

- What is gerodontology?
- What are the dental needs of older people?
- How can DCPs meet these needs?

# VITAL GUIDE TO Gerodontology

**Michael Watson** introduces *Vital* to the dental specialty concerning the oral health issues specific to the older members of the population.

I first set up a practice in a small North Essex town just over 30 years ago. There was no dentist within ten miles in any direction so there was a great deal of unmet demand. The year I set it up was 1978, the same year as the second Adult Dental Health Survey,<sup>1</sup> which found that 30% of the adult population had no teeth. It seemed at times as if they were all beating a path to our door, but I used a very experienced technician and the patients seemed to go away happy with their new dentures.

That was as far as gerodontology went for us in those days. Fast forward 30 years and

‘The last Adult Dental Health Survey predicted that in 2028 tooth loss would be almost eliminated in those under 75.’



I have now retired. Far from being edentulous, people of my age have most if not all of our own teeth and aim to keep it that way. This contrasts with 1978 when 80% of over 65-year-olds had lost all their teeth. The next Adult Dental Health Survey will be carried out this year, but the last one predicted that in 20 years time (2028) total tooth loss would be almost eliminated in those under 75. Only the over 85-year-olds would have appreciable numbers without teeth.

The lessons to be learned from these figures are that the typical older person of the future will have most of their own teeth. Those who need full dentures, however, will be older, less mobile, less able to look after their oral health and more likely to be in residential care. Add to this the fact that the ‘Baby Boomer’ generation is now approaching pension age with teeth that were heavily restored in their adult years. A recent BDA publication<sup>2</sup> described the problems of this age group:



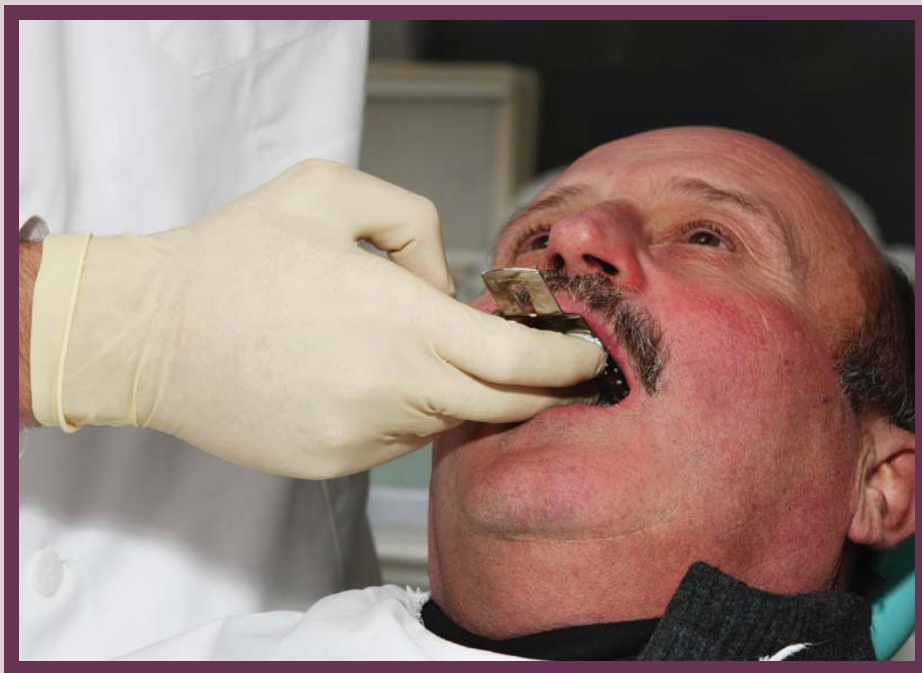
*‘The onset of old age can mean that members of this generation find their need for oral healthcare increasing dramatically, as existing restorations fail and various factors, including increasing frailty and lifestyle changes, lead to new disease.’*

Although the reduction in edentulousness is a sign of improving health it has to be seen against changing patterns of dental disease among older people. Increasingly they will be looked at within the context of the patients’ general health, both physical and mental.

Teeth retained into old age can be more prone to decay, especially of the roots. As the BDA paper puts it: *‘Advanced tooth wear, tooth loss, large restorations, increasing periodontal problems and difficult endodontic treatment can all combine to cause a rapid collapse in the dentition, often necessitating a transition to partial or complete dentures.’* Older patients may be more susceptible to both decay and periodontal disease because of reduced salivary flow, the drugs they are taking or in the aftermath of radiotherapy.

All dental professionals know that maintaining good oral hygiene is the key to good oral health. But as people grow older their ability to maintain a healthy plaque free mouth often becomes more difficult. The BDA paper lists ‘physical infirmity, impaired manual dexterity, mental deterioration and failing eyesight’ as factors that can have a negative effect on oral hygiene, ‘leading to a marked increase in oral disease’. Prevention is needed every bit as much for older people as for their grandchildren. We associate preventive programmes with children, but we should be also looking at how to help people who are older and perhaps living on their own or in residential care.

*‘Older patients may be more susceptible to both decay and periodontal disease because of reduced salivary flow, the drugs they are taking or in the aftermath of radiotherapy.’*



We should also not forget those who wear dentures whether complete or partial. They may have worn them for years, but find them more difficult to cope with in old age. They may have worked hard to keep their teeth but when the time comes that they must have some or all extracted, they may well resent this and find it hard to adapt to wearing them. They may also have problems going to a practice and need domiciliary care.

So how can dental care professionals (DCPs) help this ever-increasing sector or our society? The General Dental Council has recently outlined the scope of practice that DCPs can undertake.<sup>3</sup> These include for the first time clinical dental technicians (CDTs) who could play an increasing role in the dental care of the older person. Overall there are increased roles for all DCPs; for instance dental nurses now should 'monitor, support and reassure patients' as well as giving 'appropriate advice to patients.'

The care of the elderly whether it is their physical or mental needs or the care of their mouth and dentition depends on how well the carer or health professional gets on with this age group. Going back to my early days of providing dentures to one and all, one of my team was a nurse, who spent much more of her time talking to the older patients and listening to their problems than mixing alginate. Some people get on with that age group better than others, just the same as some work well with children. Increasingly those who can look after the older patients will be valuable members of the dental team.

Three years ago the British Society of Gerodontology\* published a review<sup>4</sup> which suggested ways of meeting an unprecedented

demand from older people for dentistry. Commenting on this review in the *British Dental Journal*, Editor-in-Chief Stephen Hancocks wrote: 'there will also be a need for prevention since, just as with oral diseases in all ages of people they are preventable.'<sup>5</sup>

'Some people get on with that age group better than others... Increasingly those who can look after the older patients will be valuable.'

It is here that the role of dental hygienists and dental therapists will come into its own, not just for the older patients themselves. Stephen Hancocks again: 'The application of oral hygiene measures, diet control and fluorides is just as important for this group as for all others and will also need to be incorporated more comprehensively into their future care.' It will also be important to work with their

carers to help this age group help themselves. Talking to carers about the oral health needs of the elderly will be needed more in the future.

1. Adult Dental Health Survey, 1998. Office of National Statistics, The Stationery Office.
2. Oral Healthcare for Older People: 2020 Vision, a BDA Key Issue Policy Paper: May 2003.
3. *Scope of practice – who can do what in the dental team*. General Dental Council, 2008.
4. Department of Health. Meeting the challenges of oral health for older people: a strategic review. *Gerodontology* 2005; **22** **Suppl 1**: 3-48.
5. Hancocks S. Older oral health. *Br Dent J* 2006; **200**: 1.

\*British Society of Gerodontology:  
www.gerodontology.com

## Test yourself

1. In 1978, what proportion of people over age 65 had lost all their teeth?
  - A. 80%
  - B. 20%
2. Thirty percent of the adult population in 1978:
  - A. had no teeth
  - B. wore dentures
3. In 2028 the predictions are that:
  - A. tooth loss will be almost eliminated in everyone
  - B. tooth loss will be almost eliminated in under 75s
4. DCPs can:
  - A. play an important role in preventive care for older patients
  - B. help older patients to help themselves

Answers: 1A, 2A, 3B, 4A and B.

**Correction notice:** In the last issue, the *Vital guide to paediatric dentistry* (spring 2009 pages 17-19) stated that the author, Laura Gartshore, is at Leeds Dental Institute. She is actually at the University of Liverpool School of Dental Sciences. Apologies to Laura!