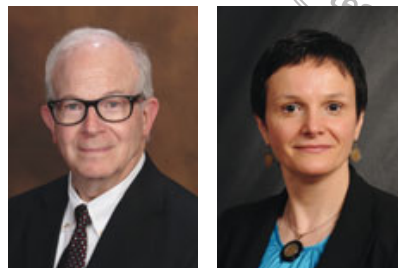




Geriatric dentistry: New challenges and new opportunities!



Ralph H. Saunders Adina C. Jucan

Our population is aging

The world's population of current and future dental patients is aging. As for other aspects of health care, this situation is producing what has been termed a "demographic imperative" that requires our attention.

The trend toward increasing age is happening in virtually every country. For the world, life expectancy has increased by approximately 20 years since 1950 (from 48 years in 1950–1955 to 68 years in 2005–2010). The United Nations Populations Division now projects global life expectancy to rise to 76 years by 2050.¹ Those over age 60, which now number 800 million and represent 11% of the world's population, are expected to increase to over 2 billion in 2050.¹

Oral health of older adults is poor

Although comprehensive data is limited, available information is that oral health among older adults is generally poor.

Older adults around the world experience high rates of tooth loss. For example, according to WHO in 2003, rates of edentulousness for the age group 65+ years were 57% for Malaysia, 46% for the UK, 53% for Bulgaria, and 58% for Canada.^{2,3}

Among older persons, the percentage of those with a Community Periodontal Index of 4 (deep pockets) ranges widely, from 5% to 70%.³

A study of 1,744 Chinese aged 20 to 80 years old revealed that those over age 70 had the highest mean number of Decayed and Filled Surfaces (DFS) (6.2 ± 5.5).⁴ In the most recent (1999–2004) NHANES survey in the US, 19.5% of the population age 75+ was affected with caries.⁵ A meta-analysis of incremental root caries

development in older adults has put the rate at 0.47 surfaces per year.⁶

In addition to these standard oral problems, older adults are likely to suffer from age-related oral conditions including dry mouth, mucosal lesions, denture-related problems, and dental attrition.

Links to general health

A relatively new and very significant factor when considering geriatric oral health is relationships between oral and general health. For example, several investigations have established the role of poor oral hygiene in upper respiratory disease among older adults. Others for which evidence exists include health of the dentition and food selection, weight loss, diabetes, and oral health-related quality of life.

Barriers to care

A number of potential barriers to geriatric oral health care exist, including too few trained providers, lack of adequate facilities and equipment for those with disabilities, transportation, and a population of older people unaware of the benefits of ongoing oral care. The costs for services is a major barrier and is often related to other community-associated factors including socioeconomic (SE) level and availability of dental insurance. Many older adults in the US are in low SE groups and only about half have any form of dental insurance, including Medicaid.

What's needed at this time

We propose a number of initiatives for promoting geriatric oral health. One is new and innovative informa-



tional programs and activities to better educate older adults about the benefits of ongoing oral care. Every older adult should know that problems including pain, loose teeth, loose dentures with sore spots, dry mouth, and bleeding gums do not need to be accepted as age-related and can usually be treated. They should know that preventive care is essential into advanced older age and has never been easier to achieve given the plethora of personal oral care products and information available today.

It's notable that in addition to improving oral health we predict that a full appreciation of these benefits will increase demand for our services. Increasing demand will become helpful to current dental practices, many of which have achieved plateaus in recruiting new younger adult patients whose oral health is better than previous generations.

Activities that can increase demand should direct patients to their general dentists. Generalists are the primary care providers for dentistry and are the most strategically appropriate for diagnosing and treating most conditions economically but referring when necessary. National and State dental organizations may be the best positioned to take the lead in developing and promoting appropriate educational activities for older adults.

For both generalists and specialists to provide optimal geriatric care, education in dental geriatrics needs improvement. Training provided in dental schools around the world is variable in extent and quality and without standard curricula. Postdoctoral internships and residencies, where they exist, may be fertile grounds for geriatrics training.

Specific training in geriatric dentistry can be more fully utilized as sources of advanced education. Such programs can train not only state-of-the-art clinicians,

but also academicians who will teach future generations and will perform the research necessary to advance geriatric dentistry.

New streams for funding clinical geriatric care are essential. Current and future generations of older adults, who are keeping more teeth, need more services. However, the major government-sponsored health plans in the US which include this age group (Medicare and the new Affordable Care Act) do not cover preventive oral care, dentures, and dental restorations, the services most commonly in demand in this population.

Through the assertive awareness, involvement, and support of all dental professionals and also initiatives of dental organizations, educational institutions, and government programs, oral health of the world's growing older population will become the best it can be.

Ralph H. Saunders, DDS, MS

Professor, Eastman Institute for Oral Health, School of Medicine and Dentistry, University of Rochester, Rochester, New York, USA.

Adina C. Jucan, DDS

Assistant Professor, Clinical Dentistry, Department of General Dentistry, Eastman Institute for Oral Health, University of Rochester, Rochester, New York, USA.

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