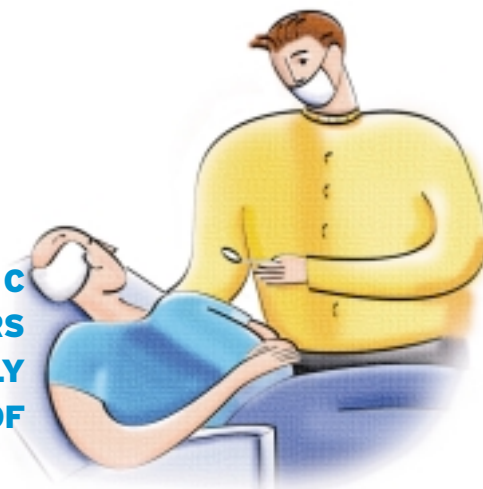


Dental Care for the Senior Patient



THE 20TH CENTURY WAS WITNESS TO A DRAMATIC INCREASE IN HUMAN LIFE EXPECTANCY, FROM 47 YEARS IN 1900 TO 74 YEARS IN 1999. WITH APPROXIMATELY 13% OF THE POPULATION CURRENTLY OVER THE AGE OF 65, WHAT CAN WE EXPECT IN THE 21ST CENTURY?



As the leading edge of the baby boomer cohort reaches the age of 65 in the year 2011, we can expect our society to “gray” with a rapidly increasing pace. By the year 2030, when the last of the baby boomers have passed this milestone, fully 20% of the population will be over the age of 65. Moreover, thanks to the widespread use of fluoride, the seniors of tomorrow can expect to reach this age with a dentition that is virtually intact.

Members must be prepared to meet the particular needs of senior dental patients. While older adults are living longer, they do so with a variety of chronic illnesses, managed with a growing number of new medications. Depending on age, relative health and circumstance, senior patients may live independently in the community, be homebound, or reside in long-term care facilities. Such a heterogeneous population will offer a tremendous challenge to our profession, as well as significant opportunities.

With this in mind, the advisory board to PEAK is pleased to offer the following article: Aging and Oral Health for the 21st Century, from the journal of General Dentistry (September-October 2000). The article describes trends in health and wellness among older adults that will affect the

use of dental services, reviews risk factors that may increase oral diseases in seniors, and concludes with opportunities for dental leadership to improve the oral health of aging patients.

Key points to consider:

- The most common chronic conditions experienced by seniors include arthritis, hearing impairment, heart condition and hypertension. Each of these conditions suggests modifications to the manner in which the dental care of such patients should be approached.
- While seniors comprise approximately 13% of the current population, they consume 30% of all prescription medications. The dentist should be aware of all medications taken by the patient, as well as their possible side effects. For example, xerostomia is a potential side effect of over 400 medications.
- The use of certain dental aids should be considered for this age group. For instance, the patient living in a long-term care facility may require an aggressive preventive regimen, including the use of an electric toothbrush, fluoride gels, chlorhexidine rinses and saliva substitutes.

- Significant opportunities exist to improve the oral health and quality of life for seniors, including the use of alternate methods of dental care delivery to this population. Perhaps the greatest opportunity lies in the dentist’s ability to assume a leadership role and educate fellow health care practitioners, including nurses and physicians.

PEAK (Practice Enhancement and Knowledge) is a College service for members, whose goal is to regularly provide Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from the dental literature around the world. It is important to note that PEAK articles may contain opinions, views or statements that are not necessarily endorsed by the College. However, the PEAK advisory board is committed in its desire to provide quality material to enhance the knowledge and skills of member dentists.

If you have any suggestions for subjects to be addressed by PEAK, or questions about this membership service, please contact Dr. Michael Gardner, Assistant to the Registrar, Dental at 416-934-5616, toll free at 1-800-565-4591, or by e-mail at mgardner@rcdso.org.