Oral Oncol, Eur J Cancer, Vol. 29B, No. 1, p. 83, 1993
Printed In Great Britain

0964-1955/93 $6.00+0.00
Pergamon Press Ltd

Letter

Oral Complaints in Older Cancer Patients

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INTENSIVE CANCER therapy causes oral complications in up to 40% of patients [1]. Elderly cancer patients are at risk for this toxicity because of pre-existing oral pathology, dental prostheses, poor nutrition or co-morbid illnesses. Oral complications may be painful, diminish quality of life, affect nutritional status, lead to treatment complications, and may affect compliance. The magnitude of this effect in the elderly cancer patient has not been previously evaluated.

69 consecutive outpatients ≥ 60 years old were surveyed during their treatment regarding oral problems. They were questioned regarding gingivitis (painful or bleeding gums), receding gums, mucositis, poor fit of their prosthesis or dysphagia. Their answers were supported by visual inspection.

The patients had a mean age of 68.6 years (median 67; range 61–88). There were 30 males (43.4%). The diagnoses included haematological malignancies (42%), and cancers of the breast (15.9%), gastrointestinal tract (21.7%), lung (5.8%), ovary (5.8%), bladder (4.4%), prostate (2.9%), and Kaposi's sarcoma (1.5%). The treatments were chemotherapy (53.6%), radiation therapy (4.4%), both (13.0%) or none (29.0%). The performance scores (PS) were 0: 30 (43.4%); 1: 26 (37.7%); 2: 9 (13.0%); 3: 4 (5.8%) [2]. 22 patients (31.9%) had a dental prosthesis and 13 (18.8%) were edentulous.

29% reported problems. They were: gingivitis, 13 (19%); receding gums; 6 (9%); mucositis-two (3%), poor fit of prosthesis, 3 (4%); exacerbation of previous oral problems, 2 (3%). 5 patients noted more than one problem.

The most significant risk factors for any type of oral problem was diminished performance score (0.63 vs. 1.25; $P<0.01$; Wilcoxon 2-sample test). There was no statistically significant association between receiving chemotherapy, being untreated, being edentulous or having a prosthesis and the reporting of oral problems. The chemotherapy consisted of anthracyclines, vinca alkaloids and 5-fluorouracil and were similar in both symptomatic and asymptomatic patients.

The 29% incidence of oral complaints reported is consistent with previous studies in a general oncology population not emphasising the elderly. [3–5]. The strong correlation with performance status is not surprising since patients with poor PS are known to be more predisposed to the toxic complications of therapy. Oral problems often lead to diminished oral intake, which itself can worsen a patient's PS. While the presence of a prosthesis was not a risk factor, 3 patients (14%) who wore a prosthesis noted a poorer fit, exacerbating previous oral problems.

The elderly are already subject to a large variety of dental problems [6]. The development of cancer may further exacerbate already existing oral pathology. Oral problems in elderly cancer patients are frequent and can exacerbate underlying nutritional deficiency and decrease quality of life. Aggressive intervention may increase dental health and prevent problems [7]. These patients should be specifically questioned by their oncologists so that these problems can be detected and treated. Prospective trials evaluating screening and treatment are needed.

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Presented at the 47th Annual Meeting of the American Geriatrics Society, Atlanta, Georgia, May 1990.
Received 23 Apr. 1992; accepted 5 Aug. 1992.