreender como os idosos enfrentam o edentulismo, ressaltando motivos, ações preventivas e mudanças na sua qualidade de vida. Esta pesquisa descritiva, de natureza qualitativa, ocorreu no Centro de Especialidades Odontológicas Regional, localizado no Município de Juazeiro do Norte-CE, nos meses de agosto de 2014 a abril de 2015. A pesquisa contou com a participação de 13 idosos, em sua maioria do sexo masculino. Os resultados foram distribuídos nas seguintes categorias: os impactos do edentulismo na qualidade de vida na terceira idade, a dentição atual e os motivos que levaram à patologia, os cuidados com a cavidade oral adotados pelos idosos e, por fim, a atuação dos profissionais de saúde na prevenção e no tratamento deste durante a terceira idade. Durante a pesquisa tornou-se possível compreender que são diversos os agravos sofridos por idosos nesta condição, porém estes não descrevem o problema, como de fato, ele acontece. Apesar de alguns idosos afirmarem não reconhecerem a patologia como um sério problema, este se apresenta como uma forte interferência na qualidade de vida, principalmente para os idosos com edentulismo total, pois passam por várias alterações, tanto sistêmicas, como estéticas e principalmente psicológicas.


Over the past 30 years, Brazil has been going through a population aging process characterized by increasing life expectancy. However, this increase has been reflected in health, often indicating problems, such as those related to oral health and interferences in the quality of life of the elderly. The aim of this study was to understand how the elderly face edentulism, highlighting reasons, preventive actions and changes in their quality of life. This descriptive qualitative research took place at the Regional Dental Specialties Center, located in the city of Juazeiro do Norte-CE, from August 2014 to April 2015. The research was attended by 13 elderly, mostly male. The results were distributed into the following categories: the impacts of edentulism on quality of life in the elderly, current dentition and the reasons that led to the pathology, the oral cavity care adopted by the elderly and, finally, the performance of health professionals health in preventing and treating it during old age. During the research it became possible to understand that there are several injuries suffered by the elderly in this condition, but they do not describe the problem, as in fact, it happens. Although some seniors say they do not recognize pathology as a serious problem, it presents a strong interference in the quality of life, especially for the elderly with total edentulism, as they undergo various systemic, aesthetic and mainly psychological changes.

Keywords: Tooth loss. Aged. Oral health.
INTRODUCTION

Aging is a complex phenomenon that, increasingly, need for multidisciplinary studies for a better understanding and comprehension. In turn, the age indicates the status of being old, as a condition of a way of aging that several generations have lived or are living in social contexts, political, cultural, and individual.

The Brazilian population aged rapidly in the last 50 years, and the elderly group increased from 4.7% (1960) to 12.6% (2012). With this, a scenario in which children and young people constitute the largest group of Brazilian population age pyramid to revert in little time, bearing in mind that after 2030, the group of the elderly will be larger than the group of children aged up to 14 years.

According to Veras, we are a young country of white hair, which each year are incorporated to the Brazilian population, approximately 700 thousand new elderly - most with chronic diseases and some with certain functional limitations.

Through the information until raised here, it is worth noting that the issues related to oral health in the elderly has been relegated to oblivion. Even with the advances in public policies for the prevention in oral health, the number of total and partial patients toothless still represents a quantitative significance. Data from the latest national oral health survey revealed that more than three million elderly Brazilians need for dentures in two arcades.

Some epidemiological studies have shown that the incidence and prevalence of oral diseases in elderly patients are relatively high, due to the lack of access to public services, lack of information, and constant use of medicines and, in addition, there are several systemic changes that are reflected in the oral cavity.

Health professionals should be aware and alert to this issue, in order to enlarge the studies, researches and actions in this area, helping to solve the problems related to oral health of patients of the third age.

Thus, these aspects, some questions arose: How do the elderly lead their day-to-day with the edentulism (total loss of teeth)? Which factors contribute to these changes? How the health professionals may act to improve the quality of life of these elderly individuals with this type of pathology?

For both, the objective of this study, understand how the elderly face edentulism, highlighting reasons, preventive actions and changes in their quality of life.

METHOD

The study involved a descriptive survey and qualitative in nature. Thus, qualitative methods seek to explain the why of things, expressing what should be done, but does not quantify the values and symbolic exchanges nor submit the proof of facts, because the data analyzed are non-metric (raised and interaction) and if worth of different approaches.

The research was carried out in the Center of Dental Specialists (CEO), regional coverage, located in the municipality of Juazeiro do Norte (CE), in the period from August 2014 to April 2015.

Participated in the study, elderly users, with minimum aged 60 and with cognitive ability and mental preserved, met in the CEO, which were forwarded by the Family Health Strategy (FHS) of that municipality. The choice of the participants gave himself in a random manner and no exclusion criteria were adopted for this study.

The Research relied on a roadmap of structured interview for information gathering the community target of study and with the purpose of tracing the real situation of the elderly are affected by the problem of edentulism. In addition, the dialogs from the interviews were recorded for later analysis.

The analysis was performed according to the qualitative methodology, with the use of information analyzed by means of a set of techniques of content analysis of Bardin. In this sense, Bardin takes three basic steps to develop this technique: pre-analysis, analytical description and inferential interpretation.

The present study followed the instructions in the Resolution N 466/12 of the Ministry of Health, which deals with studies involving humans, thus ensuring the anonymity of the participant, as well as all the precepts of bioethics. The research was approved by the Research Ethics Committee of the Faculty of Juazeiro do Norte, with the following number of opinion: 993,395. All participants signed the informed consent form, being informed of the risks and benefits of the research, as well as freedom of interruption, at any stage of the study, without any kind of financial or personal injury to them.

RESULTS AND DISCUSSIONS

The survey counted with the participation of 13 elderly people, mostly male, accounting for seven in total, with age between 60 and 67 years old (10 participants) and between 70 and 76 years old (3 participants). About the religion, the 13 participants said Catholics. With regard to schooling, 4 were illiterate, 3 had incomplete basic education, and 4 have completed secondary school and 2, higher education.

During the survey, it was possible to observe some aspects and experiences passed by the public interviewed, which were arranged into categories during the discussions.

Table 01. Categories and subcategories elaborated from the interview. Juazeiro do Norte, 2015.
Impacts of edentulism on quality of life in the third age

Self-perception of oral health has been one of the indicators of quality of life more used in Dentistry. And this fact can be proven by means of a large number of studies already carried out, evaluating the oral health not only through the clinical perspective/aims of the health-disease process, but mainly by means of subjective parameters based on self-perception of the patient.9

Difficulties in feeding

The participants voiced the concerns of whether or not there is difficulty in feeding themselves, with the lack of dentition and with the use of prosthesis, be it partial or total:

“Sometimes I have [difficulty] for the prosthesis. Hard food and meat, at the time I'm chewing, I feel that the food is not well crushed, that must be bad, right?” (Aged 5, 63 years old).

“Yes, with food like meat, a rash, it hurts my teeth.” (Aged 8, 67 years old).

“I do, because when she [prosthesis] is bad, it hurts my gums.” (Aged 11, 61 years old).

It was observed in these statements that participants feel difficulty in feeding, either by bad placement of the prosthesis during the chewing process, thus causing pain and discomfort, is the consistency of the food to be hardened.

In this way, the masticatory capacity is related to the number of teeth present, with the loss of occlusal support, with the type and quality of the prosthesis, with a maximum force of bite, with the presence of oral sequel and with the type of diet.9

The physiological factors intended methods of aging become more disturbing and debilitating as people become more elderly. For this reason, these people have special nutritional needs.10

Self-esteem and edentulism

The following subcategory dealt with issues related to the esteem of participants and the consequences arising from possible bad appearance caused by the lack of dentition of same, as a reflection of the edentulism.

“Boy, I don’t even know. It stings a little bit; the lack of tooth hinders me a little.” (Aged 9, 61 years old).

“No, because you have to laugh even when you have to, I have no prejudice.” (Aged 10, 67 years old).

“Yes, I’m ashamed.” (Aged 11, 61 years old).

It was possible to realize that there are distinctly different sensations of participants when questioned about the lack of teeth. In some everyday attitudes, such as smiling, in their major, it is observed that there is a certain embarrassment and, at the same time, acceptance of the condition experienced by the participant, once they accept the situation they are in.

The dental aesthetics, one of the fundamental aspects for the esteem and confidence of the individual, in addition to being a factor of great appreciation, an essential component of appearance for people who seek important stages of life, like the first employment.11

The idea of the elderly that is important to maintain the natural dentition was well portrayed in this moment. The inconvenience and discomfort, promoted by poorly adapted prostheses can bring to individuals unpleasant sensations in their day-to-day, and may cause even the loss of pleasure in eating.

The loss of teeth and decreased salivary flow in elderly diminish the capacity of chewing and swallowing properly the food, compromising the general health and well-being of the elderly. The change of a healthy diet for a diet with predominance of carbohydrate foods and less consistent may not contain the nutrients suited to biological needs, causing anemia or apathetic in people more susceptible.12

Current dentition and motives leading to edentulism

In this category, it seeks to deal about the real reasons that lead individuals to edentulism. Therefore, talk about these events is of paramount importance to discuss ways and preventive actions. Cormack13 says that, with aging, important changes occur in the region, maxillofacial and oral cavity undergoes many changes, such as: biliary of canals, due to the continuous deposition of dentin on the internal walls of the pulp chamber, and the retraction of the periodontal tissues by reduction of cellularity.

In addition, with the violent extraction of dental elements and/or due to wear of the teeth remaining, there is a reduction of the vertical dimension, causing angular cheilitis. The salivary glands reduce in size and function, and may promote the onset of xerostomy.14

The majority of participants, it was noticed that the use of the prosthesis, noting the frequency of the abrupt withdrawal of dental elements, instead of trying to remain these elements through preventive and curative measures for oral health promotion of participants. These facts can be observed in the subcategories below.

Dentition present and use of dentures

The total or partial edentulism is associated to a functional deficit and may interfere with the systemic health of the individual, especially because of the oral cavity is the entrance door of foods and liquids.15

The Epidemiological Survey of Oral Health Conditions of the Brazilian Population regarding the Oral Health Program 2010, conducted by the Ministry of Health showed large regional differences between the capital cities and municipalities in the interior. The total number of elderly, 23.9% need of prosthesis at least one jaw, while 15.4% need in the jaw and the jaw. Approximately 50% of the elderly reported dissatisfaction with their oral health and difficulty to chew.16

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In this sense, it reproduces the speech of some participants about the loss of teeth because they faced:

“I don't have it, neither on top nor under.” (Aged 3, 64 years old).

“No, no.” (Aged 6, 64 years old).

Therefore, it is perceived through the statements of the participants that there are attempts to maintain the natural dentition, but actions such as the extraction of teeth considered damaged by health care professional for the maintenance of the oral cavity, health and well-being of individuals.

Even with the replacement of teeth for dentures, it is necessary to the comfort and ease for an adequate supply. In this sense, we highlight the importance of implementing a prosthetic treatment biologically oriented and suited to the real needs of the elderly, providing comfort and security needed for chewing and well-being27.

In the case of the patient make use of dental prosthesis and the time that makes use, the participants responded to the questions in the following way:

“Yes, about 40 years ago, at the time I was only 17 years old.” (Aged 6, 64 years old).

“Not yet, but I'll use it when I pluck the rest of my teeth.” (Aged 7, 71 years old).

These statements, it is observed that the participants make use of dental prostheses, on average, 30 years ago, confirming that since the youth have begun to suffer with the loss of dentition. This fact highlights the importance of public policies of the oral health of the country, which, in these cases, proved to be inadequate or non-existent.

In turn, the dental care of the past has left the image, elderly, that dentistry is only required to perform procedures in relation to a component: the tooth. This model of assistance was not satisfactory and not cared to raise their users - adults and elderly of today - to put “tooth” on a system composed of other organs require care, generating a collective consciousness of care and frequent visits to the surgeon-dentist for prevention of diseases and the promotion of oral health18.

The use of dentures reveals itself as a reason for the absence of demand the surgeon-dentist. However, many times, elderly, the use of total prostheses is perceived as a fact in which they feel at a disadvantage in relation to those that have natural teeth19.

Many elderly people who are not seeking dental care, because they believe that regularly visit the dentist is necessary only for people who have teeth; therefore, they do not need to consult periodically20.

Reasons that cause edentulismo

It is known that there are several reasons that lead individuals to this condition, such as the lack of oral hygiene after the daily meals, poor nutrition, lack of regular visits to the dentist professional and a lack of financial resources for implementation of these, as shown below:

“Because I had no patience, I got it, but I had it ripped off because I didn't have the patience.” (Aged 1, 70 years old).

“At first, I felt a lot of pain, and the teeth I was sticking, I was going to rip.” (Aged 12, 61 years old).

“I just know it was getting black and at the time there was no treatment and it was hard.” (Aged 13, 64 years old).

In this category, participants cite several causes for the appearance of the partial or total withdrawal of the dentition, which were mentioned earlier, despite the existence of primary health-care centers in the municipality. As I said earlier, the edentulism in the elderly may reflect the effect of dental practice mutilator along the life of individuals21,22,23.

Still according to the authors mentioned above, this fact reflects that, with the quality of life harmed, these procedures will cause discomfort during the aging process, because it causes a negative effect on various features of the human body, among which are the digestion, the taste, the pronunciation and aesthetic aspects.

It is believed that, many times, the financial difficulty reflects on access to the dentist, becoming one of the problems faced and contributing to the emergence of edentulism. The authors also emphasize also that many elderly people share the cultural and collective perception that go to the dentist costs too expensive. These elderly people are unaware of the health as a right of every citizen, as a duty of the State and this ignorance leads not to demand by the dentist18.

According to the Ministry of Health24, it is known that the query to the dentist, most of the times, it happens due to the need to remedy any pain or discomfort in the oral cavity. If there is no discomfort or pain, it is difficult to search dental care for prevention.

Oral cavity care adopted by the elderly

In this phase, the individuals scored the care and the realization of treatments prior to placement of a dental prosthesis, as well as the care with these.

Treatments performed

“Yes, I did the filling, but there's plenty of time, it's about 30 years old.” (Aged 1, 70 years old).

“No, never, but at that time I didn't worry about my teeth.” (Aged 8, 67 years old).

It is believed that the perception of oral health in the elderly is of extreme importance, because it allows the individual substances may have awareness of the need or not of aten-dental procedure25.

The Mouthparts deserves a lot of attention when it comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that comes to elderly people, because it is from the oral cavity that.
and decayed, gingival bleeding, bad breath and prostheses inappropriate.

Oral hygiene habits
At this stage of research, the participants were approached about their habits of oral hygiene.

“Yes, I brush three times a day.” (Aged 1, 70 years old).

“I have no.” (Aged 3, 64 years old).

“Yes, at night and in the morning, especially at night for the person to have a health in his teeth.” (Aged 5, 63 years old).

At this stage, it is perceived that the participants, in their majority, perform oral hygiene; however, not enough to maintain a good oral health.

The awareness of the importance of hygiene measures, the adequacy of the oral environment, campaigns for the prevention of certain diseases and monitoring of oral health through the promotion of health show that the maintenance of oral health in the course of the individual's life began a process of change in the profile of the elderly population.

This fact is directly related with the slow, but growing, change in the process of aging and health, associating it with the process of physiological changes, cultural, social and psychological changes, which vary from individual to individual.

Health professionals’ performance in the prevention and treatment of edentulism in the third age
In this category, discussed the possible actions performed by health professionals in the community interviewed during the accomplishment of the research.

Guidance received by health professionals
“Yes, we have to brush, sleep with them clean and because it avoids other diseases.” (Aged 2, 76 years old).

“Already, they went to the house, they told me to boot from one in one, it was two girls, but I do not remember who were.” (Aged 4, 61 years old).

The statements prepared portray that although there are actions in health education in some of the cases described, it is possible to observe that there are, for all involved. Because, even transmitting the information of proper oral hygiene, some professionals still consider that the best course of action to be taken is the extraction of teeth, not the forms of treatments to keep them with their oral features for the individual.

Therefore, the adequate maintenance of the teeth and/or hearing in the oral cavity becomes a challenge for the elderly population and to the category of professionals of the oral health.

In this sense, Brazil, since 1994, has experienced the attempt to change the model of health care. This change comes with the Family Health Strategy, whose aim is to reorganize basic care, thus including the oral health care in its agenda.

The National Oral Health Policy - Brazil Smiling - constitutes a milestone in the history of public policies in Brazil, to work the shafts of oral health care from the increment of basic care through the Family Health Strategy, the implementation of centers of dental specialists such as structural elements of secondary care, in addition to the actions of collective character, Brazil Smiling fits into the set of strategic programs in the current health policies.

Suggestions for improvements to the performance of health professionals in combating edentulismo
This step enabled participants to recount some actions that health professionals could perform for the improvement of care in primary care units in health, opposite to the oral health.

“I think the posts could have dentist to take care of the people, but no doctor exists, who will say dentist...” (Aged 2, 76 years old).

“Doing a job with more love, what is worth our profession is to do things because you like not only for what you will earn in cash.” (Aged 5, 63 years old).

The participants spoke, in their majority, dissatisfied with the lack of humanization in direct care to the public, by health professionals involved in the process, with a lack of financial resources and physical, among other problems of the institutions.

It is known that in the Family Health Strategy the collective actions of oral health are space to meet the needs of users of the Unified Health System (SUS), always having as a concept of equity, and should bring oral health to those who most need.

The oral health should always be encouraged in health services and universities, so that they carry out projects in health education and promote the health of older people. Thus, the visit of the elderly to the dentist becomes essential for health education actions provide the self-perception and self-protection of health.

Thus, this study, despite the small number of participants and involve only a scenario of study, she can document a reality still exists and worrying in the context of oral health care, thus generating, critical reflections about a subject little explored.

FINAL CONSIDERATIONS
During the conduction of this research, it was observed that there are several problems faced as: the loss of dentition, decrease of the opening of the oral cavity, xerostomy, difficulty of the ingestion of solid food, among others, by the population. What is the completion of treatment for the prevention of oral health, being the lack of demand, one of the most serious problems found.

In addition, you can also observe the perception of elderly people about the relation of edentulism and its direct interference on the quality of life of them. In spite of that, some elderly people do not recognize the pathology as a serious health problem, whose consequences can pose great risks to the health of the patient.
REFERENCES


5. Lelis ER; Siqueira CS; Costa MM; Reis SMAS; Gomes VL; Oliveira, AG. Incidência e prevalência de doenças bucais em pacientes idosos: alterações morfológicas, sistêmicas e bucais. Rev. Inpe de Odontologia. 2009; 3(2): 47-82.


7. Rocha FEC; Albuquerque FJB; Marcelino MQS; Dias MR; Pinheiro JQ. Aplicação da análise de conteúdo na perspectiva de Bardin em uma aproximação avaliativa do PRONAF-PB: Boletim de Pesquisa e Desenvolvimento 201; Março; Planaltina-DF; 2008.


Ministério da Saúde; Secretaria de Atenção à Saúde; Secretaria de Vigilância em Saúde. – Brasília: Ministério da Saúde; 2012.


22. Pereira, MTP. Qualidade de vida e saúde bucal na terceira idade; 2009.


26. Mesas AE. Cuidados com a Saúde Bucal do Idoso; Direito do Idoso; Artigos Doutrinários; out. 2006.


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