

Geriatric oral health care: addressing the unique endodontic needs of aging populations.

Inger Wilhelmsson*

Department of Dental Medicine, Karolinska institutet, Sweden

Introduction

Geriatric oral health care is an essential aspect of overall health management for aging populations, particularly concerning endodontics, which focuses on the treatment of dental pulp and root canal systems [1]. As individuals age, their oral health needs become increasingly complex due to various factors, including physiological changes, chronic diseases, and socioeconomic challenges. Addressing these unique endodontic needs is vital for improving the quality of life and maintaining the overall health of elderly patients [2].

One of the primary challenges in geriatric endodontics is the anatomical and physiological changes that occur in the teeth as individuals age. Teeth may exhibit increased wear, pulp chamber shrinkage, and calcification of the root canals, which complicate the diagnosis and treatment of endodontic issues [3]. Aging also affects salivary production, leading to dry mouth (xerostomia), which can increase the risk of dental caries and complicate root canal treatments. Therefore, a thorough understanding of these changes is essential for endodontists to provide effective care tailored to older adults [4].

Moreover, older patients often present with comorbidities such as diabetes, cardiovascular diseases, and osteoporosis, which can impact their dental treatment outcomes [5]. For instance, diabetes can impair healing and increase the risk of infection post-treatment, while cardiovascular conditions may require special considerations during procedures. It is crucial for dental professionals to collaborate with other healthcare providers to create a comprehensive treatment plan that addresses both dental and medical needs [6].

In addition to medical considerations, the socioeconomic status of elderly patients can significantly affect their access to dental care. Many older adults face financial constraints and may not prioritize dental visits due to limited insurance coverage or high out-of-pocket expenses [7]. These barriers can lead to delayed treatment, resulting in more complex dental issues that necessitate more invasive and costly interventions. Dental practitioners must advocate for better access to geriatric dental care, including outreach programs and affordable treatment options [8].

Furthermore, psychological factors such as anxiety and fear related to dental procedures can deter elderly patients from seeking necessary care [9]. Dental professionals should

employ a patient-centered approach that includes effective communication, empathy, and reassurance. Creating a comfortable and supportive environment can help alleviate anxiety and encourage older adults to pursue essential endodontic treatments [10].

Conclusion

Addressing the unique endodontic needs of aging populations requires a multifaceted approach that considers the physiological, medical, socioeconomic, and psychological aspects of geriatric care. By embracing these complexities, dental professionals can improve treatment outcomes, enhance the quality of life, and promote the overall well-being of older patients, ensuring they receive the comprehensive oral health care they deserve.

References

1. Chávez EM, Wong LM, Subar P, et al. Dental care for geriatric and special needs populations. *Dent Clin North Am.* 2018;62(2):245-67.
2. Al-Nasser L, Lamster IB. Prevention and management of periodontal diseases and dental caries in the older adults. *Periodontol 2000.* 2020;84(1):69-83.
3. Ettinger R, Marchini L, Hartshorn J. Consideration in planning dental treatment of older adults. *Dent Clin North Am.* 2021;65(2):361-76.
4. Shay K. Identifying the needs of the elderly dental patient: The geriatric dental assessment. *Dent Clin North Am.* 1994;38(3):499-523.
5. Brennan LJ, Strauss J. Cognitive impairment in older adults and oral health considerations: treatment and management. *Dent Clin North Am.* 2014;58(4):815-28.
6. Zarb G, White SN, Creugers NH, et al. Prosthodontics, endodontics, and other restorative care for frail elders. *Gerodontology.* 2010:211-35.
7. Greene VA. Underserved elderly issues in the United States: burdens of oral and medical health care. *Dent Clin North Am.* 2005;49(2):363-76.
8. Manski RJ, Cohen LA, Brown E, et al. Dental service mix among older adults aged 65 and over, United States, 1999 and 2009. *J Public Health Dent.* 2014;74(3):219-26.

*Correspondence to: Inger Wilhelmsson, Department of Dental Medicine, Karolinska institutet, Sweden. E-mail: wilhelmsson@ki.se

Received: 26-Aug-2024, Manuscript No. AACDOH-24-151283; Editor assigned: 27-Aug-2024, Pre QC No. AACDOH-24-151283(PQ); Reviewed: 10-Sep-2024, QC No. AACDOH-24-151283; Revised: 16-Sep-2024, Manuscript No. AACDOH-24-151283(R); Published: 23-Sep-2024, DOI: 10.35841/aacдох-8.5.223

9. Imfeld TN. Prevalence and quality of endodontic treatment in an elderly urban population of Switzerland. *J Endod.* 1991;17(12):604-7.
10. McQuistan MR, Qasim A, Shao C, et al. Oral health knowledge among elderly patients. *J Am Dent Assoc.* 2015;146(1):17-26.