

Further dental health promotion campaigns directed at not only the older adult but also the carers and relatives are required. Interdisciplinary action is necessary to raise awareness of the importance of good oral health among older adults, especially targeting those older adults most in need—dependent older adults or older people with terminal illness. The aim of gerodontologists is to enable older adults to overcome their barriers, but their limited resources may not be reaching out enough to those older adults most in need of care.

Conclusions

Due to a number of barriers hindering Maltese institutionalized older adults from participating in daily oral care and seeking/receiving treatment, their oral health status remains poor and comparable to that of other institutionalized older European adults. This may affect their quality of life and poses fiscal and cultural challenges to both society and the dental community.

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The authors reported no conflicts of interest related to this study.

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Literature Abstract

Diabetes and oral implant failure: A systematic review

The authors performed a systematic review and meta-analysis to investigate the effects of dental implant placement in people with diabetes versus those without diabetes in terms of implant failure rates, postoperative infection, and marginal bone loss. A total of 14 human studies, comprising 7 controlled clinical trials and 7 retrospective analyses, were selected based on detailed inclusion and exclusion criteria. The included articles showed heterogeneity in their data, such as information about patients' diabetes control, sites of implant placement, types of implants used, and follow-up time. Meta-analysis showed there was significant difference in marginal bone loss in favor of nondiabetic patients (based on two studies); a meta-analysis was not possible for postoperative infection (as only one study observed its occurrences) and no statistically significant difference in implant failure rates was seen between the two groups. It was concluded that placing implants in nondiabetic and diabetic patients did not statistically affect the implant failure rates. However, due to limitations such as the study's retrospective design and uncontrolled confounding factors (the use of grafting, smoking, taking bisphosphonates, fresh extraction sockets, short or different brands, and surface treatment of implant used) were included, the authors suggested the review should be interpreted with caution.

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