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# GERIATRIC DENTISTRY: A REVIEW

Dental Science

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## ABSTRACT

Old age should be regarded as a normal, inevitable, biological, phenomenon. Geriatrics is the branch of medicine that treats all problems peculiar to the aging patients, including the clinical problems of senescence and senility. The demographic shift in the Indian population has serious health implications. In future, dentists will be required to treat an ever-growing proportion of elderly patients in their practice and will have to make appropriate adjustments and advancement in their professional skills. The dental management of the elderly population is different from that of the general population because special considerations for age-related physiologic changes, complications of chronic condition/therapy and their implication on oral health, increased incidence of physical/mental disabilities, effects of medications on oral mucosa, considerations of other factors like nutrition, socioeconomic status, psychology of elderly in proper treatment planning and delivery of oral health care services to these patients.

## KEYWORDS

Age changes, Elderly, Geriatric, Oral health

### Introduction

Aging is a natural process.[1] The body goes through six stages: birth, objective existence, growth, transformation, decay, and death. As the body ages, it begins to weaken and easily falls prey to various maladies. Organs that did not make their presence felt when the body was healthy make us painfully aware of them when they are affected by disease.[2] Diseases are a sign of decay and signal the inevitable approach of death. Sri Shankaracharya poignantly describes the human condition

"Nothing can be more miserable than old age with diminished vigor but growing desires."

### An insight to geriatric dentistry

The World Health Organization referred to old age as a period of life when impairment of physical conditions manifest frequently. Old age should be regarded as a normal, inevitable, biological, phenomenon. The scientific study of the process and phenomenon of aging is called as Gerontology. The word "geriatrics" was coined by Ignatz L Nascher in 1909 and he is called as the "Father of geriatrics." Geriatrics is the branch of medicine that treats all problems peculiar to the aging patients, including the clinical problems of senescence and senility.[3]

The twentieth century witnessed remarkable changes with regard to human longevity worldwide, and the twenty-first century is set to carry forward the gains in longevity further, both in the developing and the developed world.[1]

*"The twentieth century will be remembered chiefly, not as an age of political conflicts and technical inventions, but as an age in which human society dared to think of the health of the whole human race as a practical objective."*

**Arnold Toynbee**

India's booming population of above one billion people and improved life expectancy has led to increasing number of elderly people (> 60 years age group). This includes both healthy adults and adults who are cognitively and physically challenged and /or medically compromised.[2] The average life expectancy at birth increased from 50.5 years for males and 49.0 years for females in 1970-1975 to 61.8 years for the males and 64.1 years for females in 1999-2001; it is expected to reach 69.8 years for males and 72.3 years for females by 2021-2025. As a result of which, the proportion of the elderly in the total population is projected to be around 20% in India and 32% in the developed nations by 2050. This rise in life expectancy in India is attributed primarily to the substantial reduction in mortality at different stages of life, which has been brought about by improved health care facilities, sanitation, environmental and public health reforms coupled with better hygiene and living conditions. [1]

The demographic shift in the Indian population has serious health implications. Increase in longevity means that the community will have to bear a greater burden of disease, with a gradual transition toward the diseases of the elderly and the disabilities associated with aging.[4]

Stanley H. Cath stated: "Certain basic anchorages that people form throughout life (are): 1. An intact body and body image; 2. An acceptable home; 3. A socio-economic anchorage; 4. A meaningful purpose in life. These four anchorages provide the structure within which the individual performs the required developmental tasks at various stages of life; and the degree of success with which tasks are performed and the crises met spells the difference between good and impaired health." [3]

However, much can be done to relieve the hardships of old age. In order to do so, we must understand the problems of the elderly which four types are: economic, social, mental, and physical.[5]

In future, dentists will be required to treat an ever-growing proportion of elderly patients in their practice and will have to make appropriate adjustments and advancement in their professional skills. The dental management of the elderly population is different from that of the general population because special considerations for age-related physiologic changes, complications of chronic condition/therapy and their implication on oral health, increased incidence of physical/mental disabilities, effects of medications on oral mucosa, considerations of other factors like nutrition, socioeconomic status, psychology of elderly in proper treatment planning and delivery of oral health care services to these patients. Dealing with the elderly requires an understanding of and a sensitivity to the medical, psychological and financial states of these patients. It is extremely important for older people to feel acceptable and accepted in their declining years. With an increasing awareness in the society about oral health and treatment

needs, there has been a greater demand for geriatric specialists in dentistry.[6]

Gerodontics is a term coined as a descriptive word representing geriatric dentistry and is defined as: that branch of dental science which is concerned with the effects of aging upon the occurrence, prevention, and treatment of dental disease.[7] It merits special consideration, in that it represents normal comprehensive care for a specific population segment and can be performed with the same armamentarium and by the same dental professionals who provide care for rest of the population.

Geriatric education has not received as much importance as other health care delivery; it is still at its infancy stage. Elderly have low expectation of oral health, which need to be changed by trained dental professionals. Treatment plan should be aimed at retaining the maximum number of natural teeth through preventive and curative procedures rather than extraction and dentures.[8] Health care delivery should be as pain-free and comfortable for the elderly as possible. Training in geriatric dentistry should enable the dental surgeon to understand and empathize with the psychosocial behavior of elderly, especially those suffering from depression and isolation or those with severe debilitating disorders such as stroke, Alzheimer's, and Parkinson's diseases. Thus, the dental graduates should be encouraged to treat elderly patients under supervision using multi-disciplinary approach.[4] Thus, geriatric dental education as basic education to the dentist can further improve the skills of every dental practitioner and change the attitude towards elderly.

## Conclusion

The major roadblock in oral health care delivery of the elderly would be the underestimation of their dental needs. However the care is only limited to emergency situations. But the dental care of the elderly must be aimed towards a more conservative approach. So, with the changing attitudes towards the oral health, the dental professionals must help elderly population/patients in keeping their teeth healthier.

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