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# Gerodontology in Context

**Abstract:** The impact of ageing on society, the patient and his/her oral state is summarized, with one case being outlined as an example.

**Clinical Relevance:** Ageing impacts on oral health and the delivery of care.

**Dent Update 2010; 37: 447**

## Gerodontology and the person

A 79-year-old retired farmer with early stage dementia presented for oral care as his lower incisors were painful and breaking away. He had Type II diabetes, hypertension, prostate cancer and diminished hearing. He was taking 10 different medications daily and was wearing a hearing aid. He was cared for by his wife who was 20 years younger, and they lived an hour's car drive from the clinic. He had had a full upper denture for 30 years (Figure 1). There was evidence of loss of lower face height (Figure 2) and the radiographic appearance of his remaining lower teeth is shown in Figure 3. This case presentation encapsulates the challenges that management of the older patient presents to the profession.

## Gerodontology and society

An increasing percentage of the population is now living longer. As a result, the dental profession will be confronted with an increasing number of older patients and the management they present. On a broader canvas, provision of oral care to this population raises issues of the cost and funding for the delivery of such care.

## Gerodontology and the patient

Older people have a lifetime's experience, including a lifetime's disease history. They are more likely to have medical conditions which can affect their systemic well-being, their oral health and their ability to undergo dental treatment. This can be compounded by polypharmacy. In turn, the oral health, especially the number of occluding teeth, may have an influence on nutritional status.

## Gerodontology and the mouth

Not only has there been an increase in the number of older people, but there has been a shift in the oral health of older patients, with more natural teeth being retained and a decrease in edentulousness.

Older teeth and oral tissues manifest physiological changes which affect their ability to respond to insult and their ability to undergo treatment. Superimposed on this are the effects of oral and dental pathology as well as dental treatment.

## Gerodontology and dentistry

Treatment decisions have to be made regarding the management of edentulous spaces, periodontology, caries, toothwear, endodontics, aesthetics and prosthodontics. Delivery of such care should be executed in an effective and appropriate manner. In some circumstances, the venue for the delivery of oral care can influence the delivery and type of care provided.

Critically, prevention of disease and maintenance of oral health should be factored into the planning of care. Care should be based on pragmatic and realistic treatment goals with the long-term aims of self-respect, comfort, function, flexibility and maintainability.

## Gerodontology and Dental Update

*Dental Update* has commissioned a series of articles to help address these challenges. The series aims to cover a range of issues from demographics and epidemiology to aesthetic dentistry and domiciliary care. The articles are not meant to be prescriptive but to provide a foundation of knowledge and a framework on which to plan and provide oral care. The aim is to stimulate and engage the reader. Indeed, divergence of opinion is to be welcomed, especially if it is based on clinical experience and is evidence-based. Flexibility in the provision of care is essential as each patient, young or old, is an individual with a unique life history,

medical state, oral health, expectation of treatment and support network.

## Gerodontology and the individual

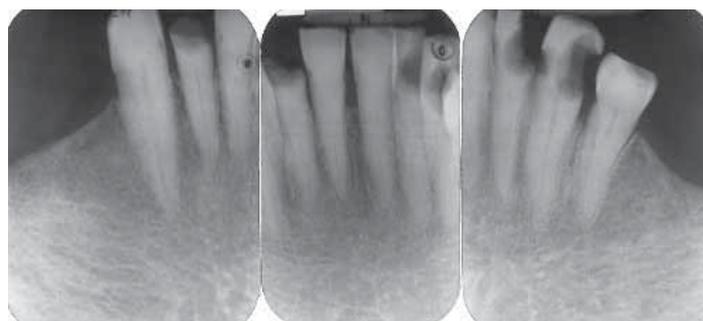
The patient mentioned at the start of this article is such a person and the logistics, finance, extractions, endodontics, restorations, prostheses, prevention and maintenance programme involved in his oral care are specific to him, and his spouse.



**Figure 1.** Thirty-year-old full upper denture exhibiting incisal wear and staining.



**Figure 2.** Patient wearing full upper denture, note loss of upper lip support and folds at angles of the mouth.



**Figure 3.** Periapical radiographs of lower anterior teeth. Gross carious lesions and sclerosis of some canals are evident.