

Pillars for a Successful Care of Geriatric Patients

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The purpose of this paper is to reflect about the importance of interprofessional work for elderly people. Dentists cannot look only at a mouth seating on the chair in the clinic, without a body. In fact, people have various dimensions, including their bodies, souls, and emotions. When a odontogeriatric assesses the health of an elder, they must take into consideration their physical, emotional and cognitive functions. In order to do that, there are a number of tools that can help establishing a diagnosis, treatment and recommendation for other healthcare professionals. To illustrate such instruments, one can mention KATZ - a simple questionnaire to evaluate the physical function. For the emotional component, the GDS (geriatric depression scale) provides a resourceful apparatus of getting to know the way the patient has been feeling towards his or her life in the past weeks. As per the cognitive aspect, the MMSE (Mini Mental Scale Examination) has helped many dentists to track any signs or symptoms of dementia so they can encourage the patient to look for further medical assistance. Without such tests, it can be very hard for dentists to make such suggestions, due to a resistance on the part of the patient's family to acknowledge any damage - emotional or cognitive. It seems easier for patients to accept recommendations of physicians that treat physical issues, for instance, cardiologists, pulmonologists, etc., than a psychologist, a psychiatrist or even a neurologist, for example. This paper will go over ten pillars to exemplify the complex network that embraces the life of the geriatric patient. The order and number of pillars are not meant to create a hierarchy or to exclude any other professional that will be part of this patient's life.

The pillars that will be highlighted here start with the medical doctor. Nowadays, lifestyle medicine is trending. In this specialization, doctors will not treat diseases, but will take care of the patient's health and habits - physical activity, meditation, quality of sleep, alimentation (a "colorful" diet, rich in natural products). Furthermore, making sure that the patient is keeping a good daily intake of water is fundamental, as well as considering humor, joy and whatever gives pleasure to one's life. During the first appointment, dentists must be aware of whether the patient lives alone, is married,

institutionalized, or those with whom he or she has relationships regularly. A study conducted over a period of almost 80 years at Harvard shows that solid communities help people to live longer and happier lives. Retirement is also a common topic among aging people, but physiological retirement is usually forgotten. An entire healthy life will lead to a healthy old age, but unstable, bad habits will most likely reflect on their final years (one reaps what one sows).

Moreover, one must remember that there is no pattern for elderly people. Many times each individual has one specific, unique pattern. With the increasing number of people living over 90 years old, individualized treatments have become more and more necessary, especially due to the lack of data in the literature for this age group. Elderly patients usually take a number of medicines for various health conditions. Getting to know all the medication that the patient takes will influence both on the diagnostic and the prognostic. Sometimes it determines the causes of certain conditions, other times it affects the decision-making process of the dentist. This interaction is a two-way street. On one hand, the dentist recommends the patient to the doctor; on the other hand, one should ask if doctors also have instruments to suggest that his or her patient goes to the dentist. Establishing a protocol for physicians asking about the oral health can prevent systemic diseases that could start in the mouth. Questions around hygiene, use of prosthesis, maintenance and frequency of visits to the dentist will certainly help all health care professionals [1-4].

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The second pillar is the physiotherapist, who assists a lot of elders once it is very common for them to have a change in posture. People tend to have age-related hyperkyphosis, which can make it difficult to position the patient during the appointment. Extra accessories, such as cushions, might give more comfort and stability to the elder on the chair. When dentists take into consideration the physiotherapist work, they need to think about their own posture and how he or she will have to work because many times it will not be possible to work in an ergonomic position, especially when the patient is on the wheelchair or bedridden. When the patient is one the wheelchair, sometimes he or she needs to be transferred to the dentist's chair with special care, and other times it is possible to adapt everything just to treat them (equipment, team, etc). The reflection proposed here is the communication between these two specialists should work well. The dentist can recommend the patient to GPR (global posture reeducation), other times for exercises related to TMJ (temporomandibular joint) issues or respiratory conditions [5-8].

The phonoaudiologist is also a very important partner, mainly in cases of patients who use dental prosthesis, for motricity, dysphagia, and exercises for aesthetic purposes. When the patient has a rehabilitation with removable prosthesis and dental implants are not indicated, the phonoaudiologist's opinion is essential. Sometimes the use of adhesives for dentures can also assist in the patient's treatment for both professionals.

The fourth pillar, the nutritionist, has a fundamental role especially for patients with advanced chronic diseases, such as Alzheimer's or Parkinson's, that can lead to dysphagia and, consequently, require a special diet with thickeners for beverages. Furthermore, nutritionists will assist on the assessment of micronutrients, recommending more healthy and organic alimentation, as well as the patient's hydration.

Dentists dealing with elderly patients must have good listening skills, paying attention to his or her patients' needs, complaints and gather the most information possible to suggest the best kind of treatment. Since depression is a very common disease among elders, dentists can use tools that help the dentist to recommend the patient to the fifth pillar — the psychologist. When the patient is already being treated, the dentist has to know exactly what kind of medication patients are taking so he or she can decide on the best available treatment.

Another thing that is important to highlight is the relationship between the dentist and the patient. Most times, the better the rapport the better the results. There are a lot of therapies that can be used to strengthen the patient's general health: acupuncture, laser therapy, aromatherapy, florals, and even hairstylists can assist on improving the patient's self-esteem.

Caregivers are another pillar that occupies a relevant place for dependent patients. First of all, for this kind of elderly patient, the dentist must know who is the legal responsible party who will sign off on any decisions. Aside from that, this person is not necessarily the same as the one tending to the patient's needs on a daily basis. As an intermediary between dentist and patient, this professional (who may or may not have been properly instructed), or sometimes even a family member, has to be taught how to take care of the elder's teeth or prosthesis, but also his or her own oral health. People will only pay attention to certain values when they are meaningful for themselves. Furthermore, nurses are another pillar for our present discussion. This professional who frequently works in hospitals and retirement homes, dealing with patients requiring special needs is sometimes also hired by the family and acts as a more specialized caregiver.

Occupational therapy, the eighth pillar, has also helped dentists with certain types of common problems among elders. If we have before talked about adaptations during the appointment with the dentist, this professional will help in adaptations for the patient's routine. This form of therapy assists those in recuperation from physical or mental illnesses, encouraging rehabilitation through the performance of activities required in daily life. A simple adaptation in the patient's toothbrush, such as enlarging the brush's handle, has shown significant improvement in both the patient's oral health and quality of life, allowing him or her more autonomy.

Exercising also provides more autonomy. Keeping a regular routine of working out, which can be through a personal trainer, going to the gym or taking classes, such as swimming or water aerobics, will guarantee a better physical and emotional health. The more independent the patient is, the more capable of responding positively to the dental treatment he or she will be.

Last, but not least, dentists need to have a good relationship with other dentists. Odontogeriatrics can act as good managers of complex cases, establishing a dialogue with other specialists within the dentistry field. Moreover, dentists do not work alone in the clinic: a well-trained team of interns are essential for good outcomes. When the patient uses prosthesis, a good conversation with dental prosthesis technicians is key. Finally, some elderly patients are no longer able to go to the dentist's office, so home care professionals' step into this person's life, providing some necessary treatments for the patient's oral health.

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