Relationship Between Knowledge Of Risk Of Dental Clinic In Oral Healthcare's In Elderly Patients Attending In The Primary Health Care At Saudi Arabia 2023

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Abstract:

Background:
*Although older adults normally recognize the importance of oral health for their quality of life many will only visit a dentist in response to pain. As the proportion of older adults increases and they retain their teeth, the need and demand for dental services will rise . Older adults have an increased risk of dental caries and periodontal disease and more 'active decay' than the young, yet many fail to obtain necessary dental care . Saudi Arabia developed a model of oral health which focused on three themes: comfort, hygiene and health and briefly considered the use of dental services and this oral health model has recently been revised .also the situation [1]in Australia is similar to that in Europe and the U.S. and Saudi Arabia with the capacity to supply dental services in Saudi Arabia unlikely to meet growing demand . Consequently, the need for dental services to focus on preventive care rather than treatment has been identified. It is important for oral homeostasis with numerous functions, which include lubricating soft tissues, regulating pH levels, clearing food particles, antimicrobial function, and facilitating tooth mineralization. **Aim of the study:** To assessment the relationship between knowledge of risk of dental clinic in oral healthcare's in elderly patients attending in the Primary health care at Saudi Arabia 2023. **Method:** cross sectional study conducted at outpatient dental clinics in primary health care center at Saudi Arabia in Sample population consists of Saudi out patients aged 60 <80 years attending. Our total participants were (200). **Results:.** Show among the elderly patients regarding age majority of the study groups from the ≥75 years were (44.0%), regarding the relationships with their grandparents the majority of the respondents they are not alive were (41.0%), the education status the majority of the respondents medium were (29.0%), the you smoke the most of participant answer No were (63.0%) while Yes were (37.0%) .**Conclusion**: This investigation provided important perspectives regarding oral health and dental access for older people residing in the community and demonstrated the importance of understanding this group when considering provision and use of services. The ability of older people to eat is supported by a wide variety of factors related to tooth and oral functions, such as the number of teeth present, masticatory strength, swallowing function, and occlusal support.*

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Introduction

Background

Oral frailty is a risk factor for frailty and mortality3. To prevent oral frailty, active oral care, regular dental check-ups and a healthy lifestyle have been shown to mitigate the effects of oral frailty and contribute to improving the quality of life of older people [1]. Coordinating the prevention of oral frailty, by detecting early symptoms (trivial signs) before significant declines in oral function, and recognizing the importance of the basic rules of thumb of "chew well, and eat well"[2]. Oral health knowledge is considered to be crucial for developing healthy behavior, and it has been shown that there is an association between increased knowledge and better oral health [3]

Even appropriate policies and sufficient services may not be adequate if the role of dental care and oral health in the context of older people's lives is not understood. Saudi Arabia has previously noted the narrow clinical approach normally adopted in dentistry and provided an early conceptual framework in oral health linking the clinical conditions to personal and social outcomes [4]. Saudi Arabia gave a good summary of various approaches to modeling oral health [5], noting criticisms of the model as being too medical. They describe a qualitative study of 200 older healthy people from PHC with moderate dental problems, came up with three main categories: comfort, hygiene and health. Added four extra factors diet, personal expectation, economic priorities, personal and social environment [6] . It was considered important to investigate perceptions of treatment and care within the context of oral health. Optimum health related practices are more likely to be adopted if an individual feels a better sense of control over their health and has a better understanding of diseases and their etiology.[7,8] One method for prevention is to improve community awareness regarding the promotion of healthy behaviors and the influence of self-effective methods in preventing disease. For example, awareness of the 8020 Movement, a Japanese social movement to keep at least 20 of one's own teeth to the age of 80 years, was significantly associated with improved regular dental visits [9,10].

However, it is unclear whether awareness of oral frailty has any affect.

Recently, to help screen older people at risk of Oral health in community settings, an eight-item questionnaire called, Assessing the individual risk of Oral health in patients with limited access to dental can help increase oral health literacy and awareness of oral frailty in the community. The high morbidity of dental caries increases healthcare costs and the financial burden to families and societies, which are of concern.[11]

Although the increased the prevalence of caries and the number of decayed, missing and filled teeth (DMFT) have decreased in elderly patients in past decades,[12] the burden associated with caries remains high in disadvantaged, poor and older populations. [13] Schwendicke et al reviewed that those with lower educational level or occupational background, or lower income were more likely to have higher risk of caries lesions or experience.[14] There is a complex relationship between personal socioeconomic status and oral health . [15] Palacio et al showed that there is a discernible association between oral diseases and socioeconomic status, and the skewed distribution of caries lesions is thought to be a good proxy measure for socioeconomic development.[16]

Caries is a preventable disease and various preventive measures are available [17]. In the planning of oral health promotion and prevention programmer, an understanding of the current global caries burden is vital. The World Health Organization (WHO) recommends that clinical oral health surveys should be conducted every five to six years within the same community to provide effective surveillance on disease patterns and trends [18]. The decision makers and health authorities can hence formulate policies and develop

programmers to prevent and control the disease and conduct evaluations regularly. However, the most recent systematic review of caries status in global population was conducted more than a decade ago, and so far there have been none conducted in older adults [19]. Updated information on caries prevention and control in older adults to facilitate policy planning for the coming decade is needed. [20] almost all developed and developing countries have become aware about the importance of maintaining good health. This poses tremendous challenges to health and social policy planners, particularly because disease patterns will shift concurrently.[21]

Review of literatures

A systematic review on the global burden of untreated caries between 1990 and 2010 reported a high caries prevalence worldwide, affecting 2.4 billion people.[22]

Previous studies have shown that people with a low socioeconomic status have poorer oral health status than do those with a higher socioeconomic status and that oral health worsens progressively from higher socioeconomic status to lower socioeconomic status. Socioeconomic status includes educational background, income and residential area and is considered to be one of the strongest determinants of caries in elderly.[23] Household income and educational level are significantly associated with periodontitis and edentate status in elderly people. Therefore, the literatures suggest that socioeconomic factors are crucial oral health determinants and that inequality in socioeconomic status is an important challenge for public oral health.[24]

Dental caries was the fourth most expensive disease to treat, in the last decade, untreated caries was prevalent worldwide, affecting 2.4 billion people with the third peak at the age of 70, the situation remains the same after a decade .[25]

In a survey conducted by Moreira et al. [26] in Brazil, most of the dentists had moderate knowledge and attitude towards the older people. A significant relationship between gender and attitude was reported in the study conducted by Bots-VantSpijker et al. in Netherlands and Belgium [27] where women showed a more positive attitude. They argued that higher attitude scores in women could be due to their higher level of empathy and emotions. However, the difference was not significant in study.

Study by al dhubayb reported that the majority of participants reported that they used the G.V. Black classification (46%) or relied on their experience (28%) when diagnosing dental caries. Furthermore, <5% of our study cohort used the ICDAS II criteria when diagnosing lesions. Similarly, reported that dentists in KSA were unable to adequately detect caries using the ICDAS criteria.[28]

Study by Chan et al (2021) showed that untreated caries was still widespread globally in older adults. The majority of the included studies reported a prevalence of untreated caries of 50% or more. It varied among continents with the highest prevalence in Asia and Africa and the lowest in Australia. The median of the mean number of teeth with untreated caries was 1.55 per older adult around the globe.[29]

Abdelrahim et al. [30] Also reported that the majority of dentists were not well aware of the geriatric dentistry (88.5 and 11.5% had poor and moderate knowledge, respectively). However, in study, the majority of the participants had moderate knowledge and 10.8% reported poor knowledge of geriatric dentistry. This discrepancy can be partly due to the number and type of the questions posed. [30]

Rationale

Discoveries in medical science and improving social conditions, mortality rate has also decreased the average life span in most parts of the world continues to increase. This is called "graying of the society or global graying." The demographic imperative is expected to have a major impact on the dental professionals and oral health care delivery to avoid the dental caries especial to elderly group, the 20th century has witnessed remarkable change with regard to health and disease and longevity and mortality in Saudi Arabia. Of many issues concerning the welfare of elderly, health is one of the major concerns. In the elderly people, health oral contributes significantly toward the quality of life. Poor oral

health including dental caries, periodontal disease, and loss of teeth can adversely affect the dietary intake and nutritional status and thereby compromise health. Similarly, systemic diseases and/or the adverse side effects of their treatments can lead to an increased risk of oral diseases .

Aim of the study
To assessment the relationship between knowledge of risk of dental clinic in oral healthcare's in elderly patients attending in the Primary health care at Saudi Arabia 2023.

Specific objective
To assessment the relationship between knowledge of risk of dental clinic in oral healthcare's in elderly patients attending in the Primary health care at Saudi Arabia 2023.

Methodology

Study setting:
This study has been conducted among elderly patients attending in the Primary health care at Saudi Arabia **.**

Study Population
The study population consists of elderly patients attending in the Primary health care at Saudi Arabia 60-80 years attending to outpatient attending health care center Saudi Arabia

Study Design
Cross-sectional, analytic study , systematic random sampling technique

Inclusion criteria:
Elderly patients attending PHC aged 60-80 years
Able and willing to participate in the study .
Participants suffer from dental caries.

Exclusion Criteria
Out patients less than 60 years
Not able and refuses to participate in the study.

Sample size:
Using EPI info version 24, the study sample size has been determined based on the following assumptions :
Since there is not an official release, e.g., by the "Central Department of Statistics and Information" in Saudi, of the exact census of Saudi Arabia residents falling within the study's age category, a source population size of the same of has be assumed. (Definitely, the true population of such category is greater , also to be most conservative, the least number needed for a reasonably large sample size that allows generalizability of the study result. Knowingly, sample sizes obtained from source population sizes above are not significantly different).
Accordingly, a sample size (n) would be 200. In order to account for non-response and achieve more generalizable results, the investigator has be increase the sample size up to 200.

Sampling Technique:
Regarding health care center selection, by using simple random sample technique (by using randomizer.org), regarding patients' selection, the total number visiting is 2711 per month

and the sample size is 200. The data collection period is 30 days (four weeks minus weekends). Every day there are nearly 85 patients attending in PHC in both sections (male and female sections). To collect data from sample size, the researcher needs nearly 20 patients per day to collect desired sample size. The researcher has been selecting every 4th patient to cover the sample size during data collection period .The study period extended from the month of February 2023 to March 2023.

Sampling method:
The total number of elderly patients attending primary health care center in one month is 2711. Based on this information sample size was calculated using a website (raosoft.com). The resulted estimated sample size is 200 elderly patients. The confidence interval is 95% and margin of error is 5%. The estimated prevalence used is 50% to calculate maximum sample size.

Data collection method:
Self-administered questionnaire has been given to all participants. Those who have trouble reading or writing the questionnaire, has be filled by the interviewer

Questionnaire:
An Arabic self-administered questionnaire has been used. It consisted of three sections. The first section is on the socio-demographic and presence of chronic disease, and present medication history (e.g., age and education level). The second sections cover ddistribution of basic characteristics of dental caries. The third section addresses of knowledge of respondents relating in dental caries in caries management and responses of participants to dental caries in caries management

Data Collection Technique
The researcher has visit the health care center The researcher has filled the questionnaires through the interview with patients who are attending elderly patients attending health care center met the inclusion criteria after taking their verbal consent. After obtaining necessary approvals, the researcher and one trained nurse used a since all centers work on walk-in basis, i.e., using "systematic random sampling" technique .

Data Entry and Analysis
Data has been collected and coded and then entered to a MS program with adequate backup. Descriptive statistics, e.g., number, proportions, cumulative proportions, mean and standard deviation, etc. has been displayed, as appropriate. Analytically, a parametric technique, e.g., t-test and ANOVA, has been attempted, as applicable, especially analyzing normally distributed variables. Otherwise, a non-parametric alternative, e.g., Man Whitney U test and ANOVA or χ^2 test of independence, has been used, as necessary. The Statistical Package for Social Sciences (SPSS) software for MS- version-24 will be used for the analysis. All tests has been conducted at level of significance a=0.05; results with p-values<0.05 has been considered "statistically significant ".

Pilot Study
A pilot study has been done on 10 Saudi patients who meet the study's eligibility criteria. The pilot study has been mainly help examine both the instrument's content validity and construct validity issues, alongside with other needed information.

Ethical Considerations
Necessary approval has been the Research Ethics Committee of the PHC, shall be obtained prior to the study   .
   A written consent has been obtained both from PHC administration. The aim of the study has been explained to them. Feedback about the results has been sent to these

organizations .Data has been treated confidentially and has been used only for the purpose of research .

Budget : Self-funded.

Result

Table 1. Distribution of the demographic characteristics of about (n-200)

	N	%
Age		
60-64	42	21
65-74	70	35
≥75	88	44
Sex		
Female	94	47
Male	106	53
Residence area		
Rural	48	24
Urban	152	76
Percentage of the patients visited in the last month in the age group over 65		
< 15%	68	34
15–30%	88	44
> 30%	44	22
Having an old father/mother		
Yes	36	18
No	164	82
Type of household		
Non-agricultural family	68	34
Agricultural family	132	66
Relationships with their grandparents		
Close relationship	54	27
Not so close	64	32
They are not alive	82	41
Educational level		
Illiterate	54	27
Low	44	22
Medium	58	29
High	44	22
Income		
Low	62	31
Medium	58	29
Medium-high	22	11
High	58	29

Do you smoke		
Yes	74	37
No	126	63

Regarding the distribution of the socio-demographic details among the elderly patients regarding age majority of the study groups from the ≥75 years were (44.0%) followed by 65 to74 years were (35.0%) but 60-64 years were (21.0%) , regarding the gender many of the respondents were male (53.0 %) while female were (47.0%), regarding the residence area the majority of the respondents urban were (76.0%) while rural were (24.0%), regarding the percentage of the patients visited in the last month in the age group over 65 the most of the participants 15–30% were (44.0%) while <15% were(34.0%) while >30% were (22.0%), regarding having an old father/mother the most of the participants answer No were (82.0%) while answer Yes were(18.0%), regarding the type of household the majority of the respondents agricultural family were (66.0%) but Non-agricultural family were (34.0%), regarding the relationships with their grandparents the majority of the respondents they are not alive were (41.0%) but Not so close were (32.0%) while Close relationship were (27.0%), regarding the education status the majority of the respondents medium were (29.0%) but illiterate were (27.0%) while low and high were (22.0%), regarding the income the majority of them had low were (31.0%) while medium and high were (29.0%) but medium-high were (11.0%), regarding the you smoke the most of participant answer No were (63.0%) while Yes were (37.0%) .

Table 2 Distribution of basic characteristics of dental caries**.**

Distribution of basic characteristics of dental caries.			Chi-square	
	N	%	X^2	P-value
Decayed, missing and filled teeth (DMFT)				
Yes	134	67		
No	42	21	104.44	<0.001*
I don't know	24	12		
Decayed teeth (DT)				
Yes	136	68		
No	24	12	110.08	<0.001*
I don't know	40	20		
Missing teeth (MT)				
Yes	62	31		
No	84	42	7.24	0.0268*
I don't know	54	27		
Filled teeth (FT)				
Yes	74	37		
No	44	22	12.04	0.0024*
I don't know	82	41		
Decayed root (D F root)				
Yes	148	74		
No	24	12	148.96	<0.001*
I don't know	28	14		
Decayed root (D root)				

Yes	132	66		
No	20	10	101.92	<0.001*
I don't know	48	24		
Filled root (F root)				
Yes	66	33		
No	74	37	1.48	0.477
I don't know	60	30		

Regarding distribution of basic characteristics of dental caries regarding Decayed, missing and filled teeth (DMFT) a statistical significant relation were P=value 0.001 and X^2 104.44, the majority of the Participants answer Yes were (67.0%) followed by No were (21.0%) while I don't know were (12.0%), regarding Decayed teeth (DT) a statistical significant relation were P=value 0.001 and X^2 110.08, the majority of the Participants answer Yes were (68.0%) followed by I don't know were (20.0%) while No were (12.0%), regarding Missing teeth (MT) a statistical significant relation were P=value 0.0268 and X^2 7.24, the majority of the Participants No were (42.0%) followed by Yes were (31.0%) while I don't know were (27.0%), regarding Filled teeth (FT) a statistical significant relation were P=value 0.0024 and X^2 12.04, the majority of the Participants I don't know were (41.0%) followed by Yes were (37.0%) while No (22.0%), regarding Decayed root (D F root) a statistical significant relation were P=value 0.001 and X^2 148.96, the majority of the Participants answer Yes were (74.0%) followed by I don't know were (14.0%) while No were (12.0%), regarding Decayed root (D root) a statistical significant relation were P=value 0.001 and X^2 101.92, the majority of the Participants answer Yes were (66.0%) followed by I don't know were (24.0%) while No were (10.0%), regarding Filled root (F root) no statistical significant relation were P=value 0.477 and X^2 1.48, the majority of the Participants answer No were (37.0%) followed by Yes were (33.0%) while I don't know (30.0%)

Table 3 Distribution of Knowledge of respondents relating in dental caries in caries management

	Correct responses		In Correct responses		Chi-square	
	No	**%**	**No**	**%**	**X^2**	**P-value**
CAMBRA (caries management by risk assessment)	152	76	48	24	53.045	<0.001*
ICCMS (caries management by caries classification and personalized treatment plan)	130	65	70	35	17.405	<0.001*
Selective caries removal (depending on the depth of the lesion)	116	58	84	42	4.805	0.0284*
Cavitated carious lesion (presenting with breaks on the surface of the enamel)	132	66	68	34	19.845	<0.001*
Consistency (hardness) of carious dentin is important in selective caries removal techniques	134	67	66	33	22.445	<0.001*

Regarding distribution of Knowledge of respondents relating in dental caries in caries management regarding CAMBRA (caries management by risk assessment a statistical significant relation were P=value 0.001 and X^2 53.045, the majority of the Participants answer correct responses were (76.0%) followed by in Correct responses were (24.0%), regarding ICCMS (caries management by caries classification and personalized treatment plan) a statistical significant relation were P=value 0.001 and X^2 17.405, the majority of the Participants answer Correct responses were (65.0%) followed in Correct responses were (35.0%), regarding Selective caries removal (depending on the depth of the lesion) a statistical significant relation were P=value 0.0284 and X^2 4.05, the majority of the Participants answer Correct responses were (58.0%) followed by in Correct responses were (42.0%), regarding Cavitated carious lesion (presenting with breaks on the surface of the enamel) a statistical significant relation were P=value 0.001 and X^2 19.845 the majority of the Participants answer Correct responses were (68.0%) followed by in Correct responses were (34.0%), regarding Consistency (hardness) of carious dentin is important in selective caries removal techniques a statistical significant relation were P=value 0.001 and X^2 22.445, the majority of the Participants answer Correct responses were (67.0%) followed by in Correct responses were (33.0%)

Table 4: Distribution of responses of participants to dental caries in caries management

Items	Disagree		I don't know (Neutral)		Agree		Chi-square	
	No	%	No	%	No	%	X^2	P-value
The main factor to prevent recurrent caries is appropriate restorative techniques with the	26	13	42	21	132	66	97.96	<0.001 *
placement of restorative material on a clean caries-free prepared cavity	18	9	56	28	126	63	90.04	<0.001 *
Carious lesion must be completely removed to prevent further progression that may affect the vitality of the pulp	12	6	22	11	166	83	222.76	<0.001 *
For private practice, a possible disadvantage of applying minimally invasive approaches is that their price is less than the conventional restorative treatments	42	21	46	23	112	56	46.36	<0.001 *

Regarding distribution of responses of participants to dental caries in caries management regarding The main factor to prevent recurrent caries is appropriate restorative techniques with the a statistical significant relation were P=value 0.001 and X^2 97.96, the majority of the Participants answer agree were (66.0%) followed by I don't know (Neutral) were (21.0%) while disagree were (13.0%), regarding placement of restorative material on a clean caries-free prepared cavity a statistical significant relation were P=value 0.001 and

X^2 90.04, the majority of the Participants answer agree were (63.0%) followed by I don't know (Neutral) were (28.0%) while disagree were (9.0%), regarding Carious lesion must be completely removed to prevent further progression that may affect the vitality of the pulp a statistical significant relation were P=value 0.001 and X^2 83.0, the majority of the Participants answer agree were (83.0%) followed by I don't know (Neutral) were (11.0%) while disagree were (6.0%), regarding for private practice, a possible disadvantage of applying minimally invasive approaches is that their price is less than the conventional restorative treatments a statistical significant relation were P=value 0.001 and X^2 46.36, the majority of the Participants answer agree were (56.0%) followed by I don't know (Neutral) were (23.0%) while disagree were (21.0%)

Discussion

The study shows the socio-demographic details included (200) participant dental caries in elderly patients at Saudi Arabia were enrolled in this study, among the dental caries in elderly patients almost practiced oral hygiene and needed help of caretaker to do oral hygiene, in our study Regarding the distribution of the socio-demographic details among the elderly patients regarding age majority of the study groups from the ≥75 years were (44.0%), regarding the gender many of the respondents were male (53.0 %), regarding the residence area the majority of the respondents urban were (76.0%), regarding the percentage of the patients visited in the last month in the age group over 65 the most of the participants 15–30% were (44.0%), regarding having an old father/mother the most of the participants answer No were (82.0%), regarding the type of household the majority of the respondents agricultural family were (66.0%), regarding the relationships with their grandparents the majority of the respondents they are not alive were (41.0%), regarding the education status the majority of the respondents medium were (29.0%), regarding the you smoke the most of participant answer No were (63.0%).(See table 1).

regarding the distribution of basic characteristics of dental caries teeth Caries is a condition in which cultural and sanitary practices play a significant role, and the illness's prevalence is strongly connected to these variables.[31] It is very important to determine these characteristics because they have proven temporal and geographic stability and because they serve as a tool for customizing appropriate health education programs to address oral health issues, particularly among those who are in need. Caries is a disease that mostly affects adolescents and old people, and research conducted out in Saudi Arabia have shown that this is a significant issue [32]. The conclusions of this survey indicated several numbers that demonstrate the inadequate level of oral health condition in Saudi Arabia. The investigation was carried out in Saudi Arabia, dental caries was the fourth most expensive disease to treat [22], in our study basic characteristics of dental caries regarding Decayed, missing and filled teeth (DMFT) a statistical significant relation were P=value 0.001 and X2 104.44, the majority of the Participants answer Yes were (67.0%), regarding Decayed teeth (DT) a statistical significant relation were P=value 0.001 and X2 110.08, the majority of the Participants answer Yes were (68.0%), regarding Missing teeth (MT) a statistical significant relation were P=value 0.0268 and X2 7.24, the majority of the Participants No were (42.0%), regarding Filled teeth (FT) a statistical significant relation were P=value 0.0024 and X2 12.04, the majority of the Participants I don't know were (41.0%), regarding Decayed root (D F root) a statistical significant relation were P=value 0.001 and X2 148.96, the majority of the Participants answer Yes were (74.0%), regarding Decayed root (D root) a statistical significant relation were P=value 0.001 and X2 101.92, the majority of the Participants answer Yes were (66.0%), regarding Filled root (F root) no statistical significant relation were P=value 0.477 and X2 1.48, the majority of the Participants answer No were (37.0%) (See table 2)

The findings of this research are similar with recent investigations that show dental caries in Saudi elderly patients is on the rise, and various variables are considered to be to

blame. These determinants involve poor food habits, poor dental hygiene, and service shortages, as well as pain-oriented health-seeking behavior among developing-country people [18]. Caries incidence is growing in several Arab nations as a result of latest industrial expansion, which has resulted in an increase in intake of refined sugars comparable to the majority of the developing world, particularly Africa [33] , also the findings in a similar study it was found that demonstrated that individuals with caries ingested cariogenic food more often than their caries-free counterparts. This is similar with the findings of earlier cross-sectional studies[31], which found a link among poor oral hygiene practices and regular sugar consumption in Saudi elderly patients and caries incidence.

Regarding our study reported distribution of Knowledge of respondents relating in dental caries in caries management, distribution of Knowledge of respondents relating in dental caries in caries management regarding CAMBRA (caries management by risk assessment a statistical significant relation were P=value 0.001 and X2 53.045, the majority of the Participants answer correct responses were (76.0%),   regarding ICCMS (caries management by caries classification and personalized treatment plan) a statistical significant relation were P=value 0.001 and X2 17.405, the majority of the Participants answer Correct responses were (65.0%), regarding Selective caries removal (depending on the depth of the lesion) a statistical significant relation were P=value 0.0284 and X2 4.05, the majority of the Participants answer Correct responses were (58.0%), regarding Cavitated carious lesion (presenting with breaks on the surface of the enamel) a statistical significant relation were P=value 0.001 and X2 19.845 the majority of the Participants answer Correct responses were (68.0%) (See Table 3)

According to the findings of our study of Saudi Arabians' knowledge and awareness of dental caries in elderly patients attending in the Primary health care in Riyadh, it is important to emphasize that many Saudis have sufficient understanding about the significance of oral health and dental caries in elderly patients attending in the Primary health care in Riyadh . Our findings reflect that poor oral health hygiene may lead to the dental caries disorders. These results are consistent with, [29] who stated that oral squamous cell carcinomas (OSCC) belong to the most frequent tumors in Southeast Asia. They discovered that poor oral hygiene is closely linked to oral malignancies. It increases the likelihood of cancer of recognized carcinogens such as smoke and alcohol. In compared to other nations, Saudi Arabia has a low level of knowledge about oral health and cleanliness [34]. This is a worrisome problem since research has indicated that the prevalence of oral cancer is growing in Saudi Arabia [18]

As a result, there is a need for more comprehensive oral health education programs about dental caries and efforts in Saudi Arabia to raise awareness and encourage excellent oral health habits and dental caries among the general elderly patients. Therefore, individuals may take actions to avoid the development of oral illnesses and enhance their overall health and well-being by increasing their elderly patients and avoid the dental caries and oral health literacy[34] .(See table4)

Conclusion
Based on the included studies published in the past 5 years (2016–2020), the prevalence of caries in older adults was still high in most countries around the globe. The health policy makers should have better planning to relieve the increasing global burden of caries from the surging older adult population in the coming decade, the understanding of the risk factors of dental caries among this in elderly patients group and the strategies for prevention and treatment is crucial, especially for policymakers in initiating collaborative efforts between oral health and dental caries programmes and primary and secondary health services. This narrative study has contributed to the understanding by providing a comprehensive compilation of discussion of dental caries risk factors and its management strategies in the elderly, in our study was conducted to assessment the efficacy of dental caries education on the oral health status of individuals aged 60 to 70 years old who were housed in institutions in the Kingdom of Saudi Arabia (KSA). As a result, we may get the

following conclusion: health education is useful in assisting people in maintaining better dental hygiene. The oral health education model was shown to be a useful tool for teaching these participants the importance of maintaining proper oral hygiene practices. According to the findings of the study, the knowledge of Saudi Arabian people about oral health and oral hygiene may be enhanced if they participated in an appropriate program that included careful monitoring and frequent dental checkups .

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