**The Causal Structure Between the Family Physicians and Dentists and the Bedridden Status after Three Years in Older People**

**Tanji Hoshi** Tokyo Metropolitan University　star@onyx.dti.ne.jp

Adress Post Code 206-0013 Sakuragaoka 3-14-10 Tama-city Tokyo, Japan

**Mitsuhiko Morito** Tsurumi University quebv99309@yahoo.co.jp

**Tsutomu Sato** Tokai University/Louis Pasteur Center for Medical Research

b-sato2@tokai.ac.jp

**Abstract**

**Objectives**

This study aims to investigate the causal relationship between being bedridden and having only family doctors or dentists, as well as the socioeconomic status, physical, mental, and social health, disease status, and lifestyle of older people in the suburban area of Tokyo by sexes.

**Methods**

In September 2001, a self-administered questionnaire was mailed to 16,462 elderly residents living in Tama, Tokyo. A total of 13,066 responses were received, resulting in a response rate of 79.4%. A follow-up survey was conducted in 2004, focusing on 8,162 individuals (3,851 males and 4,311 females) aged 65 to 84. The level of bedridden status required at the initial survey and three years later was determined by the city's bedridden status insurance system.

**Results**

The research found that individuals who only visited family dentists had a significantly lower rate of being bedridden after three years than those who only visited family physicians, regardless of gender. **96% of individuals who did not need care remained independent three years later.** The study indicated that having only a family dentist was associated with a more advisable "Socioeconomic Status" ("means latent variable), better "Lifestyle and Diet Scores," and preferable "Three Health Factors." Additionally, having a family dentist has led to the minimalization of the 「Treated Diseases」("means observed variable), and a decrease in 「Bedridden Status」as a causal structural result. The research also revealed that being「Bedridden Status」 was mainly determined by the same status three years ago, contributing 85%. We can conclude that "Socioeconomic Status," "Lifestyle and Dietary Scores," and "Three Health Factors" are confounding factors for the relationship between 「Physicians and/or Dentists」to 「Bedridden Status.」The study also showed that 「Pysicians and/or Dentists」shared for 32% of the total effect of "Socioeconomic Status" on preventing 「Bedridden Status」. The coefficient of determination for the bedridden status was 48%.

**Conclusion**

The findings of this study indicate that h**aving a family dentist accounted for approximately 32% of the effect of socioeconomic factors in preventing the need for bedridden status. Emphasizing the role of having a family dentist may be more significant in maintaining the level of care required than focusing solely on difficult-to-control socioeconomic factors.**

**Keywords**: Family physician, Dentist, Bedridden status, Socioeconomic status, Aged people.

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Corresponding Author

Name: Tanji Hoshi

Affiliation: Tokyo Metropolitan University Emeritus Professor

Address: Tama-city Sakuragaoka 3-14-10 Japan

Telephone Number:09093885816

E-mail Address: star@onyx.dti.ne.jp