

## INFLUENCE OF XEROSTOMIA ON DIET AND NUTRITION AMONG INSTITUTIONALIZED ELDERLY

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### Abstract

Adequate meals are very important for enhancing quality of life among institutionalized elderly. The function of saliva mainly is to maintain the integrity of the hard and soft tissues of the oral cavity, and also has influence on the speech, swallowing and tasting process. Also, saliva plays an important role as a solvent of taste substances, but the prevalence of dysgeusia and hypogeusia are increasing in patients with xerostomia. Reduced salivary secretion leads to dryness of oral mucosa and accelerates the damage on the taste receptor cells. Based on the above mentioned facts, the main aim of this study was determined - to assess whether the present xerostomia has an impact on food choice in institutionalized elderly.

Total number of 70 subjects older than 65 years institutionalized in one long-term care institution was evaluated. Adequate printed questionnaire for the subjective representation and expression of xerostomia was. Each of the groups in which there was a subjectively assessed xerostomia that was tested for satisfaction with their diet and nutrition intake. Data obtained from the questionnaire was appropriately statistically processed. For statistical analysis we have used special software for statistical analysis of data- Statistica 7.1.

62.8% from subjects had subjective feeling of xerostomia. After processing the data obtained from the questionnaire may be noticed that most of the examined population or 41.4% had mild (xerostomia 1), while 25.7% of subjects based on the answers to the questionnaire had severe xerostomia (xerostomia 3). Also, it must be noted that 64.7% from subjects with severe xerostomia indicated an unsatisfactory diet, versus 37.9% of subjects with mild xerostomia.

Based on the research, we can conclude that xerostomia is often present in institutionalized elderly and it has a great impact on nutrition. Stronger xerostomia negatively affects the diet of these elderly people.

**Key words:** Institutionalized elderly, Xerostomia, Diet, Nutrition.