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Introduction

One of the most pressing issues for the coming millennium will be the aging population, which is one of the most significant aspects of the 21st century worldwide. The proportion of children and adolescents in an aging population is decreasing, while the proportion of people aged 60 and older is rising¹. The term "Older" refers to people who are at least 60 years old, as defined by the United Nations [1].

Geriatric dentistry prosthetic: Geriatric dentistry prosthetic considerations in many industrialized societies, more than half of the elderly population is edentulous. Various systemic and local factors, as well as the individual's previous experience with dentures, influence treatment selection and prognosis. The most significant factors are as follows:

Ailment-causing conditions As a result, elderly individuals learn new muscle activity patterns and adapt to prosthetic treatment more slowly.

Changes in the mind: The outcome of prosthetic treatment may be hampered if elderly patients have mental health issues. It's possible for patients to develop completely erroneous notions of what prosthetic treatment can accomplish [3].

Changes in the physiological state of the mouth: Aging is characterized by progressive atrophy of the masticatory, buccal, and labial muscles. However, this process is frequently accelerated in denture wearers. Decay of the masticatory muscles may seriously lessen biting effectiveness, which can't be adequately worked on through prosthetic treatment. Instead, it's important to show the person how to eat a healthy, easy-to-digest diet.

Xerostomia, or reduced salivary secretion, is frequently a complicating factor in debilitating diseases like diabetes or psychotropic treatment. It causes traumatic lesions and infections

of the oral mucosa as well as widespread caries and loss of denture retention. People with xerostomia who wear dentures should practice meticulous oral hygiene in addition to using mouthwashes containing chlorhexidine and using artificial salivary substitutes on a daily basis to reduce the risk of complications [4].

Segment upset: Around the world, the extent of individuals matured 60 years and over is becoming quicker than some other age bunch. The "greying" of the world's population will be caused by an increase in longevity and a decrease in fertility rate². With 77 million people over the age of 60 in 2001, India now houses 17% of the world's population, compared to China's 127 million. India's elderly population grew from 7.5% of the total population in 2001 to 8.2% in 2011. Around 78% of the Indian older populace lives in country regions. 80 percent of people over 70 who had been married were widows, and 27 percent were widowers³. 4. Changes in society and finances In addition to demographic shifts, India's elderly face a number of social and financial obstacles. Some of the challenges include shifts in cultural beliefs and values, weaker family and social welfare systems, and a lack of financial security. Public health is facing significant difficulties as a result of youth dependency, the decline of traditional extended family systems as a result of rural to urban migration, and the rising cost of health care [5].

Financial and social shifts: Due to the generation gap and shifts in lifestyle, older people are experiencing social exclusion and insecurity. Additionally, an increase in chronic functional disabilities with an increased lifespan necessitates assistance with daily living activities. The traditional system of "the lady of the house" taking care of the older members of the family at home is losing popularity. Elderly women suffer more than men because they frequently lack a source of income and are reliant on their spouses for all of their essential needs. Elderly

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Regular dental check-ups and cleanings are also important components of preventive care.

Restorative and prosthetic solutions: Geriatric dentistry offers various restorative and prosthetic treatments to address tooth loss, dental decay, and other oral conditions. These may include dental fillings, crowns, bridges, dentures, and dental implants. The goal is to restore oral function, improve aesthetics, and enhance overall oral health.

Conclusion

The underestimation of the oral health care requirements of the elderly and residents would be the primary obstacle to their care. The residents' dental care is typically limited to treating emergencies and does not aim to retain teeth. On the other hand, the goal of oral health should include: Keeping their teeth, keeping their teeth solid and keeping their teeth pretty."Home dentistry or domiciliary dental care" would be the best option for serving the locals, but it is still uncommon in India. Studies ought to be led in this area regularly to recognize the occupants needing oral consideration surrounding nursing homes, advanced age homes, ashrams, secure units, and local area families.

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References