













REVIEW

Oral health strategies for older adults: perspectives and contemporary relevance for their well-being

Estrategias de salud bucodental para adultos mayores: perspectivas y relevancia contemporánea para su bienestar

Thalía Aurora Álvarez-Toledo¹  , Rosa María Montano-Silva¹  , Yoneisy Abraham-Millán¹  , Yahima Díaz-González¹  , Lázaro Lazaga-González¹  , Bárbara Zenaida Pérez-Pérez¹  

¹Facultad de Ciencias Médicas Isla de la Juventud. Isla de la Juventud, Cuba.

Cite as: Álvarez-Toledo TA, Montano-Silva RM, Abraham-Millán Y, Díaz-González Y, Lazaga-González L, Pérez-Pérez BZ. Oral health strategies for older adults: perspectives and contemporary relevance for their well-being. Nursing Depths Series. 2026; 5:300. <https://doi.org/10.56294/nds2026300>

Submitted: 02-06-2025

Revised: 21-09-2025

Accepted: 22-12-2025

Published: 01-01-2026

Editor: Dra. Mileydis Cruz Quevedo 

Corresponding author: Thalía Aurora Álvarez-Toledo 

ABSTRACT

Oral health is a fundamental aspect of well-being, and its relevance is heightened in the context of people over 60 years of age. It is currently a topic of growing importance due to the aging population and the increase in life expectancy in many countries. A qualitative study was carried out with the objective of analyzing the historical context, its perspectives, contemporary relevance, as well as the broader implications of oral health strategies for society and culture. The research process utilized the systems approach, analytic-synthetic, and inductive-deductive methods, as well as a documentary analysis of 13 bibliographies. Educational intervention strategies on oral health for people over 60 years of age are crucial to improving their oral health and quality of life. Through community programs, training of health providers and caregivers, the use of technology, and an emphasis on nutrition, significant improvements in the well-being of this population can be achieved. By addressing diverse health, social, and economic perspectives and considering potential counterarguments, it is clear that educational interventions must be comprehensive and adaptive. Maintaining a proactive and preventative approach will contribute to improving the oral health of older adults and, consequently, their well-being and quality of life.

Keywords: Strategies; Oral Health; Older Adults; Well-being.

RESUMEN

La salud bucodental es un aspecto fundamental del bienestar, y su relevancia se intensifica en el contexto de las personas mayores de 60 años. En la actualidad es un tema de creciente relevancia, debido a la población envejecida y al aumento de la expectativa de vida en muchos países. Se realizó un estudio cualitativo con el objetivo de analizar el contexto histórico, sus perspectivas, relevancia contemporánea, así como las implicaciones más amplias para la sociedad y la cultura de las estrategias de salud bucodental. Durante el proceso de investigación se utilizaron los métodos enfoque de sistema, analítico-sintético, inductivo-deductivo, así como el análisis documental de 13 bibliografías. Las estrategias de intervención educativa sobre salud bucodental en mayores de 60 años son cruciales para mejorar su salud bucodental y calidad de vida. A través de programas comunitarios, capacitación de proveedores de salud y cuidadores, el uso de tecnología, y el énfasis en la nutrición, se pueden lograr mejoras significativas en el bienestar de esta población. Al abordar diversas perspectivas sanitaria, social, económica y considerar posibles contraargumentos, es evidente que las intervenciones educativas deben ser integrales y adaptativas. Mantener un enfoque proactivo y preventivo contribuirá a mejorar la salud bucodental de las personas adultas mayores y, por

ende, su bienestar y calidad de vida.

Palabras clave: Estrategias; Salud Bucodental; Adultos Mayores; Bienestar.

INTRODUCTION

Oral health is a fundamental aspect of general well-being, and its relevance is intensified in the context of people over 60. Due to the aging population and increasing life expectancy in many countries, oral health in people over 60 is a topic of increasing relevance today.

Increasing life expectancy has allowed many people to live beyond their productive years, bringing several social, economic, and psychological challenges. As the population ages, significant health challenges also arise.

It is, therefore, imperative to design and implement holistic educational intervention strategies that not only inform but also empower this population group, their caregivers, and the community. The aim of this research was to analyse the historical context, perspectives, contemporary relevance, and broader societal and cultural implications of oral health strategies.

DEVELOPMENT

In recent decades, there have been significant changes in the perception and explanation of the causes of health problems^(1,2), so the analysis of the relationship between the socioeconomic structures of the population and the process of obtaining health, well-being, and quality is not new.⁽³⁾

Oral health care has evolved throughout history. In ancient times, dental health was largely ignored, and people often lost teeth at an early age.

However, with the advancement of medicine and stomatology, attitudes towards oral health began to change. In the context of the older population, over the last decades of the 20th century and early 21st century, there has been a marked increase in the preservation of natural teeth in developed countries.

This is mainly due to advances in diagnosing and treating oral diseases. However, despite these improvements, many older adults still face significant oral health challenges.

A study conducted by the World Health Organization⁽⁴⁾ (WHO) in 2021 revealed that approximately 30 % of people over 65 have untreated dental problems. This fact highlights the need to allocate more resources to the oral health of older people to ensure their physical well-being and quality of life.

If you want to see how a country is changing, there is no better way than to observe its demographic dynamics. This process forces us to rethink how society is organized to respond to the necessary care these changes entail, which involves specific policies to address each element of these dynamics.

In 2030, one in six people worldwide will be 60 or older. By that time, the global population of people aged 60 and over will have risen from 1 billion in 2020 to 1,4 billion. By 2050, the global population of people aged 60 and over will have doubled (2,1 billion). The subregions of Central America and the Caribbean have countries experiencing rapid population aging.⁽⁵⁾

According to the WHO, this will be the Decade of Healthy Ageing 2021-2030, approved at the 73rd World Health Assembly (2020), the highest decision-making body of the World Health Organisation made up of all the member states, as the institution in charge of determining the policies that guide the organization's global health.⁽⁶⁾

The Decade for Healthy Ageing 2021-2030 pursues the objective of promoting healthy aging as a cross-cutting strategy for all the Sustainable Development Goals (SDGs) and calls for the collaboration of governments, international organizations, civil society, professionals, academic institutions, the media, and the private sector, to improve the quality of life of older people, their families and the communities they live in.⁽⁶⁾

Cuba, according to estimates, 2025 will be the most aging country in the Latin American region, and by 2050, it will become one of the most aging countries in the world with more than 11 million inhabitants and 19 % aged 60 years and over; it is estimated that by that date, this population will exceed 34 %, which will increase the risk of disability and the social cost derived from this circumstance.⁽⁷⁾

In the next 50 years, Cuba will be the most aged country in the Third World and is currently the third oldest in Latin America, which is related to the increase in life expectancy, the decrease in fertility below replacement level, the negative migratory balance and the reduction in infant mortality, all of which has affected not only the size and growth rate of the population but also its structure by age groups.⁽⁷⁾

This is why aging is one of Cuba's most significant challenges. For this reason, the public policies the nation has been promoting for more than 60 years need to be improved, and proactive policies that are more effective than the traditional ones need to be implemented to result in better benefits and, therefore, a better quality of life.⁽⁸⁾

Oral diseases are highly prevalent. Globally, 3.5 billion people suffer from oral diseases, which are closely

related to non-communicable diseases and, therefore, generate to considerable health, social, and economic burden.⁽⁹⁾ Although improvements are being seen in some countries, the burden of poor oral health remains, especially among the most vulnerable in society.

The economic burden of poor oral health and the direct and indirect costs of oral diseases globally amount to US\$545 billion⁽¹⁰⁾, placing them among the most costly health areas. In addition to pain and discomfort, oral health problems result in a lack of well-being and quality of life.

Poor oral health hurts the quality of life and healthy aging, both physically and mentally, and is highly associated with cardiovascular diseases, diabetes, cancers, and pneumonia,⁽¹¹⁾ reflecting significant inequalities between countries, particularly affecting vulnerable people and at-risk groups.

The risk factors that oral diseases share with other NCDs, such as tobacco use, harmful alcohol consumption, high intake of free sugars, or poor hygiene, are one reason for the need to integrate oral health strategies into national NCD policies, with articulated inter-ministerial and inter-sectoral work, from a comprehensive perspective covering the whole life cycle of a human being, including old age.

Another oral health challenge in older people is malnutrition. Oral health has a direct impact on nutrition. Older people who experience pain or discomfort in the oral cavity may avoid certain foods, resulting in an inadequate diet and other health problems. Studies have shown that missing teeth and ill-fitting dentures can limit the intake of healthy foods essential for overall well-being.⁽¹²⁾

Access to dental care can be a significant challenge for many older adults. Factors such as lack of material resources, lack of transportation, and physical limitations may be barriers. Even worse, in the authors' view, is that in some cases, preventive care is not sought or provided, which may aggravate existing health problems.

Moreover, tooth loss can have a considerable psychological impact on older people. Self-esteem, body image, and social interactions may be affected. In addition, certain mental health conditions may be present in those facing serious dental problems, creating a negative cycle between oral health and emotional health.

The use of new oral health promotion strategies is an important key to maintaining and improving oral health status in older adults. These strategies emphasize oral health as well as older adults' life characteristics and quality of life.

Prevention is key to maintaining oral health in older adults. Awareness campaigns, oral hygiene promotion, and access to regular dental check-ups are essential. Public health institutions should focus on strategies that include three fundamental aspects: education, access to dental services, and promoting a healthy diet.

Educational intervention strategies for older adults should be based on fundamental pillars⁽⁶⁾:

- Community education programmes: community education programmes are essential to addressing the oral health of older adults. Such initiatives may include workshops, lectures, and information campaigns focusing on various aspects related to risk factors associated with the development of diseases affecting the stomatognathic apparatus. Customization of content for this group is crucial to making the information relevant and effective.
- Training of health care providers and caregivers. An effective strategy involves training healthcare providers and caregivers about oral health, including primary healthcare physicians, nurses, other professionals, and caregivers. This enables a comprehensive approach and consultation or referral to specialists when necessary. Training should focus on the relationship between oral health and systemic diseases to communicate the importance of oral care to older adult patients.
- Use of technology and digital information. Technology has changed the way education is provided. Through the development of apps and online platforms, accessible oral health information is possible for older people. This may include tutorials or reminders. In addition, social media and educational videos can attract the attention of this demographic, facilitating learning and adoption of healthy habits.
- Interventions in care settings. Another key strategy is implementing intervention programs within nursing homes and day centers. By including routines in daily care, good oral health can be encouraged. This can consist of supervised brushing and access to appropriate oral hygiene products adapted to the physical needs of the older adult population.
- Nutrition and oral health awareness. The link between nutrition and oral health is undeniable, so it is crucial that educational interventions also include information on how diet can affect oral health. Raising awareness among older adults about the importance of a balanced diet would be vital.

When analyzed from a health (Public Health) perspective, promoting oral health in older adults can reduce the burden of dental disease and its impact on general health. Oral health is related to systemic diseases such as diabetes and cardiovascular diseases.⁽¹¹⁾ Therefore, improving oral health education can positively affect long-term health.

Socially, older people with oral problems can experience a significant impact on their quality of life, including affecting their self-esteem and ability to interact with others. Missing teeth can lead to problems with eating and nutrition, contributing to a deterioration in general health. Therefore, educational interventions should

also focus on the social and emotional aspects that affect this growing population group.

From an economic perspective, investing in oral health education can result in significant savings in the long term. Preventing dental disease reduces the need for costly treatment and can reduce the economic burden on public health systems and families. Promoting oral health through education can be a cost-effective strategy that benefits society.

It is crucial to consider possible counterarguments related to educational interventions. Some may argue that older adults may be reluctant to adopt new practices due to a lack of understanding of technology or information. However, in the authors' view, this can be an opportunity to personalize the educational approach, using traditional methods adapted to the comfort of each older adult. In addition, it is essential to include family members in education, providing a supportive environment that encourages the adoption of healthy habits in families.

The oral health of older adults is not only an individual health issue but has broader implications. Their quality of life influences their independence and ability to participate in society. Promoting good oral health translates into a more active and engaged older population.

Currently, efforts to improve the oral health of older adults should focus on health education for these patients. Therefore, it is essential to address various factors in the design of educational programs, ensuring that all older people have access to the information and resources necessary to care for their oral health.

The topic's contemporary relevance lies in the growing population of the over-60s and the need to ensure that their well-being is a public health priority. The development and implementation of effective and accessible strategies for oral health education would be essential, and it is always advisable to adapt these strategies, taking into account the changing needs of the older population and innovations in education and health care.

Oral health is a right that should be accessible to all, regardless of age. According to Montano et al.⁽¹³⁾, medical science professionals' disease-focused approach should, therefore, be changed to a preventive approach based on health, health education, and self-care.

CONCLUSIONS

Oral health education intervention strategies for the over-60s are crucial to improving their oral health and quality of life. Through community-based programs, training of healthcare providers and caregivers, the use of technology, and an emphasis on nutrition, significant improvements in the well-being of this population can be achieved. By addressing diverse health, social, economic, and economic perspectives and considering possible counterarguments, it is clear that educational interventions must be comprehensive and adaptive. Maintaining a proactive and preventive approach will improve the oral health of older people and, thus, their well-being and quality of life in society.

BIBLIOGRAPHICAL REFERENCES

1. Marmot M, Bell. Fair society, healthy lives. Public Health.2012; 126(Suppl 1):4-10.
2. Braveman P, Egerter S, Williams DR. The social determinants of health: coming of age. Annu Rev Public Health. 2011; 32:381-98.
3. Acero AM, Caro RIM, Henao KL, Ruiz ELF, Sánchez VG. Determinantes Sociales de la Salud: postura oficial y perspectivas críticas. Rev Fac Nac Salud Pública 2013; 31:103-10. En: Organización Mundial de la Salud. Informe sobre la salud bucodental en la población adulta [Internet]. Ginebra: OMS; 2021. Disponible en: <https://www.who.int/es>
4. Pérez-Montes-de-Oca E, et al. Actualización de envejecimiento poblacional, demencia y depresión en el anciano. UNIMED 2024; 6(1). Disponible en: <https://us.docworkspace.com/d/sIODt4Ndbma-LwAY>
5. Gutiérrez-Domingo T. Reto mundial: decenio de envejecimiento saludable 2021-2030 [Internet]. 2024.
6. Fuentes-Rodríguez E, Vilorio-Pérez C, Rodríguez-Herrera E. Trascendencia del envejecimiento poblacional y su impacto en la sociedad cubana. Medisur 2024; 4(2). Disponible en: <https://revmedest.sld.cu/index.php/medest/article/view/193>
7. Vila-Pérez OL, Moya-Padilla N. Las políticas públicas: una mirada del envejecimiento poblacional en las condiciones actuales de Cuba. Revista Universidad y Sociedad 2021. Disponible en: <https://us.docworkspace.com/d/sIHjt4NdbtL2LwAY>
8. Global Burden of Disease Study Collaborators. Global, regional, and national incidence, prevalence,

and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018; 392:1789-858. doi: 10.1016/S0140-6736(18)32279-7

9. Righolt AJ, Jevdjevic M, Marcenés W, Listl S. Global-, regional-, and country-level economic impacts of dental diseases in 2015. *J Dent Res*. 2018; 97(5):501-7. doi:10.1177/0022034517750572

10. Seitz MW, Listl S, Bartols A, Schubert I, Blaschke K, Haux C, et al. Current knowledge on correlations between highly prevalent dental conditions and chronic diseases: an umbrella review. *Prev Chronic Dis*. 2019;16:E180641. doi: 10.5888/pcd16.180641

11. Acuña-Aguilar J, et al. Prevención de enfermedades bucodentales en adultos mayores: un enfoque integral. *Revista de Odontología Geriátrica*. 2021.

12. García-Vázquez PE, Borges-Yáñez SA, Sánchez-García S. Programa de educación para la salud bucal en adultos mayores. *Rev Odontol* 2023; 25(2):27-34. Disponible en: <https://revistadigital.uce.edu.ec/index.php/odontologia/article/view/4509>

13. Montano-Silva RM, Abraham-Millán Y, Peña-Méndez A, Pérez-Cruz Y, Navarro-González E, Ricardo-Díaz LE. Educational program on oral health “Healthy smile”: knowledge and role of legal responsibilities and educators. *Salud, Ciencia y Tecnología*. 2024; 4:815. doi: 10.56294/saludcyt2024815

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

FINANCING

The authors received funding for the results of this article from the research project ‘For a healthy smile’ with code PT241IJ400-024, which is part of the Territorial Programme ‘Quality of Life’ of the Special Municipality of Isla de la Juventud.

AUTHORING CONTRIBUTION

Conceptualisation: Thalía Aurora Álvarez-Toledo, Rosa María Montano-Silva, Yoneisy Abraham-Millán.

Research: Thalía Aurora Álvarez-Toledo, Rosa María Montano-Silva, Yoneisy Abraham-Millán, Yahima Díaz-González, Lázaro Lazaga-González, Bárbara Zenaida Pérez-Pérez.

Data curation: Thalía Aurora Álvarez-Toledo, Rosa María Montano-Silva, Yoneisy Abraham-Millán.

Formal analysis: Yahima Díaz-González, Lázaro Lazaga-González, Bárbara Zenaida Pérez-Pérez.

Methodology: Rosa María Montano-Silva, Yoneisy Abraham-Millán, Yahima Díaz-González.

Writing - original draft: Rosa María Montano-Silva, Thalía Aurora Álvarez-Toledo.

Writing - proofreading and editing: Yoneisy Abraham-Millán.