

## **As Older Adults Carry the Burden NHS Dental Costs will Hit £5.3 Billion**

[Oral diseases](#) are an umbrella term for several chronic conditions that are very common in both children and adults. A recent study published estimated that, by 2050, direct NHS dental treatment costs associated with adult dental caries and periodontal disease-related conditions will rise by 20%, to £5.30 billion.



### **Study**

Oral diseases include periodontal disease, tooth loss, and dental caries, and already carry a significant [healthcare cost](#) burden. As the global population ages, the prevalence of these conditions is predicted to rise significantly. For instance, by 2050, untreated dental caries could rise by 75.2% and severe periodontal pocketing by 56.7% compared to 2020 rates, within the UK.

The UK adult population aged 60 years and over numbered 16.9 million in 2020 and is projected to reach 22.5 million by 2050. About 21% of dentate adults have at least one badly decayed tooth, and nearly half reported occasional or frequent oral health impacts, according to the most recent [Adult Oral Health Survey](#) (AOHS). Oral health costs comprised 1.5% of the total expenditure on health in the UK in 2018, at over €3.5 billion. However, future estimates remain sparse.

The current study aimed to predict age- and severity-stratified estimates of direct NHS dental treatment costs for adult [dental caries](#) and periodontal disease-related conditions by 2050. Population projections, disease prevalence data, and treatment costs were combined to estimate future direct healthcare spending.

The investigators used a [cost-of-illness](#) (COI) model based on factors such as the cost per course of treatment, age-specific attendance at dental clinics from the AOHS, and the predicted number of treatment courses required for each age group.

Each treatment type was costed in [Units of Dental Activity](#) (UDA). Pediatric dental care and oral cancers were excluded.

### **Findings**

The authors report producing the first COI projection for direct NHS healthcare spending on oral diseases in the UK using national parameters and stratified by [disease](#) subtype. The estimates differ significantly from those of the most recent research, the authors say, probably due to differences in methodology.

That is, the earlier study used only costs specifically described as being for each disease subtype. The current authors, however, consider that this approach will underestimate disease [costs](#) and, therefore, capture all costs by disease type rather than treatment code.

The estimates suggest that costs will rise disproportionately among the elderly and those with more severe disease as a result of the aging of the UK population. The authors suggest that severe oral disease may become more common among the elderly as competing, more urgent healthcare needs tend to delay preventive dental [care](#).

Currently, the UK focuses on treating dental disease in older adults in institutions or care homes rather than prevention, unlike the policy for children. According to the authors, this indicates the need for broader preventive care for older adults to reduce future [treatment](#) costs.

“This study provides the economic rationale that future policy needs to focus on taking the direction of the prevention of poor oral health over reactive treatment and intervention.” Programs like Mouth Care Matters demonstrate that better oral health provision in [hospitals](#) can improve care and produce health system savings.

The increase in dental healthcare costs is lower than, but comparable to, projected cost growth for several other chronic diseases, many of which are also influenced by population aging. By comparison, direct costs of cardiovascular disease were estimated at £16.62 billion in the UK in 2021/22. Separate England-based projections estimated cost increases from 2018 to 2050 of 40% for cancer, 54% for [coronary heart disease](#), 100% for dementia, and 85% for stroke. Chronic kidney disease had estimated direct NHS costs of £1.4 billion, and diabetes had estimated direct costs of £10.7 billion in previous studies.

## **Conclusion**

The NHS should plan for dental care that considers the growing treatment burden among older adults, which requires economic planning for preventive care and early treatment. Policymakers will need to factor in indirect costs, such as productivity losses and reductions in quality of life due to these [illnesses](#), making a head-to-head comparison difficult.

However, adult dental caries and periodontal disease-related conditions will make up a significant component of future [NHS dental treatment](#) costs. Prevention of oral disease is especially important because many oral diseases are largely preventable but impose a heavier economic burden when advanced.

## **Source:**

<https://www.news-medical.net/news/20260615/NHS-dental-costs-will-hit-c2a353-billion-as-older-adults-carry-the-burden.aspx>