

ERO-WG “Ageing Population”

Report ERO plenary session Salzburg

- **Introduction**

The proportion of elderly people in the population of most European countries is steadily increasing (WHO, FDI etc.)

Oral health is an integral part of general health and affects physical and mental wellbeing and quality of life of elderly persons.

The problems in the oral health of seniors result from chronic disease and medication, accompanied by physical disability or cognitive impairment as well as the lack of good oral hygiene.

Elderly patients have more teeth but are less able to take care of themselves and their needs are more diverse.

The most important challenge is maintaining oral health and providing care to the no-go patients.

Recommendation prepared by the WG members:

- **Education**

To provide quality oral health care to the elderly, it is important to focus on **education** in geriatric dentistry.

Geriatric dentistry should be incorporated into undergraduate (basic education) and postgraduate dental curricula.

It is necessary to have knowledge about variations in biological ageing and to be able to differentiate between normal ageing-associated changes and the pathological effects of diseases.

The education program should be launched to increase public awareness about **the relationship between oral health and overall health**. There should be specific emphasis on the connection between poor oral health and serious disease and resulting lower quality of life in the elderly population.

The education program should include user-friendly educational materials that would be readily available online for those caring for elderly persons at home.

The staff in a long-term care facilities should be educated on the importance of thorough daily oral care for residents and trained to provide that care.

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- **Dental care**

Prevention before intervention.

The impaired health of elderly people causes deterioration of their oral health status, which then acts to make worse the existing chronic diseases.

The inclusion of oral problems associated with age in the general health promotion programs facilitate the development of health care focused on dental care in elderly people.

An **individual** oral health plan should be developed accordingly taking into account the minimally invasive procedures as well as expectations and capabilities of the patient. The essential is to focus on dental treatment, which is specific to particular levels of patient's dependency.

Dentists may need to consult the development of the appropriate personalized treatment plan with the patient's GP or other specialists.

The dentist needs to adjust from a treat everything philosophy to treating and restoring what is necessary for the patient's comfort.

The initial treatment provision can be modified in the future to allow easier maintenance especially for those who may develop severe dementia or difficulties in maintaining appropriate self-care.

It seems necessary to include a dental check-up into the schedule of general medical examinations of the residents in the long-term care facilities, performed at least once a year with a follow-up procedure. This dental examination would determine the need for specific preventive services in oral hygiene or restorative treatment by a dentist.

Twice daily oral health care must be provided to all long-term care residents who are unable to manage their own care and there should be clear standards established pertaining to this.

Conclusions

Impaired oral function represents one of the most common and potentially serious problems contributing to the deterioration in the quality of life of elderly people.

The attention should be focused on developing a more systematic, evidence-based approach to assessing and delivering care to elder dental patients, which are specific to particular levels of dependency.

Anna Spialek/ Philippe Rusca 20.3.2018

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