

Geriatric dentistry related to prosthetic

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Geriatric Dentistry:
Geriatric dentistry is the branch of dentistry that emphasizes dental care for the elderly population and focuses upon patients with chronic physiological, physical and/or Psychological changes or morbid conditions/ diseases. Oral health reflects overall wellbeing for the elderly population.

dental geriatrics: 1. the branch of dental care involving problems peculiar to advanced age and aging; 2. Dentistry for the aged patient

Growth: - Growth is increase in size.

Development: - Development is progress towards maturity.

Maturation: - The stabilization of the adult stage brought about by the growth and development.

Aging Refers to irreversible and inevitable changes occurs with time

It is also defined as the sum of all morphologic & functional alterations that occur in an organism and lead to functional impairment which decline the ability to survive stress.

Gerontology: - Is the study of aging in all its aspects biologic, physiologic, sociologic & psychologic.

gerodontics: the treatment of dental problems of aging persons; also spelled gerodontics.

gerodontology: the study of the dentition and dental problems in aged or aging persons

What causing Aging?

The consensus today is that aging is the end result of multiple biological processes which includes

Genetic level:- Where information for the initiation & maintenance of cellular functions are encoded.

Cellular level:- Where integrity of somatic cells is maintained

Organ& Organ system level:- Where physiologic functions are performed

Coordination level:- Physiologic functions are controlled & assembled into complex function

Factors influencing Aging:

A) Genetic:

1- Mutation:- Several mutations reduces life span

2. Species specific life span:-Each species is characterized by its own pattern of aging & maximum life span

3. Hybrid vigor:-The effect of genetic constitution on longevity is perhaps best exemplified where hybrid vigor is demonstrated

4. Sex:- In humans\animals, female lives longer.

5. Parental age:- Like father like son.

6. Premature aging syndrome :- Single gene changes results in premature senescence in humans e.g. progeria, cockayne's syndrome, werner's syndrome(rapid premature aging)

B) Environmental

1. Physical and chemical:- Pollution, radiations, working atmosphere etc
2. Biological factors:- Nutrition, general health etc
3. Pathogens and Parasites:- They influence the rate of human development → low income group \ tropical countries
4. Socioeconomic conditions:- Bad housing, stresses etc

Aging Vs others

- It has always been difficult for researchers to differentiate whether the changes in tissues/organ system are due to physiologic aging or pathologic.
- There is no precise method for determining the rate or degree of aging because

Aging ⟶ Systemic diseases

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Surgeries, medications, chemotherapy, radiotherapy

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Alterations in body ⟶ Changes…superimposes

Goal of Geriatric dentistry

1. To maintain oral health of individuals.

2. To maintain ideal health and function of masticatory system by establishing adequate preventive measures.

3. In diseased patients maintaining oral and general health.

Objectives of Geriatric dentistry

1. To recognize and relieve difficulties of elderly people.

2. Restoration and preservation of function for maintaining normal life in elderly patients.

Psychological disorders of elderly patients generally seen by prosthodontist

Anxiety: It is a response to the perception of danger, actual or anticipated. Its purpose is to alert individuals to danger, so as to prepare them to cope with it. A major source of anxiety is alteration of body integrity and the way the body functions. Extensive changes in oral cavity (loss of teeth and replacement with denture) represent such a threat and therefore can trigger anxiety.

Depression: It is a response to loss, actual or threatened, real or fantasized. Sadness and hopelessness are the common feelings when significant loss is experienced, such as loss of loved one or loss of a body part. The impact is particularly serious when it is involved emotionally on the invested parts of the body such as face (teeth). For some patients, the teeth have become so invested with meaning that their loss is experienced as catastrophic.

Conversion Hysteria: This means, people convert the anxiety from emotional conflicts into somatic symptoms such as pain, muscle weakness, or sensory

disturbance, or they reproduce a symptom which they had at some time in the past.

Body image disturbance: The mouth is the most emotionally charged area of the body and therefore, frequently involved in body image disturbance. Any alteration to the patient's mouth is a body change to which they must adapt; until they do anxiety will be present.

Factors that influence the patient's response

1. Parental influences: The parental attitude toward body values is assumed by the children and this is obviously true regarding the value and appearance of the mouth. Patients who, as children, observe their parents undergoing dental treatment may become traumatically, conditioned by such observations.

2. Sibling's influence: The behavior of siblings also has a strong influence on the dental attitude developed by patients.

3. Peer group: A person is influenced to some extent by his peer group.

4. Symbolic significance: The more common symbolic significance of tooth loss is aging, loss of femininity, loss of virility, loss of attractiveness and vitality and body degeneration.

5. Current life circumstances: Where one's life is already seriously disrupted, additional traumas such as tooth loss may impair the ability to cope and increase the probability of a maladaptive response.

Seven basic personality traits will be considered in the light of their influence on success in dentistry. Maximum benefits will be obtained only by those who make an honest attempt to search for personal shortcomings, because of general failing to underestimate grossly personal weakness.

BE AGREEABLE A group of postgraduate students was asked by Cranes to select the dentist they considered best of those they had visited and write down the reasons for their choice. First on the list, when their answers had been tabulated was. “He was cheerful, friendly, and congenial.” Courtesy, politeness, and accommodation cost not one cent, yet they may be sold. Some of the most successful dentists keep a card index system under which is listed personal information about each patient and his family. By the dentist’s being conversant with affairs that are of personal interest, each patient is made to feel that he occupies a position of special importance in the practice. The dentist who can make patients “feel at home” in his office will never be worried about future dental practice.

BE A GOOD LISTENER “A bore is the fellow who keeps talking about himself when I want to talk about myself.” Cultivate the habit of listening, not merely remaining silent while another speaks, but giving others their undivided attention. Too many people are so concerned about what they are going to say as soon as an opening presents itself that they do not really listen. listening is an art. Some individuals, without uttering a word, can be more flattering than most people. If patients are encouraged to “think out loud” it gives the dentist an opportunity to size up each individual, to learn something of his likes, dislikes, prejudices, and to plan a presentation accordingly. If the dentist wants to enjoy maximum success he must, of course, be a good conversationalist and an enthusiastic educator, but, first of all, he should be a good listener.

AVOID ARGUMENTS It must be remembered that force never won a permanent victory on the battlefield, and verbal force, which is just another way of describing arguing; there are times when one must fight for principles. One can convince few men and certainly no woman by arguing. Crane’ says, “Guide me deftly to the decision you want me to make--don’t crowd, don’t shove, just feed

me ideas as fast as I can absorb them. If you can influence me to persuade myself, I will sign."

CRITICIZE TACTFULLY In general, it can be said that criticism is futile because it aims a death blow at one's self-respect by undermining the feeling of personal worth. Criticism places people on the defense; it makes them appear foolish and silly. It usually opens up deep wounds that never heal, but fester down through the years. Yet it is possible to criticize and accomplish the proper results without offending. It merely requires a little tact. Hence an excellent policy to follow: compliment first, and then tactfully offer constructive criticism.

DON'T BE EGOTISTIC Individuals simply cannot wait for others to discover their good qualities; they extol their own virtues at every opportunity and, in so doing, arouse a feeling of antagonism among those with whom they come in contact. It is important to wait for the others appreciate the effective dental service that you provide.

REMEMBER NAME AND FACES We can give people nourishment for their self-esteem by making it a point to remember their name. Anyone, who wishes, can improve his memory simply by listening attentively and concentrating on the name at the time of the introduction. Safer method is to place names of patients and their children on a card. together with any other information deemed worthwhile.

BE INTERESTED IN OTHERS Dentists in general become more interested in things than in people. The habit of being interested in others find that, without making any conscious, effort, without realizing exactly why, they hold in their hands the key, the open sesame to the hearts and minds of people.

Systemic Diseases and its dental relation

Cardiovascular diseases (CVD) and periodontitis has interrelationship because of common bacteria associated with its pathogenesis. Periodontal inflammation leads to bacteremia caused by common oral pathogens like Porphyromonas Gingivalis. This microorganism has been isolated from CVD like coronary and carotid atheromas. Therefore, CVD and Periodontitis are interrelated and commonly seen in geriatric patients.

Infective endocarditis, other common disease found in elderly patients has association with periodontitis. The bacteria like viridians streptococci normally found in oral cavity, whereas the bacteria found in dental plaque like Actinobacillus actinomycetemcomitans, Eiknella Corrodens, Fusobacterium Nucleatum and Bacteriodes Forsythus have been isolated from the blood sample of Infective endocarditis patients.

Respiratory infections are usually caused by oropharyngeal and periodontal microorganism and bacteria. The main cause of respiratory infections and bacterial pneumonia in adults is aspiration of oropharyngeal bacteria. This micro flora habitats in inadequate oral hygiene resulting in formation of dental plaque further serving as a reservoir for respiratory pathogens.

The other common disease **Rheumatoid arthritis** (RA) is seen in elderly patients. This RA has similar characteristic of periodontitis as there is destruction of hard and soft tissues as a result of inflammatory response. However, the interrelationship as well as association between RA and periodontitis has not been proved.

Diabetes Mellitus (DM) the other most common disease seen adult and elderly individuals in 21st century. It has been proved and found that the patients suffering from Type 1 and Type 2 DM have distinguished dental manifestations such as loss of periodontal attachment, gingival and periodontal abscess and early loss of teeth.