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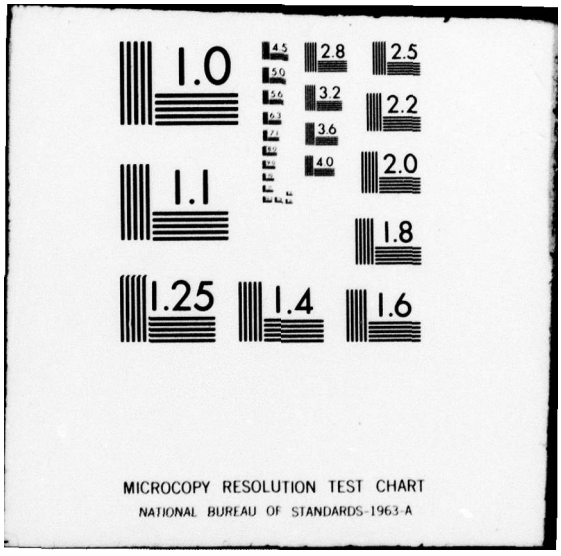
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The percentage of elderly patients the dentist will treat is constantly increasing. This paper evaluates current geriodontic educational programs. Suggested possible areas for improvement.

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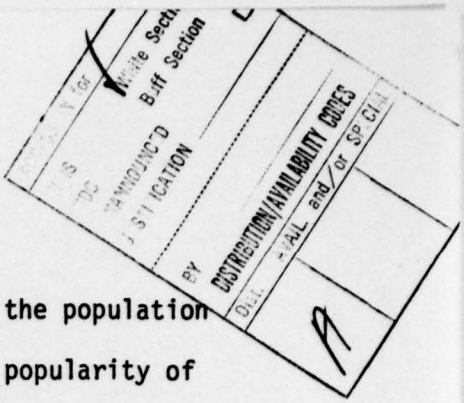
Evaluation of Geriodontic Education

In

The United States

Donald E.Vire,DDS



I. Introduction

The elderly have become an increasing percentage of the population during this century. A decline in new births due to the popularity of birth control methods and changing sociologic values; coupled with better health care and an increased life expectancy is drastically changing the number of older people the dentist will treat. The elderly; defined as that segment of the population age 65 and over, have grown from 3 million (4% of the pop.) to a current level of 22.9 million (10.7% of the pop.). By the year 2000, the number is expected to reach 30.6 million, constituting 11.7% of the total population.[1] A need exists to evaluate whether or not the dentist of today is being prepared to comprehensively treat this growing segment of the population.

While pursuing the undergraduate degree, most prospective dentists are encouraged to develop a broad educational base. Many students use this opportunity for electives in the liberal arts, including the disciplines of psychology and sociology. In addition to this opportunity for enlarging his horizons, the dental student is normally exposed to psychological and sociological considerations which will tend to influence the success of any treatment regimen during the normal dental school curriculum. Methods of motivation for plaque control, pain alleviation, and restful decorating of the dental office are among areas usually explored. It is generally stressed that the pedodontic patient is not simply a small adult but has problems and thought processes inherent to the individual age. Yet, little consideration is given to the special aspects of treating the older patient. This seems to be an area of dentistry that has not received enough emphasis.[2,3] The growing number

of elderly persons and rising incomes means we can expect a growing demand for more and better dental care. Basically, a new approach has to be developed. In a review of medical students attitudes toward the aged, Kutner[4] pointed out that the students attitude was generally negative. There was a reluctance to get too involved with geriatrics, they exhibited a preference for treating the young. She suggested that this attitude was really a denial of their own aging. The aged were viewed as individuals who were diseased as a consequence of their own actions and were less likely to follow advice. In order to combat such an attitude in dentistry it has been pointed out that we need to develop a dentist who is not only a diagnostician and a professionally competent therapist, but also a doctor who is politically informed, civically active, community oriented and socially conscious.[5] This goal can be met by strongly incorporating geriodontics into the dental curriculum.[2,6] We, as dentists, must have specific knowledge of aging as it applies to our profession. We must be aware of the falseness of myths such as: all older people are alike; that old age is a disease; and that physical limitations imply an inability to function.[7] There is a special body of knowledge concerning the health and physical status of the elderly that could be communicated to others as part of their education in various aspects of health care.[8] Dental health is only one facet of total general health, but its significance is enhanced by the multiplicity of its benefits. All values of good oral health apply to the elderly with increasing significance. The social and biological advantages of a healthy mouth are more needed and appreciated by the aged at a time in

life when biological and sociological effectiveness is waning.[9] We must be aware of those aspects of the geriatric which may modify the treatment regimen. Let us turn to a review of programs in dental education to see if the needs of the elderly are being adequately presented to the dental profession.

II. Program Evaluation

Recognizing that the elderly patient does have attributes which require special attention it is necessary to evaluate to what extent this knowledge is being brought to the attention of the practicing dentist. This can be evaluated in at least three ways; an evaluation of dental school curricula as published in dental school catalogs; a survey of practicing dentists; and an evaluation of the continuing education courses being offered to the dentist.

The increased presentation of geriatric material to the professional has been proposed by several authors.[10-13] To partially evaluate to what extent this is being addressed by the dental schools a survey was conducted of thirty randomly selected dental school catalogs.[14] In this survey, two standards of measurement were utilized. First, the curriculum was scanned to ascertain if a specially designated course in geriatric dentistry or dentistry for the elderly was offered. Of the thirty schools reviewed, only three met this criterion. In addition, all schools were evaluated for the presence of courses directly related to the pedodontic patient. All thirty schools, as might be anticipated, offered courses in pedodontics. This is a reflection of the historical view that pedodontic patients present special problems for consideration

to the practicing dentist while neglecting the special problems of the elderly. One could argue that aspects of the elderly are probably presented in dental school courses not specifically designated for that purpose. Perhaps this is true in some cases, but such a system would allow a great amount of latitude and it is highly likely that any presentation of geriatric material would suffer from an unorganized and patch work presentation. This would only perpetuate the present lack of awareness existent today.

Another area for evaluation is a survey of the dentist's attitudes towards geriatrics. It is felt that a lack of interest in an area can be related to lack of exposure to its relevancy. A 1975 survey[15] of dentists in upstate New York pointed out that geriatrics was one of the less favored areas of interest; along with special problems of the difficult child and community dentistry. These are areas which should be of great concern to the socially aware individual.

To complete the triad of evaluation, it is necessary to consider continuing education courses being offered to American dentists. There is at present an increased demand for the number of continuing education courses offered. This is accompanied by a serious questioning of the value of the learning experience provided.[16] Continuing education courses void of content are often highly rated due to showmanship of the speaker. What is really needed to evaluate these courses are studies actually relating the participants change in behavior to course content.[17] Yet, continuing education is very important since it is the medium through which the dentist can change both style and approach to dental

practice.[18] It is for this reason that courses with geriatric content should be available to the practicing dentist. The availability of such courses can be evaluated by surveying continuing education courses listed in tabular form in the Journal of the American Dental Association.[19] In this most important area we are again lacking, in the twelve month period surveyed there were only six courses in the geriatric field. This contrasts sharply with the forty-three pedodontic courses. It is even more significant that of these six courses, four of them were in the Eastern United States, leaving large sections of the country with no closely available opportunity for attendance.

This is something which should and will change in the future, this change could come from both public and governmental pressure.

III. Suggestions for Improvement

The first step to establishing effective geriodontic education in the dental school would involve implementing a department of geriodontics or initiating a definite program of geriodontology. This action would establish the field as one of equal importance in the mind of the student and would aid in securing an adequate part of the precious curriculum for geriatrics.

Approximately in the second year of dental school, a series of lectures should be presented on main aspects of geriatrics. This series should include such topics as: the nature of senescence; physiology of aging; sociology of the nursing home; sociology and psychology of the chronically ill; governmental dental programs as they apply to the elderly; common disease patterns of the elderly; and general characteristics of aging that require special consideration in treatment of the elderly.

This course would be followed by a clinical experience during the third year which would insure each student's opportunity to treat elderly patients in areas other than prosthetics. During the fourth year there should be a combined clinic and seminar approach. The clinical aspect should include visits to nursing homes to provide care through the use of mobile dental equipment. The seminars would review aspects of patient treatment and provide an opportunity for the dental student to develop a firm grasp of geriodontics.

This program would aid in familiarization of the dental student with the special problems and needs of the elderly with the goal of sensitizing them to their responsibility of providing services to a generally neglected population group. The entire nature of geriatric dental care must become more specifically directed to the areas of dental conservation and prevention. In this way the dental profession can replace the traditional exodontic solution to the dental problems of older patients.

The practicing dentist can not be neglected. There should be an expanded opportunity for investigation of the elderly through continuing education. Since the level of awareness in this area is currently low, a method would be needed to entice the dentist's participation in such courses. Most likely this could be provided for by: increasing the number of articles in the dental literature about geriatrics, by pointing out the economic benefits to be derived from expanding the private practice in this direction and by increased publicity of the geriatric courses. It might also be advantageous to have directors of nursing homes contact dental societies to arrange tours of the facilities or to speak at

regular meetings of the dental groups.

Through these methods it should be possible to raise the level of awareness of the dentist and dental student to the needs of our elderly citizens.

IV. Summary

The review of dental education as it exists at this time leads one to the conclusion that the geriatric patient receives scant attention. Yet, the most influential expression of the dental profession is the dental educational system, which must responsively and responsibly prepare new dental professionals with knowledge and skills traditionally required, as well as those anticipated for the future.

An outline for an educational program in geriodontics has been presented. If our dental efforts are as important to total health as they are intended and claimed to be, less than maximum skill and effort applied to any population group is unacceptable and professionally self-defeating. As the dentist becomes more socially and community oriented the improvement of dentistry for the elderly will follow. It is necessary to appreciate the aged as a resource of mankind, to adapt our methods to their difficulties, that have arisen not at their bequest, and to offer them the best dental care available.

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