

**LETTER TO THE EDITOR****Chile needs more and better Geriatric Dentistry.**

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The recent global report on aging and health published by WHO states that for the first time in history, most people can expect to live well into their sixties and beyond¹. The report also states that increased life expectancy, coupled with significant declines in fertility rates, is the cause of rapid aging of populations worldwide. In addition, the document presents a framework for action to promote healthy aging and suggests a change in health systems to a model of providing comprehensive long-term care, focusing on the elderly.

While the report considers oral health as an important component and recognizes the need to train health professionals in this field, it does not give any further details about it.

As health professionals we are aware of the need to take action and contribute to healthy aging, but in addition, it is also important to consider that disease patterns have changed and the number of people with severe chronic conditions and/or disabilities –who need daily care– has been increasing significantly.

In Chile people over 60 years account for 13% of the population, 12.4% of them have disabilities and severe dependence, the most challenging members of this age group.

As life expectancy in Chile is around 80 years and continues to rise, this percentage will also tend to increase rapidly. In 92.3% of the cases, a relative who has no formal training takes care of dependent patients. Caregivers are mostly women, daughters or wives, who are also approaching old age and usually feel overloaded by this responsibility. This in turn may accelerate and negatively affect their own aging process².

Dentists providing care to the geriatric population feel great concern about the lack of knowledge of oral health care for the elderly, by both the general public and health professionals, dentists in particular.

Aging involves multiple aspects, and oral health care should be provided by a multidisciplinary team, incorporating relevant clinical Geriatric Dentistry. Although

most dental schools in Chile include Geriatric Dentistry in their syllabuses, only 37% of them have a specific course for it, and more than half of dentistry teachers have no formal academic training in Geriatric Dentistry³. Thus, it is possible to infer that professionals responsible for disseminating the knowledge about oral health care for the elderly are not yet trained themselves in this subject, and therefore cannot train others; a challenge to be addressed in the near future.

Many people are still surprised to learn that a toothless person also needs oral hygiene. These people are usually the same family members in charge of giving care to a toothless elderly with different degrees of dependency. A recent study found that 41.1% of bedridden patients do not receive any oral care⁴.

The guide for the care of elderly dependents with loss of mobility developed by the Chilean Ministry of Health (MINSAL) aims to facilitate contact and training for caregivers provided by a health team⁵. The guide offers knowledge and skills to improve the quality of care and includes guidelines to give emotional and empathetic support to caregivers. Unfortunately oral hygiene is a topic that is scarcely covered (only half a page) and detection of pathologies is a direct responsibility of caregivers.

While the commitment and involvement of the caregiver are important, management of oral conditions is the responsibility of the dental team. A recent study of a particular case showed that oral precancerous lesions were not detected either by the bedridden patient in good cognitive conditions or by his/her caregiver, nor by the health care team. There were also active infectious foci, which involved a latent risk of bacteraemia⁴. Extremely poor oral health conditions were detected, with little chance of recovery, partly because of oral conditions and systemic involvement and partly because of the lack of national oral health coverage in health programs for older adults.

It is of utmost importance that Chilean universities train dentists to meet the challenges posed by this demo-

graphic change. As a result, today there are postgraduate diplomas at Universidad de Chile and Pontificia Universidad Católica de Chile, and a master's programme at Universidad de Talca. It is also necessary for the dentist to train the oral health care team in effective oral hygiene techniques and that this knowledge be transferred to caregivers in an effective and efficient way. Dentists should do home visits for the elderly performing diagnosis and including prevention and treatment to improve

the oral health of elderly dependents, contributing significantly to their quality of life. Chile needs more and better dental care in patients with degenerative processes and diseases affecting the elderly population.

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