Introduction

The elderly population is increasing rapidly in many developed countries. In Japan, an estimated one third of the population will be over 65 years old by 2050*1. The number of bedridden, senile, and feeble elderly individuals in Japan is also increasing; this population is predicted to reach about 5.3 million by 2025*2. The increasing number of elderly people who need care is becoming a serious problem in Japan.

The “80-20 movement” was initiated in 1989 in Japan, with the objective of helping individuals to retain 20 or more teeth at 80 years of age. The “Healthy Nippon 21” program began in 2000, with two goals related to the prevention of tooth loss: the retention of 20 or more teeth in at least 20% of octogenarians, and the retention of 24 or more teeth in 50% of 60-year-olds*3.

The Survey of Dental Diseases in Japan*4 has reported that the proportion of elderly individuals with 20 or more teeth has increased year by year, but the loss of multiple teeth is still widespread among this population. To clarify the influence of dentition status on systemic health status, oral and systemic health care for elderly individuals must be considered.

Dentition Status and Physical Health Status

Between 1988 and 1995, we conducted a 6-year follow-up study to examine the effect of dentition status on systemic health in 1,929 elderly residents of institutions in Kitakyushu, Japan1). The “80-20 movement” was initiated in 1989 in Japan, with the objective of helping individuals to retain 20 or more teeth at 80 years of age. The “Healthy Nippon 21” program began in 2000, with two goals related to the prevention of tooth loss: the retention of 20 or more teeth in at least 20% of octogenarians, and the retention of 24 or more teeth in 50% of 60-year-olds*3.

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Key words: Elderly people, Dentition status, Systemic health status, Mortality, Febrile status

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