## SUBJECTIVE ORAL HEALTH STATUS INDICATORS AND THEIR RELATION TO NUTRITIONAL STATUS AMONG INSTITUTIONALIZED ELDERLY IN ALEXANDRIA

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## ABSTRACT:

The purpose of the present study was to assess the performance and examine the measures associated with scores on Subjective Oral Health Status Indicators (SOHSI) among institutionalized elderly Egyptian population. It also, examined the extent to which the perceived consequences of poor oral health affected the nutritional status of the elders. Data were obtained from 182 subjects (aged 60 years and older) residing in Egyptian elderly homes in Alexandria using personal interview and clinical examination. The nutritional status was assessed by the body mass index (BMI) and a 24-hour recall of dietary intake. The results suggested that the SOHSI were of good reliability as estimated by a Cronbach's alpha of 0.83. Association of the SOHSI with perceived need for dental treatment and with clinical and sociodemographic variables supported the construct and concurrent validity of the scale. When examining the severity and prevalence of SOHSI among the sample it was found that the most frequently reported complaint was mouth dryness (88.8%) followed by chewing difficulty (67.6%). The initial hypothesis that female respondents who had few functioning teeth, with many medical problems and non denture wearers were more likely to have a low SOHSI score was supported by the multiple regression analysis in the present study. In an attempt to relate the SOHSI and other risk factors to the nutritional status of the elderly group, it was found that 19.4% of the study subjects suffered from underweight (BMI < 22 Kg/m2) and on the average about five food items were inadequately consumed (consumed in amounts < 75% of RDA). The results also showed that those with poor oral health had lower intake of calories, iron, thiamin and vitamin C. Furthermore, oral dryness and other oral symptoms were associated with increased number of inadequate food items, while chewing difficulty emerged among the most significant predictors of underweight by the discriminant analysis. Since other factors apart from dental health also contributed to the risk of lower intake of some key nutrients therefore this study suggested that investigations for elders must be multidisciplinary involving nutritionists, dentists and other providers of health and social services.

## **INTRODUCTION :**

Changes in concepts of health, and advances in the assessment of health status emphasized the importance of the social impact approach to measure disease outcome. In response to these changes several investigators have developed a variety of multidimensional oral health status indicators such as: Geriatric Oral Health Assessment Index (GO-HAI) <sup>(1)</sup>, Oral Health Impact Profile <sup>(2)</sup> (OHIP) and the Subjective Oral Health Status Indicators (SOH-

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