

## Geriatric Oral Health: The Prevention of Vulnerable Patients

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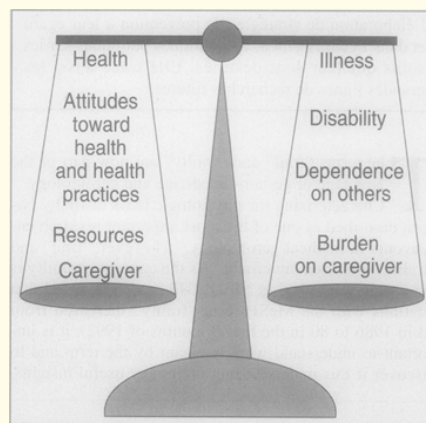
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Prevention plays a crucial role in maintaining the bucco-dental health of vulnerable patients. This group includes children, adults having no access (or restricted) access to dental treatments, adults over +65, living in EPHAD [(Nursing Home for Elderly Dependant Persons” or “Accommodation Facilities for Dependant Elderly”)]. They display frailty of elderly people, and/or patients needing specialized treatment, associated with general pathologies. It includes also the health of people living in economically-weak countries. Disease prevention is closely linked with aging. According to the WHO, the global population is increasing at the annual rate of 1.7%, while the population of those over 65years rises at a rate of 2.5%. Adult older than 80 years will make up to nearly 20% of the world population. Four grades of prevention have been characterized:

- Primary (primordial) prevention aims to prevent disease or injury before it occurs.
- Secondary prevention is oriented on the prevention of the disease already established and progressing. It aims to reduce the impact of a disease or injury that has already occurred, stopping the progression of a disease-oriented deterioration.
- Tertiary prevention aims to reduce the impact of an ongoing illness that has lasting effects, in order to improve their ability to function, the quality of life and life expectancy. There is a risk of recurrence of the disorder. This tertiary prevention is oriented on the prevention of the disease already established and progressing.

- Quaternary prevention: aims to identify patient at risk of over-medicalisation (excessive medicalization) and suggest interventions that are ethically acceptable, protecting patients from unnecessary or excessive interventions in the health system.



**Figure**

Toward caries and periodontal disease, preventive methods are using two methods. Firstly, the removal of soft carious dentin using hand instruments, keeping intact the partially demineralized affected dentin, and restoring the cavity with an adhesive material, namely glass-ionomer cements (GIC). These methods provide important regression or stabilization of the carious diseases. Tooth

brushing is an important factor of oral health, the bacterial film being responsible for the formation of caries and inflammatory periodontal diseases. Tooth brushing is effective in the reduction of caries, especially when fluoridated dentifrices are used. It is also effective in reduction of gingivitis, but not in aggressive periodontitis.

Prevention provides answers to the needs of patients presenting multiple caries, Simplified therapies are provided by the Atraumatic Restorative Dentistry (ART) or Minimal Intervention Dentistry (MID) [1,2]. Instead of the Black's classification of cavities [3], that implicate sophisticated dental chairs, high speed rotating devices, diamonds or carbide tungsten burs, and technics that are useful to prepare cavities. From class I to class VI, cavity preparation are both more destructive and implicate more expensive restorative materials (inlays, silver amalgam, and cements). Such treatments train to expenses. *Streptococcus mutans* and *Lactobacilli* are the two primary causative agents of dental caries. De-mineralization followed by re-mineralization are both implicated in the oral health equilibrium. Protective factors such as salivary flow, proteins, antibacterial components and agents, fluoride, calcium and phosphate, dietary components are protective factors. In contrast, a reduced salivary function and bacteria colonies (*Streptococci*, *Lactobacilli* and carbohydrates intake) favor caries development [4]. Changing the name "dentist" to the name "oral physician" would result in several benefits: dentists' being recognized as providers of services such as tobacco-use cessation, oral cancer screenings, nutritional counseling. The publics visiting dental professionals for service other than traditional dental procedures, the profession providing services outside of traditional dental procedures [5].

Concerning periodontal tissues, scaling and root planning, restraining the transformation of gingivitis into periodontal disease, are efficient [6,7]. Theses therapies contribute effectively to the prevention of the two major oral diseases [8].

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