

Elderly Dental Patient

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Ageing is physiological and continuous process affecting all humans. According to the UN, individual life span, depending on where he or she was born, the newborns in 29 high income countries of the world have an average life expectancy of 80 years or more. On the contrary, the newborns in 22 countries, all of them in sub-Saharan Africa have life expectancy of less than 60 years. Chronic diseases, low income and social status of the elderly, together with physiological changes caused by ageing, affect the condition of the stomatognathic system and oral health. In gerodontic and geriatric patients their health disorders overlap and interferes with their dental care. Consumption of numerous and different medications interfere with medications used in dentistry. Their physical frailty is limiting their mobility, making health care facilities less accessible comparing to the other patients. Elderly patients face the lack of motivation, often related to different problems, whether financial or psychological, associated with depression which is more common condition in the aged. Other difficulties include adaptation to new prosthodontic appliances, compounded by communication difficulties resulting from pre-existing permanent damage of sensory organs as a part of the ageing process. Alzheimer's (AD) and Parkinson disease (PD) are major neurological disorders of elderly and the most common causes of dementia, associated with loss of memory and cognitive functions. These patients have a great problem of maintaining oral health and oral hygiene, depending on the family or auxiliary medical staff in nursing homes. Our duty is to teach family members and auxiliary medical staff to provide proper oral hygiene in these patients to prevent deterioration of oral and general health. Accumulation of debris and plaque around the cervical tooth portions, can cause severe health hazards leading to stroke, heart problems and aspiration pneumonia. Therefore elderly dental patients are complex patients, requiring multiple and mutual therapy of all branches of dentistry and general medicine, supported by the providing high quality service of oral hygiene from the oral hygienists or auxiliary medical staff at the residential homes.

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