For elderly and vulnerable patients, it's time to learn good new habits

Increasing aging of the world population has been predicted since 1987.[1] It is estimated that by 2025 in the USA and Europe, older people will make up around 20% of the population.[2] Data from Asia and Africa show the same progression of the aging process. Another crucial point is the increase in the "old-old" cohort (75 to 85 years old); in several Western countries their number reaches 35% of the elderly population.[3] Periodontal diseases affect most older patients, and represent the main reason (74%) for tooth extraction; this changing demographic will increase the need for complete dentures.[4]

The Covid-19 pandemic required a Public Health approach intervention based on prevention. Prevention is a must from an early age,[5] and is also important for older people.

Several factors can be barriers for treatment, including a lack of regular dental visits, heath inequalities, and personal factors.[6] Oral health habits seem to be key in the prevention of tooth loss. Little is mentioned on this important issue in the most recent Vision Program from the World Dental Federation (FDI).[7] In general, the principal reasons for poor oral hygiene habits are ignorance of the necessity for strict oral hygiene practice, laziness or fatigue, psychologic problems and behavioral attitudes,[8] health status, social and familial conditions, and work stress.

To implement an intervention based on prevention, there is a need for more general practitioners with a team devoted to oral hygiene. Continuing education is also important. Several surveys indicate that there is a slow increase in the obligation for dental practitioners to register on continuing education courses. However, this often is not compulsory – only voluntary. A randomized survey gathered at the congress of the FDI Europe region and at several other local meetings regarding continuing education concluded that the majority of the participants wish to attend implantology and new technologies courses (unpublished data). In the basic education of dental practitioners, little attention is given to gerodontology and special care, and these populations are neglected. Many students in dental school already show low motivation when it comes to geriatric dentistry and prevention.

Good habits for dental practitioners

There is an urgent need to develop a new approach underlining the importance of prevention for older people in their daily life. For the dental practitioner, the challenge is to ensure oral hygiene improvements for sound and safe treatments. This means the development of good habits and conservative, minimal intervention with staged treatment plans with transitional treatments.

Elderly people are subject to mental and physiologic disadvantages, which they may wish to keep hidden. The dental practitioner and their team have an ethical duty to coach their patients, avoiding in this way the collapse of the treatment.[9]

Nowadays, implantology rules in restorative dentistry – but ignoring oral hygiene and neglecting bad habits for the sake of quick results may lead to failure of treatment with catastrophic outcomes. On the other hand, a slow and regular development of good oral habits will lead to a sound situation and positive outcome. The dental practitioner should remember that the loss of remaining teeth destroys the patient's proprioception and comfortable mastication.

Good habits for patients

It is important to understand the patient's personal oral hygiene habits. Elimination of bad habits and transmission of basic knowledge are necessary for correct oral hygiene practices.

The following oral hygiene habits should be taught to patients:

- brush all tooth surfaces at least twice a day
- ensure that the junctions between gum and tooth are cleaned carefully
- the existing brushing method may be modified
- to avoid gingival lesions, a small-headed toothbrush with medium texture bristles is recommended
- fluoride toothpaste is compulsory
- for removable or fixed prosthodontic restorations, it is important to choose adapted devices.

Good habits for the profession

The dental profession needs to implement changes to ensure that dental care is part of universal health coverage.[10] Coordination between university faculties, dental associations, government institutions,[11] and the continuing education system is a must.

Since global oral health is the main issue for the international organizations like the World Health Organization, Association of Dental Implantology, FDI, and Noncommunicable Diseases (NCD) Alliance, joining their efforts is an imperative challenge for our profession.

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