Gerodontology: time to think again

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As the articles in this issue clearly illustrate, the ageing population is now impacting on almost every area of clinical dentistry. Whilst older patients traditionally attended their dentist to have new complete dentures constructed, we are now seeing the emergence, and the consequences, of a partially dentate older population. Despite the clear clinical challenges of managing this patient cohort, gerodontology is not currently regarded as a clinical speciality in the United Kingdom. In many institutions gerodontology sits somewhere between restorative dentistry, special care dentistry and prosthodontics. This is also reflected in how training in gerodontology is delivered with few universities throughout Europe teaching the topic as an independent subject and a small minority offering postgraduate training (1). Consequently new graduates are often unprepared to meet the oral health needs of older adults.

Within primary care, clinicians are faced with the same challenges. Currently renumeration schemes for primary care dentistry are focused on generating a large amount of patient throughput within dental practices. Given the increasingly complex nature of our older patients these schemes do not lend themselves to clinicians providing high quality, dedicated care to this patient group. Funding models need to be re-imagined to encourage general dental practitioners to devote the necessary time to manage older patients both within the dental practice and through domiciliary care when required.

Given the impact of the COVID-19 pandemic on residential and nursing homes it would be remiss not to draw particular attention to this patient group. Whilst in some areas the Community Dental Service and dedicated general dental practitioners provide excellent treatment for institutionalised patients, many do not receive even basic oral care. This patient group is also increasingly partially dentate and so extremely vulnerable to destructive dental diseases. Unfortunately without access to preventative care many of these patients will require hospital admissions to facilitate removal of carious teeth, which can be extremely upsetting for all involved. Dependent oral adults within residential care must have access to oral care, including preventative regimes administered by trained care staff. Provision of these services can be delivered by the broader dental team with input from dentists, therapists, hygienists and nurses.

As the proportion of older adults within the population continues to increase it is time that thought is given to developing gerodontology as an inclusive interdisciplinary hospital speciality and providing dedicated clinical training. Within primary care, clinicians must be allowed the time and resources to manage older patients appropriately with the support of hospital colleagues when required. For residential care homes we must ensure that oral health is treated with the importance that it deserves by engaging with care home management, providing training for care staff and instituting preventative programmes to help patients retain their natural teeth for the rest of their lives.

References:

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