

Key Points:

- Replaces previous version dated June 2003
- NHS dental services
- Paying for NHS treatment
- Dental health issues for older people

Dental Care and Older People

This factsheet aims to provide information on NHS dental care in England, paying for dental treatment and dental health issues for older people. Reference is also made to private dental treatment.

Those living in Scotland, Wales or Northern Ireland may wish to contact their national Age Concern as there are variations in entitlement to free dental check-ups and in organisational structures within their health services.

Age Concern Scotland, 113 Rose Street, Edinburgh EH2 3DT, tel: 0845 125 9732 (local call rate) Monday to Friday 10am to 4pm, website: www.ageconcernscotland.org.uk

Age Concern Cymru, 4th Floor, 1 Cathedral Road, Cardiff CF11 9SD, tel: 029 2037 1566 (charged at national rate); website: www.accymru.org.uk;

Age Concern Northern Ireland, 3 Lower Crescent, Belfast BT7 1NR, tel: 028 9032 5055 (charged at national rate) Monday to Friday 9.30am - 1pm.

Contents

1. Finding an NHS dentist	3
2. Continuing care.....	3
2.1 Treatment plans for continuing care patients.....	4
2.2 Free replacement for continuing care patients.....	5
2.3 Emergency treatment for continuing care patients	5

2.4	Travel to the dentist.....	6
2.5	Home visits for continuing care patients	6
2.6	Ending the continuing care arrangement	6
3.	Patients not registered for continuing care	7
3.1	Occasional treatment.....	7
3.2	Emergency treatment for those not registered for continuing care.....	7
4.	The Community Dental Service.....	7
5.	Dental care for care home residents	8
6.	Professionals complementary to dentistry	8
7.	Paying for NHS dental care	9
7.1	Items which are free to everyone	9
7.2	Help with NHS dental charges.....	10
7.3	NHS dental charges: how much are they?	12
8.	Complaints about NHS dental treatment	13
9.	Private dental treatment	13
10.	Maintaining dental health.....	15
10.1	Toothbrushing.....	15
10.2	Care of full or partial dentures.....	16
10.3	Dental health and smoking	17
10.4	Healthy eating for teeth.....	17
10.5	Have regular dental check-ups.....	17
11.	Further information.....	18
12.	Further information from Age Concern	19

Introduction

For a number of years people in certain parts of the country have had difficulty finding a local dentist who is registering new NHS adult patients. In response, the Government introduced a number of initiatives to improve access to NHS treatment, including opening 46 dental access centres across the country.

Legislation included in *The Health and Social Care Act 2003* will allow changes to be introduced from April 2005 that will change the way dental services are organised in England. These changes, which at the time of writing (June 2004) have not been finalised are intended to improve access to NHS dentistry and to allow dentists to give greater priority to promoting good dental health.

1. Finding an NHS dentist

Recommendation by a friend or neighbour can be a useful way of finding a dentist. However you may be new to the area or find the recommended practice is not taking on new patients. In this case, call NHS Direct (see section 11). It can provide you with the names and addresses of local dental practices taking on new NHS patients. It will also have a list of those dentists able to offer home visits to those who are housebound. Alternatively you can go to the 'local services database' on their website. Select 'dental practices' and enter your postcode. This will produce a list of local practices and indicate those that were registering new patients when last contacted by NHS Direct.

Once you have decided on a practice, telephone or visit to confirm whether you can be accepted as an NHS patient for regular dental care. This is known as 'continuing care'. The receptionist will be able to answer any questions you may have about normal surgery hours and out of hour's arrangements, disabled access to the surgery or whether the services of a dental hygienist are available.

All NHS dentists produce a patient information leaflet about their practice.

You may wish to contact the Patient Advice and Liaison Service (PALS) working for your PCT, if you have difficulty finding a local dentist willing to accept you as a continuing care patient. You can register your concerns about the lack of dentists registering patients for continuing care with the PALS Adviser. If you need help to identify your local PALS contact NHS Direct (see section 12). For further information about PCTs and the role of PALS see Factsheet 44, *NHS services and older people*.

2. Continuing care

If a dentist is willing to accept you as a 'continuing care' patient, you will become one of your dentist's registered patients. It does not cost anything to be registered. Registration usually lasts for 15 months which is renewed each time a new course of NHS treatment begins. Therefore if you see your dentist for an examination at least every 15 months, your registration will continue as long as you and your dentist agree.

If you have *not* attended for regular NHS dental care within the last 15 months, you should contact your dentist to ensure that you are still on the practice's register of NHS patients.

Being registered for continuing care has several advantages. The dentist is obliged to offer you all necessary treatment available under the NHS to make your mouth healthy or as the NHS says 'that is necessary to secure and maintain your oral health'.

Treatments that are cosmetic or requested for social reasons are *not* available under the NHS. This may include certain white fillings, porcelain/tooth coloured crowns on back teeth or tooth whitening. The dentist should also offer emergency cover should you be in severe pain or if your dental health is likely to deteriorate significantly without prompt treatment. See section 3.3.

2.1 Treatment plans for continuing care patients

Most dentists offering NHS treatment will also offer treatment privately.

At the time of your first examination or whenever an extensive course of treatment is proposed, the dentist should provide you with a treatment plan. This should give details of treatment necessary to maintain your oral health and an itemised estimate of the NHS cost for this treatment. In some cases, the dentist will need to apply for approval before certain procedures can be offered as an NHS treatment. Any proposals the dentist may have for private treatment as an *alternative* to NHS treatment, including proposed costs, should also be included in the plan. You can choose to have some private treatment, but are not obliged to do so. However you are not able to have NHS and private treatment on the same tooth during the same course of treatment. If you wish, you should be given a copy of the treatment plan, which is free.

If you are not sure you want to go ahead with the treatment offered, you are under no obligation to have the work done. You should also ask to be allowed a 'cooling off' period before agreeing to extensive or relatively expensive treatment. If you are still unsure, you may want to get a second opinion.

Although you can always ask another dentist for a second opinion, the NHS does not cover this. A second dentist may therefore charge you privately. If the second opinion is different, it is important to remember that dentists have the right to disagree on what the best treatment for a patient is.

Continuing care patients must be provided with a treatment plan:

- when they are first accepted by the dentist for treatment;
- whenever NHS and private treatment are being mixed in the same course of treatment;

- when they have certain treatments including the provision of dentures, crowns or bridges;
- whenever they ask for one.

You will be asked to sign a form when your treatment is completed satisfactorily. You should be given a receipt for any payments you have made.

2.2 Free replacement for continuing care patients

Continuing care patients are entitled to free replacement or repair of certain NHS treatments which have been carried out within the last year, and which have failed. These are called 'restorations' and include: fillings, root-fillings, inlays, pinlays or crowns. There are several exceptions to this NHS right to replacement, including where:

- the restoration was temporary and the person knew about this;
- the original restoration was against the advice of the dentist;
- the person subsequently had private treatment on the same tooth;
- the person received permanent treatment on the tooth by another dentist;
- a different type of treatment is now required because a satisfactory repair or replacement cannot be made.

The dentist will explain whether there can be a replacement without charge in a particular case.

2.3 Emergency treatment for continuing care patients

When registering for continuing care, you are also eligible for emergency treatment and should be given information on how to obtain it. Try to contact your dentist during normal surgery hours if possible. It will be easier for any treatment to be given when surgery staff are available. Outside working hours an answerphone message should explain how you can receive emergency treatment.

Dentists are required to make reasonable arrangements to ensure that continuing care patients receive emergency care and treatment as soon as appropriate, either personally or from another dentist. Usually it should be within 24 hours of the patient's original request.

2.4 Travel to the dentist

You may have difficulty using public transport or have to travel quite a distance to receive NHS dental treatment. If you have problems, ask your local Age Concern if there is a voluntary or community transport service that could help you. See section 12.

2.5 Home visits for continuing care patients

If you have serious difficulty getting to your dentist due to poor health or a disability, you could ask your dentist to visit you at home. If your condition makes it impossible for you to get to the surgery, your dentist must visit you at home without extra charge, provided that you live within five miles of the surgery. Although there is no charge for the visit, you would pay as usual for any NHS treatment provided. The Community Dental Service may also be able to provide treatment in your own home, if you will have serious difficulty getting to a dentist because of your health or disability (see section 4).

2.6 Ending the continuing care arrangement

You can end the continuing care arrangement, at any time during the 15 months and go to another dentist. By joining another dentist's list, your registration with the first dentist automatically ends. However, it would be considerate to let your dentist know that you intend to leave the practice.

If you change to another dentist, you can ask for a short clinical report of relevant information about your dental care, for which there is a small charge. Under the *Data Protection Act 1998* you can ask for a copy of your personal records, including dental records and any x rays taken. The Act limits how much you can be charged for this.

A dentist can end the continuing care arrangement by not renewing the arrangement at the end of the 15 months or by giving three months notice to you and the Primary Care Trust (PCT).

If the dentist believes his relationship with you has broken down, he must write to the PCT, setting out the reasons why he wishes to end the arrangement. The PCT must then decide whether to authorise this and what arrangements are to be made if you are in the middle of a course of treatment. You will be notified in writing if the arrangement is to be terminated.

3. Patients not registered for continuing care

3.1 Occasional treatment

If you do not want to register with a particular dentist practice, perhaps because you will only be in the area for a short time, or because you are on holiday, you can ask to be seen as an occasional patient. However, there are restrictions on the items of NHS treatment that can be offered and you will not enjoy the same rights as continuing care patients.

3.2 Emergency treatment for those not registered for continuing care

Dentists do not have to accept unregistered people for emergency treatment. If you are not registered with a dentist and require emergency treatment, you could contact a local NHS dentist and ask if you might be treated as an emergency NHS patient. However, your best option would be to call NHS Direct. See section 11. NHS Direct will have information about local arrangements for emergency treatment.

This might involve a rota of local dentists who provide emergency treatment, under the NHS or privately. Some areas have set up dental emergency services for weekends and bank holidays.

Dental access centres have been established in some areas, particularly where there is a shortage of NHS dentists registering patients for continuing care. They offer NHS care to patients who are not registered with an NHS dentist and appointments can be made by phone. Priority will be given to emergency patients, although routine treatment may be available.

4. The Community Dental Service

When patients, because of a disability or infirmity, cannot receive treatment from a general dental practitioner, they may be treated by dentists in the Community Dental Service. Housebound patients may also be able to receive home visits through this service. In some rural areas, mobile dental services are available to disabled people.

The address and telephone number of the Community Dental Service is available from NHS Direct. See section 11.

5. Dental care for care home residents

People in care homes should be able to make the same choices about their dental health as those living in their own homes. However, residents of care homes will not necessarily be registered as 'continuing care' patients with a local practice. You should discuss dental health care needs and the provision of regular or emergency dental care with the manager of your care home.

The National Minimum Standards for Care Homes for Older People form the basis on which the Commission for Social Care Inspection (CSCI) will determine whether care homes meet the needs and secure the welfare of the people who live there¹. The Standards are designed to ensure the protection of residents and safeguard and promote their health, welfare and quality of life. Standard 8 addresses issues that affect residents' health care needs. Mention is made of the need:

- to maintain personal and oral hygiene;
- to support, where possible, residents' own capacity for self-care;
- to enable residents to have access to specialist dental services according to need.

Standard 8 also mentions the importance of good nutrition. Good oral health and, if dentures are worn, comfortable, well fitting dentures are vital if residents are to be able to eat and enjoy a varied diet. Therefore, there is a close relationship between good oral health and nutritional wellbeing.

Many care home residents wear full or partial dentures. Lost dentures can be a problem for residents unable to clean their own dentures. The NHS fees scale currently allows for *new* NHS dentures to be marked for easy identification. It is necessary to pay for *existing* dentures to be marked.

6. Professionals complementary to dentistry

There is a range of professionals working within the dental team either in general practice, the community dental services or dental hospitals. These include dental hygienists, therapists, nurses and technicians. Any treatment provided by dental hygienists or therapists must be prescribed by the dentist who has examined you.

¹ National Minimum Standards for Care Homes for Older People. Third edition 2003 available from The Stationery Office, PO Box 29, St Crispins, Norwich NR3 1GN, tel: 0870 600 55 22 (national call rate) You can also read the standards on the website: www.csci.org.uk

Dental hygienists and therapists are registered with the General Dental Council (GDC)². There are plans to require dental nurses and technicians to have followed recognised training courses and also to have registered with the GDC once the necessary legislation has been passed. This is likely to be during 2005.

Dental hygienists can help treat and prevent periodontal disease, more commonly known as gum disease. Their main role is to professionally clean teeth - usually called scaling and polishing. They also have an important dental health promotional role. This involves showing patients the best way to clean their teeth (see section 10.1) and by advising on healthy eating for teeth.

7. Paying for NHS dental care

7.1 Items which are free to everyone

No-one, whatever their income, will be charged for the following NHS dental services:

- repairs to dentures;
- the stopping of bleeding;
- re-cementing a bridge;
- if you are registered for continuing care, calling your dentist out to the surgery in an emergency, or on a home visit if necessary. (Although there is no call-out charge, you will have to pay treatment charges in the normal way, depending on your income).

You will not normally be charged for any adjustments needed within a short time of the original treatment. If a tooth is still uncomfortable or painful a few days after it has been filled, or if dentures require adjusting in the first few weeks after they have been fitted, there will not usually be a charge for any necessary adjustments.

However, if dentures become loose within a few months of being fitted following the extraction of teeth, this is because there are natural changes to the gums after teeth have been removed. If the dentures then need to be realigned or replaced this will count as a new course of treatment with further charges.

² The General Dental Council is the regulatory body of the dental profession.

7.2 Help with NHS dental charges

As an older person, free NHS treatment or help towards the cost of NHS treatment is based on your income.

If you or your partner receives:

- Pension Credit, guarantee credit;
- Pension Credit guarantee credit with savings credit.

you are both entitled to exemption from NHS dental charges. You should show your award notice from the Pension Service each time you start a new course of NHS treatment. *Note:* 'Partner' means wife, husband, or someone you live with as if you were married to them.

If you would like to know more about pension credit, please see Age Concern Factsheet 48, *Pension Credit*.

If you are 65 and over and receive Pension Credit, savings credit on its own ie, without Pension Credit, guarantee credit, you will not be exempt from NHS dental charges. You may be able, if you are on a 'low income', to get help with NHS dental charges under the NHS Low Income Scheme, described below.

If you or your partner are under 60 and receive Income Support (IS) or income-based Job Seekers Allowance (JSA IB) you will be entitled to free NHS dental treatment. In this case, you should tell the dentist and if required, show your income support order book or entitlement letter from your Jobcentre Plus office (previously known as the Benefits Agency).

NHS Low Income Scheme

If you or your partner is not eligible for Pension Credit, guarantee credit but

- receive Pension Credit, savings credit; and/or
- have a low income and 'capital' of no more than £12,000 (£8,000 if you are under 60 and £20,000 if you live permanently in a care home);

you may be entitled to help towards the cost of NHS dental treatment.

Note: 'Capital' means all forms of savings, capital investments, land and property but if you are living in your own home, capital does *not* include the property you live in.

If you believe you may be eligible for help because of a low income and savings as described above, you should apply on form HC1. This is available at your local Jobcentre Plus office or your dentist may have a copy. If you live in a care home you should ask the home manager for a short claim form HC1 (SC).

If your income is similar to the Pension Credit, guarantee credit level, you may receive full exemption from NHS dental charges. If your income is low but above this level, you may be able to get partial help with charges. What counts as low income is explained on the HC1 form and depends on how much money you and your partner have left each week after you have paid for things like Council Tax, rent, or mortgage.

If you do qualify for help, you will be sent either an HC2 or HC3 certificate of entitlement:

- Certificate HC2 entitles you to full help with NHS dental charges;
- Certificate HC3 entitles you to partial help with NHS dental charges. You pay either the amount stated on the certificate that you should pay or the actual charge for the course of treatment, whichever is least.

Note: a valid HC2 certificate does not entitle you to NHS treatment. It entitles you to full help with health costs once you have been accepted for NHS treatment. Neither an HC2 or an HC3 certificate is valid if you have private treatment.

If you are aged 60 or over, the certificate will normally last for 12 months. If you have a certificate of entitlement, tell your dentist each time you start a new course of NHS treatment.

If you think you may be entitled to help because of your low income, try and apply for a certificate of entitlement before you have a check up or start a course of treatment. Try to complete a new claim form HC1 or HC1 (SC) four weeks before the end of your current certificate.

Help may also be available if you receive a war disablement pension and the dental treatment is for your accepted disablement.

If you have received a certificate of exemption you may also be eligible for help with other NHS health costs such as travel to hospital, cost of new glasses and charges for wigs and fabric supports. This will be explained on your certificate. The Department of Health leaflet HC11 Help with health costs (available from Department of Health publications orderline see section 11, and some post offices) and the Age Concern Information Sheet IS20, '*Help with Health Costs for older people*' explains this scheme in more detail.

Refunds of NHS dental charges

If you have recently paid NHS dental charges and you think you may be entitled to a refund, you should obtain form HC5 as soon as possible. This is available from your local Jobcentre Plus office. You may be eligible for a refund because you receive Pension Credit, guarantee credit and so are exempt from NHS charges; because you have, but did not provide at the time, a valid HC2 or HC3 certificate of entitlement or because you have not yet applied for help on low income grounds.

If you want to claim a refund on low income grounds and do not hold a valid certificate of entitlement, you will need to send in form HC1 or HC1(SC); **and** form HC5; **and** the receipts for the NHS treatment received showing the date you paid. It is important to keep the receipts your dentist gives you when paying NHS charges in case you need to claim a refund.

7.3 NHS dental charges: how much are they?

The Government sets the cost of NHS dental treatment. You will pay the same price for the same NHS treatment whichever dental practice you go to. The amount you pay will depend on the amount of treatment you require and whether you are entitled to any exemptions (see section 7.2). However, the current maximum for any course of NHS dental treatment in England is £378.

Below are examples of what you might pay for treatment that started on or after 1st May 2004:

Basic examination (check-up)	£ 5.64
Extensive clinical examination	£ 8.44
Simple scale and polish	£ 8.88
2 small x-rays and 1 small filling from	£ 9.88
A precious metal crown from	£ 89.24
A full set of plastic dentures from	£122.32
An upper or lower metal denture from	£107.76

8. Complaints about NHS dental treatment

If you have any complaints about your NHS treatment, first raise them with your dentist. There should be a practice complaints procedure. You should be given written information about the procedure if you request it. If you remain dissatisfied, having tried to resolve the issue with the practice concerned, you can make a formal complaint using the NHS complaints procedure. The Patient Advice and Liaison Service (PALS) for your PCT will be able to discuss the cause of your complaint with you and give further information on making a formal complaint if necessary. If you would like contact details for your local PALS or PCT, call NHS Direct (see section 11).

9. Private dental treatment

As a continuing care patient, all treatment considered necessary to make your mouth healthy should be available under the NHS. You should not feel compelled to accept private treatment. However you could choose to have some or all of the treatment you need carried out privately. It is possible for dentists to provide continuing care patients with a mixture of NHS and private treatment. Although there are some exceptions to this, such as not offering private and NHS treatment on the same tooth during the same course of treatment. Most private dentistry is provided by dental practices that also offer NHS treatment.

The dentist may offer you private treatment as an *alternative* to NHS treatment. However if that treatment is available as NHS treatment the dentist should not imply that it is not. Nor should the dentist seek to mislead you about the quality of care and treatment available through the NHS.

The dentist may also offer private treatment as an *addition* to necessary treatment. This may be the case if you want certain cosmetic work that is not available through the NHS, or work that is not strictly necessary to your dental health.

A mix of private and NHS treatment, during the same course of dental care, can only be given to continuing care patients with their signed agreement.

You may also approach a dentist with the intention of paying privately for all treatment needed. It is important to be aware that fees for private treatment are often much higher than for NHS treatment.

There are no set limits on private fees and it may be worth 'shopping around' to get a general idea of fees charged by several local practices. Ask if they have the equivalent of a price list so you can see the likely charges for relatively simple treatment. However this will not give you any indication of the quality of work to be provided or the costs for more complex work. You should always ask to discuss your treatment options and for an estimate of the cost of the proposed treatments before going ahead.

There is no Government help towards private dental charges. Any exemptions or entitlements you may be eligible for if you have NHS treatment, do not apply if you have private treatment.

Some insurance companies offer dental insurance plans to help cover the cost of private dental fees. Your dentist will be able to tell you if he treats patients who are members of specific insurance schemes.

It is also important to remember that there is no universal complaints procedure if you are unhappy with the treatment you have received privately. The NHS complaints procedure does not include treatment offered to patients privately, even if the dentist concerned also offers NHS treatment.

Some practices will have their own complaints procedure for private treatment. It is advisable to know in advance what the procedure is before starting a course of treatment. There is no independent body you can appeal to, should you be unable to resolve the issue with the dentist concerned. However the General Dental Council is hoping to remedy this.

The General Dental Council is responsible for registering dentists who practice in the UK. It is currently only able to investigate complaints that involve serious professional misconduct and raise doubts about whether a dentist should be allowed to continue to practice. The Council has recently developed proposals for a non-NHS complaints scheme. This new scheme would look at less serious complaints made against a dentist offering private treatment and be separate from procedures followed when a complaint raises a question about the dentist's fitness to practice. This new scheme would be funded by the Council. In order to introduce this and other reforms that would protect patients and promote good oral health, amendments need to be made to *The Dentists Act 1984*. It is hoped to introduce the necessary legislation during 2004, so that the new scheme can be in place early in 2005.

10. Maintaining dental health

Dental health in England has improved dramatically in recent years. In 1968, over 33% of the adult population had no natural teeth and only a small number of people over pensionable age had any teeth at all. The 1998 Adult Dental Health Survey shows that only 13% of adults had no natural teeth and over 50% of those of pensionable age had some of their natural teeth.³ Use of fluoride toothpaste and recognition of the importance of diet are some of the factors that have contributed to improved dental health over the past 30 years.

The same survey suggests people's attitudes have changed too. All adults said they were much more concerned about preserving their natural teeth.

A routine that includes brushing and cleaning between your teeth; caring for your mouth and dentures if you have full or partial dentures; good eating habits and regular dental check-ups can prevent most dental problems.

10.1 Toothbrushing

Tooth decay and gum problems are caused by the build up of plaque on the teeth. Plaque is a sticky film of bacteria that reacts with sugars in food to produce acid. This acid can attack and dissolve the tooth enamel. Effectively brushing your teeth is important in preventing this build up of plaque.

If plaque is allowed to collect at the junction of the teeth and gums, it will eventually harden to produce what is commonly known as 'tartar'. This releases poisons that cause the gums to become inflamed and bleed when brushed. This is an early sign of the beginning of gum disease. If caught in the early stages, gum disease can be completely cured. Left untreated the inflammation will, in time, affect the bone under the gums. The teeth will become loose and have so little support that they wobble and need to be extracted. This is the extreme outcome of advanced gum disease but it is important to realise its significance.

Most adults recognise the importance of cleaning their teeth to prevent tooth decay. Many do not realise that adults lose more teeth due to advanced gum disease than to tooth decay. Advanced gum disease is known as periodontitis.

³ An adult dental health survey has been commissioned by the four UK Health Departments every 10 years since 1968.

Effectively cleaning your teeth is therefore essential for good dental health. The British Dental Health Foundation recommends using:

- a small to medium headed toothbrush with soft or medium multi-tufted, round ended nylon bristles; and
- fluoride toothpaste.

The small head allows you to reach difficult corners and your back teeth more easily. A medium texture won't damage your gums. If you have sensitive teeth, there are specialised brushes with softer bristled brushes. You should discuss your brushing technique and whether you would benefit from using dental floss or tape to clean between your teeth with your dentist or hygienist.

If you find it difficult to hold or manipulate an ordinary toothbrush, there are toothbrushes, which have large handles and angled heads to make them easier to use. You can buy handle adapters for ordinary toothbrushes. Contact Disabled Living Foundation for further information. See section 11. Some people choose to use an electric toothbrush, which can also be helpful if you have difficulty using an ordinary brush.

Aim to brush your teeth twice a day and to change your toothbrush every two to three months, as worn bristles do not clean effectively.

You may also like to check how well you brush your teeth by buying disclosing tablets from the chemist. Chew a tablet after you have cleaned your teeth. The harmless red dye in the tablet will stain any plaque still left on your teeth. This will show if there are certain teeth or tooth angles that need particular attention. Brush your teeth again until you remove the plaque and hence the dye. It may leave your mouth and tongue red, so best to do this at bedtime.

10.2 Care of full or partial dentures

It is particularly important to clean your teeth and dentures effectively if you have partial dentures. Food can become trapped in clips that help to keep the denture in your mouth. Your dentist or hygienist should advise you on cleaning your teeth and dentures effectively.

If you have full dentures, regular cleaning as recommended by your dentist and daily brushing of gums, tongue and palate with a soft bristle brush is important. Your mouth is likely to need a rest from wearing dentures and many people choose to leave them out at night.

Ideally they should be left out of your mouth for at least four and ideally eight hours every day, so choose a time that suits you. Always leave them immersed in cold water to prevent them from warping.

Dentures are likely to need replacing every five years, because the shape of the mouth continues to change throughout life. It should not be necessary to use denture fixative all the time. If your dentures feel loose, you should discuss this with your dentist.

10.3 Dental health and smoking

Smokers are more likely to produce dental plaque, which if not removed effectively can lead to gum disease. Smoking also causes a reduced level of oxygen in the blood and so gums heal more slowly or fail to heal.

Most cases of mouth cancer are linked to tobacco and alcohol. The risk is higher if alcohol and tobacco are regularly consumed together. The traditional habit within some cultures of chewing tobacco or paan is particularly dangerous.

It is therefore important for smokers to have regular dental check-ups.

10.4 Healthy eating for teeth

Most people are aware of the association between sugar consumption and tooth decay. However it is *how often* you have sugary foods and drinks that is more important rather than *how much* sugar you have. So if you are going to eat sugary food or drinks, try and ensure it is at mealtimes rather than as a between meal snack. This is also a better time because chewing stimulates the flow of saliva which can help 'wash' your teeth. Having a piece of cheese at the end of a meal is also helpful in producing a good environment for teeth.

If you are fond of fizzy drinks, choose those with non sugar sweeteners.

If you take a medicine that has a sugary base, ask if there is a sugar free alternative.

10.5 Have regular dental check-ups

To maintain oral health you should have regular check-ups with a dentist, whether you have your own teeth, full or partial dentures. Many people believe that because they have a full set of dentures, they no longer need to see the dentist regularly. This is not the case.

Older people with no natural teeth should have a check-up as frequently as their dentist recommends to ensure that their mouth is healthy. Dentures are likely to need replacing after about five years.

In between check-ups, if you are at all concerned, you should contact your dentist. For example, a painless ulcer which does not clear up within two weeks, or white or red patches in your mouth or on your tongue, may be a sign of a more serious illness. In such circumstances you should contact your dentist straight away, as the chances of cure are much higher, if an illness is detected at an early stage.

11. Further information

British Dental Health Foundation, 2 East Union Street, Rugby, Warwickshire CV22 6AJ, helpline number 0845 063 1188 (local call rate), email: mail@dentalhealth.org.uk. This is a charitable organisation whose aim is to bring about an improvement in dental health. Qualified dental staff can provide impartial and independent advice on all aspects of oral health and dentistry. A range of information leaflets on various dental health subjects including bridges and partial dentures; crowns; gum disease; dental care for older people; root canal treatment; smoking and oral health and cosmetic dentistry are produced. Singles copies are available free on receipt of a sae.

These leaflets and discussion of a wide range of questions about dental health in a 'question and answer' format are featured on the website:
www.dentalhealth.org.uk

Disabled Living Foundation, 380 - 384 Harrow Road London W9 2HU, helpline number: 0845 130 8009 (local call rate), textphone 020 7432 8009, website: www.dlf.org.uk. DLF is a national charity. It is able to provide specialist advice on aids and equipment to help ~~many~~ daily tasks and activities; as well as expert, unbiased knowledge on the right kind of equipment and where to find it. Information sheets are available on their website.

Department of Health Publications orderline 08701 555 455 (national call rate) or email dh@prolog.uk.com. Delivery is within 10 working days of placing an order.

NHS Direct - a confidential national 24 hour telephone advice and information service on 0845 46 47 (local call rate) or website: www.nhsdirect.nhs.uk. NHS Direct can provide information on local health services, on healthy living and on a range of illnesses and medical conditions.

12. Further information from Age Concern

The following Factsheets/Information Sheet may be of use:

Factsheet 44 *NHS services and older people*
Factsheet 48 *Pension Credit*
Information Sheet (IS20) *Help with health costs for older people*

If you would like

- any additional factsheets mentioned (up to a maximum of 5 will be sent free of charge)
- a full list of factsheets and/or a book catalogue
- further information or if you have questions arising from this factsheet
- to receive this information in large print

phone 0800 00 99 66 (free call) or write to Age Concern FREEPOST (SWB 30375), Ashburton, Devon TQ13 7ZZ. For people with hearing loss who have access to a textphone, calls can be made by Typetalk, which relays conversations between text and voice via an operator.

Age Concern's series of over 40 factsheets is available as a subscription service to those whose work involves older people. For details please call 0870 500 99 66 (national call rate) and ask for our factsheet subscription leaflet.

Age Concern provides factsheets free to older people, their families and people who work with them. If you would like to make a donation to our work, you can send a cheque or postal order (made payable to Age Concern England) to the Personal Fundraising Department, ACE Freepost CN1794, London SW16 4BR.

Find out more about Age Concern England online on www.ageconcern.org.uk

Please note that the inclusion of named agencies, companies, products, services or publications in this factsheet does not constitute a recommendation or endorsement by Age Concern. Whilst every effort is made to ensure accuracy, Age Concern cannot be held responsible for errors or omissions.

No factsheet can ever be a complete guide to the law, which also changes from time to time. Therefore please ensure that you have an up to date factsheet and that it clearly applies to your situation. Legal advice should always be taken if you are in doubt.

All rights reserved. This factsheet may be reproduced in whole or in part in unaltered form by Age Concern Organisations and Groups with due acknowledgement to Age Concern England. No other reproduction in any form is permitted without written permission from Age Concern England.

Communications Division, Age Concern England, Astral House, 1268 London Road SW16 4ER. Registered charity no. 261794.

SD/CH
FS5/04/06/01