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I was called for a visit at a residence of a patient, about 90 years old. His family doctor had informed me that he had no major problems with his health. Only problem was that he could not eat anything. When I visited the patient's house, I saw an old man, very frail looking, totally confined to bed. When I went near him, I remembered, the same patient had visited my clinic about 20 years back. After attending his problem tooth, I had cautioned him of multiple cavities in his teeth and had advised him to get them attended. Otherwise in his advanced age, it will be difficult to fill them. After listening to my advice, he said, none of his teeth were paining. Besides how much life he had? Dental treatments are quite costly also. That time I kept quiet as I did not bother to convince him. Today, same person I was seeing on the bed. At the age of 90, he had lost all crowns and left with only broken roots with which he could not eat anything. No doubt for him I felt pity, but more than that I felt guilty.

In the above case I should have convinced my patient by some means like, more explanations of his future problems with teeth, I could have offered him some reduction in my fees. I had all the knowledge and means to treat him. But I didn't do anything of that sort. My waiting room was crowded with patients waiting for their turn. *First time I realized, if I have to treat a geriatric patient, my knowledge and equipment of dentistry are not enough. I must understand a Geriatric patient first.*

In fact, one may think, these types of incidences, you may come across occasionally. They can be solved individually on their own merit. What is the requirement of considering Geriatric Dentistry as a different branch of Dentistry for these patients?

Senior citizens of the past were very different than what they are today. Most of them were medically compromised like having cardiac diseases arthritis, kidney or liver problems. It is not surprising if they were pessimistic of their retired lives. They never thought of undergoing dental treatments. They would only visit a dentist when they were having pain or they found chewing food very difficult.

Science and technology have contributed to the changing status of older people in our society. Thanks to awareness of diet, exercise and modern medical treatments as well as improved public health measures, today's senior citizen, when he retires, is in better health than his predecessors. He can have part time jobs which make him financially independent. Certainly they can afford some newer dental treatments even if they cost a little more.

With these changes in senior citizen life style, their life span has improved. According to UNICEF's publication, life expectancy of an Indian was 49 years in 1970, which has risen to 66.4 years in 2008. Proportionately population of senior citizens has also increased. In 1950, senior citizen population was 20 millions, which will be almost 100 millions in 2010. What is surprising is in 2050, senior citizen population will be about 21 % of the total population. I.e. after every four citizens there will be one senior citizen. Dental surgeons will have to take care of much larger number of senior citizen patients than what they are treating today.

Today's dental surgeons have adequate knowledge of dental science. They have modern equipments to offer new dental treatments. But unfortunately, there are some barriers in their way, because of which they cannot devote sufficient attention to their geriatric cases. To name a few,

- 1) Lack of experience and fear when treating a geriatric case.
- 2) Lack of financial incentives.
- 3) Access problem to the dentist's clinic
- 4) Dental Surgeon's difficulty in handling a patient at his home or any institution.
- 5) No inclination to treat debilitating and life threatening diseases.
- 6) Dealing with other family members whose consent for the treatment of senior citizens has to be obtained.

Considering the increasing Geriatric population, these barriers have to be successfully dealt with. To have adequate knowledge and latest dental equipments is not enough for a satisfactory practice of geriatric dentistry. They have to understand the attitude of senior citizens towards their dental health. They must be made aware of importance of dental health which will make their remaining life healthy.

Most of the adults suffer, to various degrees, from some illness or the other. Some of the elderly patients have to visit medical specialists and follow their advice and prescription that is given to them. Many elderly patients do not find necessary to inform the attending dental surgeon of their other illnesses and medicines that they take. In India, many medicines are available across the counter which has resulted in self medication in many

adults. In order to avoid duplication or overdosage of medicines, it is very essential for the dental surgeons to adopt interdisciplinary approach; such that they will work along with other medical team attending the same patient.

Equipment of today is designed very attractively but looks after the comfort of the operator more than the patient. Adequate attention should be given to the conveniences of elderly patients, who suffer from diseases like arthritis, spondylitis, parkinsonism. Many of them have dementia to various extents. Considering the expected increase in senior citizen population in the near future, a dental surgeon who wants to attend geriatric cases, should consider these points when he sets his dental clinic and when he undertakes their dental treatments.

*In India, Geriatric dentistry is in infant stage. In order to develop it to international standards, it should be taken up by teaching institutes. Research must be carried out with data from Indian senior citizen population. With adequate knowledge of dental science and with all the required skill available, it should not be difficult to meet the demands of elders in future.*