

The Growing Importance of Home Dental Care Services: Needs, Challenges, and Implementation

Evde Diş Bakımı Hizmetlerinin Artan Önemi: İhtiyaçlar, Zorluklar ve Uygulamalar

Ümmühan ÇAĞLAYAN AKBULAK 
Funda BAYINDIR 

Atatürk University, Faculty of Dentistry,
Department of Prosthetic Dentistry, Erzurum,
Türkiye



ABSTRACT

The rapid growth of the elderly population worldwide has made oral and dental health significant public health concerns in geriatrics. As people age, they are more likely to have systemic diseases, declines in motor and cognitive functions, and to take medications and rely on caregivers. These factors make it increasingly challenging to maintain oral hygiene and lead to a higher prevalence of clinical conditions such as dental caries, periodontal diseases, denture stomatitis, xerostomia, and nutrition-related disorders. Consequently, home-based dental care has become an essential part of preventive and therapeutic strategies.

This model includes oral hygiene education, mechanical plaque control, fluoride applications, denture care, nutritional counseling, and regular professional assessments conducted in the individual's home. Educating caregivers also plays a critical role in improving oral health outcomes among older adults. Current literature indicates that regular home care interventions can slow the progression of caries, support periodontal health, and enhance quality of life. However, limitations such as accessibility barriers, economic constraints, insufficient health literacy, and inadequate service infrastructure continue to pose significant challenges.

In conclusion, a holistic, home-care-centered approach is essential for preserving oral and dental health in the geriatric population. Multidisciplinary teamwork, technology-assisted monitoring systems, and community-based programs may help improve oral health outcomes for the elderly in the long term.

Keywords: Dental care, geriatric dentistry, home care, oral health.

ÖZ

Dünya çapında yaşlı nüfusun hızlı artışı, ağız ve diş sağlığını geriatri alanında önemli bir halk sağlığı sorunu haline getirmiştir. İnsanlar yaşlandıkça, sistemik hastalıklara yakalanma, motor ve bilişsel işlevlerde azalma, ilaç kullanma ve bakıcılara bağımlı olma olasılıkları artar. Bu faktörler, ağız hijyenini korumayı giderek zorlaştırır ve diş çürükleri, periodontal hastalıklar, protez stomatiti, ağız kuruluğu ve beslenmeyle ilgili bozukluklar gibi klinik durumların daha yaygın görülmesine neden olur. Sonuç olarak, evde diş bakımı, önleyici ve tedavi edici stratejilerin önemli bir parçası haline gelmiştir.

Bu model, ağız hijyeni eğitimi, mekanik plak kontrolü, florür uygulamaları, protez bakımı, beslenme danışmanlığı ve kişinin evinde yapılan düzenli profesyonel değerlendirmeleri içerir. Bakım verenlerin eğitimi de yaşlıların ağız sağlığı sonuçlarının iyileştirilmesinde kritik bir rol oynamaktadır. Mevcut literatür, düzenli evde bakım müdahalelerinin çürüklerin ilerlemesini yavaşatabileceğini, periodontal sağlığı destekleyebileceğini ve yaşam kalitesini artırabileceğini göstermektedir. Ancak, erişilebilirlik engelleri, ekonomik kısıtlamalar, yetersiz sağlık okuryazarlığı ve yetersiz hizmet altyapısı gibi sınırlamalar önemli zorluklar oluşturmaya devam etmektedir.

Sonuç olarak, yaşlı nüfusta ağız ve diş sağlığını korumak için bütünsel, evde bakım odaklı bir yaklaşımı oldukça önemlidir. Çok disiplinli ekip çalışması, teknoloji destekli izleme sistemleri ve toplum temelli programlar, uzun vadede yaşlıların ağız sağlığı sonuçlarını iyileştirmeye yardımcı olabilir.

Anahtar Kelimeler: Ağız sağlığı, diş bakımı, evde bakım, geriatrik diş hekimliği.

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Sorumlu Yazar/Corresponding author:

Funda Bayındır

E-mail: bayindirf@atauni.edu.tr

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Introduction

Home care services are defined as healthcare provided at the patient's place of residence with the aim of improving quality of life, maintaining current health status, and supporting independent living (Permatasari et al., 2024). Home care services encompass a variety of interventions, including health promotion, disease prevention, treatment, and rehabilitation, with the aim of ensuring continuity of care and integration with broader healthcare networks (Fornazari et al., 2024). Home care services represent a broader concept, encompassing a wide range of support, from basic assistance with activities of daily living such as dressing and meal preparation to more complex medical procedures like wound care and catheter replacement. This service is designed to help individuals improve their functional abilities, live more independently, and prevent hospitalizations or admissions to long-term care facilities (Bawa & Sinha, 2022). Home care plays a critical role in the care of older adults; through these services, elderly individuals can continue to live in their own homes rather than being transferred to institutional care settings, which are often more costly and less comfortable (Davey et al., 2024). Home care services offer a patient-centered approach that promotes self-care and individual independence. These services are vital for caregiver education, preventing complications, and ensuring continuity of care, complementing primary and emergency healthcare services (Fornazari et al., 2024).

The quality of home care services significantly affects patient satisfaction. Factors such as reliability, responsiveness, trust, empathy, and tangible aspects are key determinants of this satisfaction (Sirait & Houghty, 2024). Both elderly and disabled individuals often face financial barriers that limit access to oral and dental care. The cost of dental treatments poses a significant challenge, especially for those living on fixed incomes or with limited financial resources (Asiri et al., 2024). Many elderly and disabled individuals encounter difficulties in reaching dental clinics due to physical limitations or lack of transportation. This issue is even more pronounced in rural areas or regions with limited access to healthcare services (Alsaadi et al., 2022).

The healthcare system is often inadequately equipped to accommodate individuals with disabilities, resulting in insufficient access to dental services. This situation includes issues such as a lack of interdisciplinary collaboration and dental professionals not having specialized training to manage complex cases (Hansen et al., 2021). Elderly individuals often have chronic health conditions and take multiple medications, which can exacerbate oral health problems. Conditions such as xerostomia and periodontal disease are common, and these individuals require specialized care that may not always be available in traditional healthcare settings (Leung & Chu, 2022).

Home dentistry eliminates the need for travel, making it easier for individuals with mobility issues to receive treatment. Mobile dental services and portable equipment bring dental care directly to the patient's home, overcoming transportation barriers. Providing dental care at home can also be more cost-

effective compared to traditional clinic visits, as it reduces operational costs and allows for more flexible service delivery. This is particularly beneficial for elderly patients with limited financial resources (Alsaadi et al., 2022).

Home dentistry offers a more personalized approach by considering the patient's overall health, medications, and specific oral care needs. Dentists can provide preventive care, urgent treatments, and caregiver education, all critical for maintaining oral health in these populations (Genaro et al., 2024). Home dental care can also be integrated with other healthcare services, offering a holistic approach to patient care. Such integration helps manage the complex health needs of elderly and disabled individuals more effectively (Baele et al., 2023).

Home dental care generally focuses on basic and preventive treatments, such as oral hygiene education, prosthetic adjustments, and minor restorative procedures. The scope of treatment is limited by the resources available in the home environment and may not support complex procedures such as surgery or advanced diagnostics (Kretsch & Gresser, 2015). Traditional dental clinics, on the other hand, are equipped with advanced technology and specialized equipment, allowing for a wider range of treatments, including complex surgeries, orthodontics, and comprehensive diagnostics. Clinics also provide a controlled environment that supports sterilization and infection control measures (Fairhall et al., 2009).

Patient management in home care settings emphasizes personalized care and the involvement of family members in the treatment process. This approach can enhance patient comfort and treatment adherence, particularly for elderly or disabled individuals who find clinic visits challenging (Shahidi et al., 2008).

The global population is aging rapidly, with significant increases in individuals aged 65 and over in countries such as Japan and the United States. By 2030, the number of older adults in the U.S. is expected to nearly double, which indicates that the demand for home care services will rise as these individuals prefer to remain in their homes rather than move to institutional settings (Suzuki et al., 2018). In Türkiye, the elderly population is also increasing significantly compared to the general population (Republic of Türkiye General Directorate of Family and Social Services, 2022).

The increasing prevalence of chronic diseases, particularly among older adults, requires ongoing medical care that can be effectively managed at home. This trend is evident in ageing societies such as Japan, where demand for home medical care is increasing among older adults with a high prevalence of chronic conditions (Suzuki et al., 2018). As the population ages, there is a growing need for home care services due to higher rates of chronic illnesses and a preference for living at home. Compared to traditional healthcare settings, home care services can meet this need more flexibly and cost-effectively (Howes, 2015).

In response to these demographic changes, healthcare systems are integrating home care into broader healthcare frameworks. This involves offering continuous care and support for managing chronic diseases at home via telehealth and remote monitoring technologies (Dhiman & Chavali, 2024).

This review aims to contribute to the existing research literature by examining home dentistry as an integral part of

home healthcare services, conducting a literature search in the Google Scholar and PubMed databases. The existing literature on the subject has been examined to identify gaps in service delivery and propose strategies to improve access to home dental care services. It also discusses how innovative technologies can transform this field. Furthermore, this review serves as a valuable reference for policymakers, healthcare providers, and researchers seeking to expand and optimize home dental care services.

According to the chronological definition used by the World Health Organization (WHO), age 65 is considered the “beginning of old age,” and the aging process is divided into three subgroups. Individuals aged 65–74 are classified as “young-old,” those aged 75–84 as “middle-old,” and those over 85 as “oldest-old” (Sağlam, 2024). Societies are classified based on the proportion of elderly in the total population as young society (<4%), mature society (4–7%), aged society (7–10%), and very aged society (>10%) (Bilir, 2015). In Türkiye, in 2020, the population aged 65 and over was 9.5% of the total population, placing it at the threshold of a very aged society (General Directorate of Family and Social Services of the Republic of Türkiye, 2022). According to population projections from the Turkish Statistical Institute (TÜİK), the number of individuals aged 65 years and older is expected to reach 12,066,092 by 2030. This group is projected to comprise 12.9% of the total population. This indicates that Türkiye will become a “very aged society” (Statistical Bulletin on Persons with Disabilities and the Elderly, 2022).

Aging is a physiological process during which declines in cognitive and physical abilities may be observed. With aging, chronic diseases, frailty, mental disorders, and physical disabilities are more common. These conditions require complex and disease-specific management, placing a significant burden on hospitals and primary healthcare centers. Additionally, elderly patients often experience mobility difficulties that affect their physical and functional status and limit access to hospital services. This increases the risk of requiring long-term care and significantly raises the demand for home care services. For example, in Türkiye, one-third of individuals aged 65 and older have diabetes (Directive on the Procedures and Principles for the Implementation of Palliative Care Services, 2018; Republic of Türkiye Ministry of Health, 2020). Although home care services are primarily provided for individuals aged 65 and over who require long-term care and for people with disabilities, individuals of all ages with chronic conditions can also receive these services (Hisar, 2014). The aim of these services is to assist patients and their relatives by improving quality of life, reducing hospital admissions, and supporting social integration. Scientific and technological advances, the development and dissemination of social rights, inadequacies of long-term institutional care services, and rising healthcare costs are the main factors increasing the importance of home healthcare services (Genç, 2013). With the rapidly growing population, the number of hospital beds per capita decreases, and even if the number of beds increases, providing long-term hospital care imposes significant financial burdens and can cause psychological problems in patients (Maç, 2018). Furthermore, during prolonged hospital stays, patients

face higher risks of exposure to other patients or hospital-acquired infections compared to home healthcare services. A key advantage of home care is that it allows individuals to live independently and services can be tailored to meet each person’s specific needs (Aslan et al., 2018).

The first comprehensive study on home care services began with the regulation published in the Official Gazette in 2005, followed by amendments in subsequent regulations, reaching its current form with the latest regulation published in 2023. According to the current regulation, Home Health Service (HHS) units, which were classified into three types in the 2015 regulation, were reduced to two types in the 2020 regulation. The HHS-T (Type T Home Healthcare Service Units) units affiliated with community health centers were abolished, and the system was updated to HHS-D (Type D Home Healthcare Service Units) and HHS-H (Type H Home Healthcare Service Units) units (Official Gazette of the Republic of Türkiye, 2023).

HHS-H units can include one or more teams consisting of physicians or specialist physicians, midwives, public health technicians, health officers, nurses, home care technicians, elderly care technicians, social workers, physiotherapists, pharmacists, dietitians, psychologists, drivers, and other professionals required for home health services. The responsible physician oversees the initial assessment and assigns the necessary personnel within the unit. In HHS-D units, to provide oral health services to patients covered by HHS, the team consists of a dentist, health personnel, oral health technician or dental technician, and, if necessary, a driver. If required, multiple teams can be formed within the same unit, and the number of team members can be increased. These teams operate during working hours under the coordination of HHCC (Home Health Coordination Center) (Official Gazette of the Republic of Türkiye, 2023).

Based on the assessment, a healthcare plan is created according to the patient’s needs, specifying which services will be provided, their frequency, and by whom. Services can include medical care (doctor examinations, nursing services, medication monitoring, injections, and dental treatments), rehabilitation (physiotherapy and occupational therapy), and psychosocial support (counseling and support provided by psychologists or social workers). Home care services are generally organized as regular visits by healthcare personnel (doctors, nurses, physiotherapists, dentists, etc.) and care staff (care workers, social service specialists, etc.), although emergency services are also provided when needed. During home healthcare, if an urgent medical need is identified, the patient is accompanied until the arrival of an ambulance. Interventions are guided by the 112 Command Control Center, and the patient is handed over to the 112 team with a patient transfer form, concluding the task. The quality of services and patient status are regularly monitored, and feedback is obtained from the patient and their family, updating the care plan as necessary (Official Gazette of the Republic of Türkiye, 2023).

In Türkiye, home care services provided by the state are generally free of charge or low-cost. Services provided by private

institutions are paid, but in some cases, costs can be covered through insurance reimbursement.

To examine the use of home healthcare services, data from the Turkish Statistical Institute and records from the General Directorate of Public Hospitals of the Ministry of Health were analyzed. Between 2011 and 2017, a total of 890,869 patients in Türkiye, which had a population of 78,965,647 during this period, benefited from home healthcare services. Of these patients, 311,780 were classified as active (Republic of Türkiye Ministry of Health, 2020). In 2017, the total number of physicians in Türkiye was 125,600, while the number of dentists was 27,889 (Turkish Statistical Institute (TURKSTAT) – Central Distribution System, 2017).

In 2017, the number of mobile teams was 321, ADSM (Oral and Dental Health Center) mobile teams 11, and home health units 582 (Public Hospitals of the Ministry of Health, 2017). Personnel numbers were: physicians 861, nurses/paramedics 2,275, medical secretaries 207, drivers 938, physiotherapists 100, dietitians 52, psychologists 62, and social workers 59 (Public Hospitals of the Ministry of Health, 2017).

By 2020, Türkiye's total population had reached 83,614,362, and according to January 2020 data from the Ministry, the total registered active patient count was 392,032. According to the Turkish Dental Association, in 2020, Türkiye had 171,259 physicians and 34,830 dentists (Istanbul Dental Chamber, 2022). The number of specialist and general physicians working in home healthcare was 1,166, the number of nurses/health officers/other healthcare personnel was 3,005, the number of vehicles 1,660, number of teams 1,660, and drivers 1,176 (General Directorate of Family and Social Services of the Republic of Türkiye, 2022).

In terms of oral health, deterioration typically begins between the ages of 60 and 70. This period is characterized by the emergence of care needs, the presence of underlying chronic diseases, manual and cognitive limitations, and an age-related increase in dental caries. Several factors influence how aging affects oral health, including changes in dietary habits. As people age, they tend to demand fewer dental services, and reduced oral hygiene skills contribute to the progression of oral diseases. Studies have shown that regular dental checkups and frequent oral care are associated with better oral health in individuals over 60 (Blasi et al., 2024).

Home dental care refers to dental services provided outside of a clinic, typically in the patient's home. These services may include general examinations, teeth cleaning, cavity treatment, periodontal treatment, emergency interventions, and some aesthetic procedures. However, complex procedures, such as dental implants and prosthetic fabrication, are generally performed in clinical settings.

Home dental care is particularly beneficial for individuals with physical mobility restrictions. Groups that benefit most include elderly individuals, disabled persons, and those with chronic illnesses. Increasing health problems, mobility loss, and chronic conditions in older adults can hinder access to dental care, whereas home dental care aims to improve their quality of life. Clinical visits may also be challenging for individuals with physical or cognitive impairments. Home dental care fills this critical gap

by providing personalized care. Additionally, individuals with chronic conditions such as heart disease, diabetes, cancer, severe musculoskeletal or respiratory disorders, infants requiring phototherapy, and bedridden patients can benefit from these services. Home dental care thus plays a crucial role in meeting the oral health needs of those with limited access to healthcare. The impact of oral health on general health is increasingly recognized, enhancing the relevance of home dental care (Çelik Güzel, 2018).

Home dental care provides significant advantages in terms of accessibility, patient satisfaction, and management of chronic conditions. It helps overcome barriers faced by patients in rural areas or areas with limited access to healthcare. Receiving care at home offers comfort and convenience, promoting positive attitudes toward treatment. Considering the strong link between oral and general health, home dental care is particularly important in managing diabetes, cardiovascular diseases, and respiratory infections. In this regard, it provides effective solutions for both individual and public health.

Home dental care also eliminates the need for patients to travel to clinics, a significant advantage for elderly and disabled individuals. Dentists can provide care at the patient's home, overcoming time and location constraints and offering a more comfortable treatment experience. For individuals with declining health due to advanced age or chronic disease, home dental care is generally safer and less stressful, as treatment occurs in a familiar environment with minimal mobility requirements. These features highlight the benefits of home dental care for older adults and patients with chronic illnesses.

However, there are limitations and challenges. First, the use of advanced clinical equipment and technology is limited in home dental care, which can complicate certain procedures. Patient safety is a significant concern; the dentist must continuously monitor the patient and provide emergency interventions when necessary. Standardized protocols are crucial to ensure safety. Additionally, professionals providing home dental care must be adequately trained to deliver services comparable to clinical care. Special attention and knowledge are essential to avoid risks during treatment, which directly affects service quality and effectiveness.

Home dental services aim to enhance patient comfort and facilitate access to healthcare. Mobile dental teams provide necessary equipment to deliver care at patients' homes, reducing the burden on the healthcare system.

According to 2017 data, there were 161 dentists and 124 dental technicians in home care teams in Türkiye. In 2017, the following procedures were performed at home: 1,932 dental examinations, 196 complete dentures, 142 partial dentures, 54 denture repairs, 637 extractions, 36 feeding interventions, and 146 occlusal adjustments (Public Hospitals of the Ministry of Health, 2017). In 2020, the number of oral health teams was 201 (Republic of Ministry of Health – General Directorate of Public Services, 2020). These figures seem low when compared to the total population and the number of home care patients in 2017 and 2020. This suggests that home dental care services are insufficiently recognized or underutilized compared to other medical treatments. In 2021, Norway had 27,361 registered physicians, 4,919 dentists, and 1,153 dental hygienists. With a

population of approximately 5.4 million, this corresponds to roughly one dentist per 1,100 people, indicating relatively favorable access to dental care. Elderly individuals requiring care are entitled to free dental services through the public dental system. However, only about 20% of home care recipients utilize these services. The largest proportion of treatments provided are problem-oriented interventions (49%), followed by preventive services (28%) and oral health-enhancing services (24%). The most frequently performed treatments are restorative procedures, particularly fillings, followed by routine examinations and extractions. Endodontic and fixed prosthetic interventions are also commonly reported (Uhlen-Strand, 2023).

In 2020, Sweden had 44,719 physicians and approximately 7,973 dentists (Yang, 2024). Registered home care recipients receive free annual oral screenings and basic dental services. In 2013, 19.5% of the population was registered for home care, of which 8% received free basic dental services. A cross-sectional study of over 20,000 home care recipients found that 4,454 (21.5%) were edentulous, and two-thirds (10,974, 67.7%) had dental caries. In a 2017 study, the mean age of 20,664 individuals receiving home dental care was 87.1, 69.1% were women, 16,210 had natural teeth, and 67.7% had significant caries. A quarter of patients fell into the high-risk category for professional dental risk assessment (Andersson et al., 2017).

The total population of the United States was 331,449,281 in 2020. According to the 2021 American Dental Association (ADA) report, 201,117 dentists were practicing in the country that year (Bradley Munson, 2021).

New Zealand has approximately 17,000 physicians and 4,000 dentists (The New Zealand Medical Workforce in 2022, 2022). Publicly funded home care is preferred to nursing homes. A 2012 national oral health survey found that home care recipients had poor oral health, with 46% requiring one or more restorations, 40% having untreated coronal caries, and 36% reporting dental problems. (Andersson et al., 2017).

Conclusion

Home care and home dental services are becoming increasingly important in Türkiye. The effective provision of these services plays a critical role in the well-being of individuals and society as a whole. Home dental care is a practical solution, particularly for the elderly and those with limited mobility. To implement this more widely, however, healthcare professionals and dentists must receive proper training, have access to appropriate equipment, and maintain the highest standards of patient safety.

In the future, technological advances in tele dentistry are expected to make home dental care more efficient and accessible. Research in this field will improve service quality and increase its reach. Unaddressed dental problems can cause pain and functional loss, as well as leading to nutritional deficiencies and related digestive issues. Given that oral health is fundamental to overall health, it is of critical importance to priorities and expand home dental care, improve service quality, and invest in personnel training and technology.

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