

## Geriatric Periodontology: Need of the Hour!

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*"He, who is born, has to go through childhood, youth, and old age. If ageing is inevitable, let us be graceful and serene about it, and lead a disciplined quality life." – Bhagavad Gita*

With the advancement in medical technology, increased awareness among people, easy availability, affordability, and acceptance of health care facilities, the population of older people is increasing in current years. According to a recent consensus report about 64.56% population fell into 15-64 years age group and about 6.05% of people were above 65 years of age.<sup>1</sup> Life expectancy of the Nepali population in 2022 is about 71.45 years which was a 0.4% increase from 2021.<sup>2</sup> According to the pathfinder survey (2004), the Nepali population between 35-49 years of age showed significantly poor periodontal status. Similarly, there was less consumption of toothbrushes and fluoridated toothpaste in older adults. That is why there is more amount of tooth loss associated with periodontal diseases.<sup>3</sup>

Due to the increased life span, there is an increased prevalence of non-communicable diseases like diabetes, hypertension, osteoporosis, etc. and there is a known association between periodontal diseases and these diseases and vice versa. Similarly, there is increased consumption of medication for these conditions which may have various side effects on the oral cavity like, xerostomia, xerostomia-associated root carious lesion, increased plaque deposition, and associated periodontal diseases. There is a negative effect of oral diseases on quality of life. Impaired oral health and loss of teeth directly affect the diet, nutrition, sleep, psychological status, and social interaction and restrict major oral functions. Oral problems associated with the older population may include: loss of tooth/teeth, root surface carries, wear and tear of teeth, pain at

temporomandibular joints, various soft tissue and tooth-related aesthetic issues, etc.

Although there is an increased geriatric population in Nepal, there is a lack of proper dental facilities. Due to a lack of proper dental education, awareness about oral health, and poor socio-economic status, dental treatment is their last priority. There is also an absence of proper health facilities in rural areas. For a proper treatment of the geriatric population, following things should be evaluated: expectation and treatment desire of patients, type and severity of patients dental problems, patients expectations regarding function, aesthetics, impact of problems on oral health related quality of life, prognosis of present dental status, availability of reasonable and less extensive alternatives, ability to tolerate treatment stress, financial status of patient, physical, psychological, and financial support from family members, patients ability to maintain oral hygiene.<sup>4</sup>

With the increase in the number of adult populations, there is an exponential increase in the prevalence of the periodontal disease. So, to treat oral health-related problems in the older population, the dental awareness among the population of the city to rural areas, and availability of dental health facilities in every part of the country should be increased.

There is a lack of a proper education system in dental undergraduates (UG) as well as in postgraduates (PG) regarding proper geriatric oral treatment and oral health care. There are nine divisions of dentistry in Nepal: Oral Medicine and Radiology, Oral and Maxillofacial surgery, Conservative Dentistry and Endodontics, Periodontology and Oral Implantology, Prosthodontics and Maxillofacial Prosthetics, Orthodontics and Dentofacial Orthopaedics, Paedodontics and Preventive Dentistry, Community and Public Health Dentistry, and Oral Pathology and Microbiology. Until now Forensic Odontology is studied under Oral Pathology and Microbiology. In the current scenario, the curriculum of undergraduates and postgraduates only focusses on prosthetic rehabilitation of the geriatric population although the periodontal disease is considered a major risk factor for tooth loss in older age.

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The term geriatrics has originated from a Greek word “GERON” meaning, old man’ and IATROS” means healer. “Geriatric dentistry is the delivery of dental care to older adults involving diagnosis, prevention, and treatment of problems associated with normal ageing and age-related diseases as part of an interdisciplinary team with other health care professionals”.<sup>5</sup> Geriatric dentistry is not a recognised speciality in dentistry, and ‘geriatric periodontology’ is a descriptive title.<sup>6</sup> Due to increased population of the geriatric population and the increased prevalence of periodontal disease and associated tooth loss, there is a requirement of separate branch in dentistry which deals with periodontal diseases and its impact on oral health related quality in older population.

There are various advantages of the development of geriatric periodontology as a separate branch: the proper development of curriculum for UG as well as PG for comprehensive geriatric care, improvement periodontal treatment skills of both UG and PG students, increased awareness among the geriatric population regarding proper periodontal care, increased availability and accessibility of oral health care facility to the geriatric population.<sup>4</sup> Since periodontal disease is a multifactorial disease, geriatric periodontology allows interdisciplinary management of both dental and medical problems. Also, allows for improvement in communication among dental and medical professionals.

With the increase in the adult population, there is increased prevalence of periodontal disease which may deteriorate the oral as well as general health-related quality of life. To overcome this problem, different dental societies, dental associations, and different universities should focus on the development of geriatric periodontology as a separate branch of dentistry. Periodontists should be aware of the negative impact of periodontal disease on general health and should modify their treatment plan accordingly. Not only periodontists, but all dental professionals should be aware of the need of elderly people, and their treatment requirements and should be able to provide the necessary infrastructure and proper comprehensive treatment with a proper positive attitude.

*‘While wrinkles and graying are inevitable with age, tooth loss is not. Let us provide collective effort for the betterment of our older generation regarding physiological, functional, psychological, and aesthetics requirements.*

We recommend all the concerned authorities take necessary action for the development of geriatric periodontology as a separate branch of dentistry so that a holistic approach can be implemented for the proper management of geriatric patients with periodontal problems, which is the need of the hour.

## REFERENCES

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