

# بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



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# **Geriatric patient**

**Gerodontology:** Branch of dentistry that deals with the oral health problems of the old people. One of the problems of aging is that some of the bodily functions don't maintain their efficiency. Aging is a natural process. Old age should be regarded as a normal, inevitable biological phenomenon. As a result of the advances made in medicine and public health measures in the last half of the 20th century, there is a substantial increase in the life span of man. Elders above 65 years (old age) have health problems as a result of aging process, which calls for special consideration.

## **The “Elderly” Segment of the Population:-**

- 1- People aged 65-74 years are the new or young elderly who tend to be relatively healthy and active.
- 2- People aged 75-84 years are the old or mid-old, who vary from those being healthy and active to those managing an array of chronic diseases.
- 3- People 85 years and older are the oldest-old, who tend to be physically frailer. This last group is the fastest-growing segment of the older adult population.

## **The Aging Patient Usually Fits into One of the 3 Groups:**

- 1- Those who are well preserved physically and emotionally.
- 2- Those who are really aged and chronically ill.
- 3- Those who are fall between two extremes.

## **The Changes In Geriatric Patients Can Be Classified As:**

### **1- Physiologic**

- loss or graying of hair.
- loss of teeth.
- diminished of senses of light, hearing and taste.
- skin become thin, wrinkled and dried.
- Naso-labial groove deepens which produce a sagging look to the middle third of the face.

## **2- Psychological**

**Can be classified into 3 groups:**

- A- Realists : Philosophic and exacting type.
- B- Resenters: Indifferent and hysterical.
- C- Resigned : Vary in their emotional and systemic status.

## **3- Pathologic:**

**Pathologic disorders or changes most frequently encountered are:-**

Metabolic, Skeletal, Muscular, Circulatory and Neoplastic.

**The principle cause of disability in persons of 65 years and above are :**

- Heart disease.
- Hypertensive vascular disease.
- Tuberculosis.
- Disease of the bones and joints, accidents , nephritis , diabetes, cancer and eye diseases.

## **Oral Health Status in Aged**

### **1- Nutrition in Old Age and Its Implications for Oral Care:**

- Adequate nutrition is a vital factor in promoting the health and well-being of the aged.
- Inadequate nutrition may contribute to an accelerated physical and mental degeneration.
- Poor oral health can be a detrimental factor to nutritional status and health.
- Disorders of the oral cavity have contributed to poor eating habits in the elderly.
- Loose painful teeth or ill-fitting dentures may result in a reduced desire or ability to eat.
- A compromised nutritional status, in turn can further undermine the integrity of the oral cavity are closely interrelated, diet and nutrition should be considered as an integral part of the oral health assessment and management of the elderly.
- Although chewing efficiency and nutritional status improve when inadequate dentition or edentulousness is corrected with partial or complete dentures, with these replacements, mastication is less efficient than with intact natural dentition.

- Denture status may contribute to dietary changes to soft; easily masticate certain foods, which are often high in fermentable carbohydrates that may predispose to the development of root caries lesions.
- The dentists are hence in an ideal position to contribute to the well-being of the elderly population.
- Dentists should be alert to nutritional risk factors in the elderly population and by careful screening can intervene in the early stages of nutritional problems when such interventions can be most valuable and effective.

**2- Changes in Salivary Glands and Salivary Secretion With Aging:**

- With advancing age, there is an atrophy of tissue, a proliferation of ductal elements and some degenerative changes in the major salivary glands. These alterations tend to occur linearly with increasing age.
- Minor salivary glands also undergo similar degenerative changes with advancing age. Thus, there is a normal, uniform decrease of salivary gland tissue accompanying the aging process. As the serous gland decrease in activity the saliva become more mucous and soapy.
- The main oral health problems of old age that is mouth dryness and dental caries have been attributed to the reduced salivary flow.

**3- Age Changes in Oral Mucous Membrane:**

- The oral mucosa performs essential protective functions that profoundly affect the general health and well-being of the host.
- A decline in protective barrier function of the oral mucosa could expose the aging host to myriads of pathogens and chemicals that enter the oral cavity during daily activities.
- The thinning of mucous membrane of the geriatric patient allows **Fordyce spots** (White –yellow bumps enlarge oil glands) to become more apparent.

**4- Changes in the Teeth With Aging**

- The gradual changes taking place in the dental tissues after the teeth are fully formed are referred to as age changes.
- Most of the tissues have a physiological turnover of their components but however, some tissues do not exhibit any turnover such as the enamel.

**A two age dependent change takes place in dentin**

- 1- Continued growth, referred to as physiological secondary dentin formation.
- 2- Gradual obturation of the dentinal tubules referred to as dentin sclerosis.

**The dental pulp** in teeth from old individuals differs from that in younger teeth by having more fibers and fewer cells, and hence reduces in volume.

**Cementum** apparently continues to be laid throughout life, but the rate of formation diminishes with age. Under some circumstances, excess amounts of cementum may be formed (hypercementosis) associated with accelerated elongation of an unopposed tooth or to an inflammatory stimulus.

5- **Tongue:**

- Macroglosia usually result from relaxation of the tongue musculature. This occurs in disturbance of the endocrine glands as hyperpituitarism, however ,the extraction of mandibular posterior tooth allows the musculature to relax and preferably the most prevalent etiologic factor.

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