

Preface

Geriatrics: Contemporary and Future Concerns



Roseann Mulligan, DDS, MS
Guest Editor

The explosion in size of the elderly population in this country and throughout the world's developing countries is a phenomenon that is now widely recognized as being in its infancy. US Census predictions that the population aged 65 years and over will double from the 35 million of 2000 to 69 million by 2030 are well established. As more people are becoming elderly, they are entering these years with heightened oral health expectations and are seeking care in much greater numbers than did similarly aged cohorts of previous generations. What are the current issues and most recent findings with regard to care of elderly patients, and what might the future hold in terms of diagnostics and health issues for this population? This issue sets out to address these questions. At the same time, it is important to understand that not all elderly people are at a similar level of oral health care awareness, recognition of need, or access to services. The 2000 *Surgeon General's Report on Oral Health in America* (available at <http://www2.nidcr.nih.gov/sgr/sgrohweb/welcome.htm>) clearly demonstrated that minority populations in this country have poor oral health, and this is true of the minority elderly as well. In this issue, Dr. Veronica Greene provides an update on the status of the oral health of elderly minority populations.

Today's elders are affected by caries, periodontal disease, diminished salivary function, orofacial pain, and arthritis of the temporomandibular joint. Rigmor E. Persson and G. Rutger Persson discuss chronic periodontitis in the elderly, the dearth of periodontal research focused on the truly elderly, and the systemic implications of periodontal disease for this

population. Ralph H. Saunders and Cyril Meyerowitz consider the high prevalence of both coronal and root caries and current and future prevention and management methods. Jane C. Atkinson, Margie Grisius, and Ward Massey cover the conditions of salivary hypofunction and xerostomia, which can have a contributory role in the evolution of carious lesions; they also discuss the prevention and treatment modifications required to manage these conditions and their impact on each other. The clinical presentation and management of the most common temporomandibular joint conditions, including rheumatoid arthritis, osteoarthritis, and derangement, are the foci of the article by Jack S. Broussard. Glenn T. Clark, Hajime Minakuchi, and Ana C. Lotaif consider the clinical recognition and treatment of chronic orofacial pain, sensory disorders, and dyskinesias, which are found with some frequency in this population.

Many conditions covered in these papers will be managed by using medications that in and of themselves may be problematic for elderly patients or that may cause negative interactions when combined with medications prescribed by the dentist. Bradley R. Williams and Jiwon Kim remind us of medication usage patterns in the elderly, the adverse reactions that occur in this age group, and the dentist's role in recognizing patients and medications that are more likely to be at risk for negative outcomes.

As greater numbers of elders and their families seek dental care, there will be many who have developed chronic systemic conditions. Consultations with other health care providers and interdisciplinary teamwork will become crucial to managing the elderly patient's treatment. Samuel C. Durso discusses the interaction and consultation among the formal and informal members of the health care team that is needed to provide safe, effective, and appropriate care to the elderly patient.

With increasing age, the likelihood of cognitive decline also increases. Janet A. Yellowitz addresses this concern in her paper on cognitive functioning, how to recognize declines, and the impact these declines could have on ethical, legal, and care delivery issues.

As the older population expands, more elderly people will become residents of long-term care facilities. Michael I. MacEntee discusses the exceptional oral health findings related to this population and the present caregiving and management challenges. He proposes questions that need to be addressed in future studies if we are to improve the oral health of this vulnerable group.

To round out this issue, two articles discuss important developments in dentistry that are likely to have a proportionally greater impact on the elderly. The article by Yolanda Ann Slaughter and Daniel Malamud discusses the field of oral diagnostics and the role it may play in risk assessment, diagnosis of oral disease, and therapeutic drug monitoring for oral and systemic disease. The authors outline the benefits of oral sampling over blood or urine sampling. The article by Roseann Mulligan and Stephen Sobel addresses the all-important issue of osteoporosis, a condition that is

increasingly present with aging and causes bone fractures in one of every two women and one of every four men. Osteoporosis may be implicated in periodontal disease and may play a role in implant success; in the future, it may be routinely diagnosable through dental radiographs.

In summary, it has been our goal in this issue to provide readers with an update on the current issues in geriatric dentistry related to diagnosis and management of the most commonly occurring conditions. We have also described clinical concerns where the definitive answers are not yet available and for which we need additional research. Finally, we have given readers a glimpse of new diagnostic methods that may await the geriatric dentist of the future.

I offer thanks to all the contributors to this issue for working so diligently to bring readers the most up-to-date information.

Roseann Mulligan, DDS, MS
University of Southern California
School of Dentistry
925 West 34th Street
Los Angeles, CA 90089-0641, USA
E-mail address: mulligan@usc.edu