



Review Article

Geriatric psychology: A prosthodontist outlook- Let's read the mind

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ABSTRACT

With the advancement in health and medical field person life expectancy has increased. Thus, in India as being developing country two-third of population is elderly. With the increase in the life span, chronic disease plays significant role and the dental diseases are the most prevalent chronic condition. Diagnosis and treatment planning for the elderly must include considerations of the biological, psychological, social and economic status of the patient in addition to the obvious dental problems. By breaking down the patient psychology to its component parts, it is easier to obtain a clear picture of this special cohort of patients. Considering the increase in number of geriatric edentulous patients, knowledge will help the prosthodontist serve the geriatric population better. Theoretical approaches are now replaced by practical approach of patient management. The aim of this article is to provide a review of the psychological factors involved in the dental treatment and methods to develop a right dental attitude.

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1. Introduction

The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in future. According to census 2001, older people were 7.7% of the total population, which increased to 8.14% in census 2011. The projections for population over 60 years in next four censuses are: 133.32 million (2021), 178.59(2031), 236.01 million (2041) and 300.96 million (2051). The increase in the elderly population are the result of changing fertility and mortality regimes over the last 40-50 years.^{1,2} There is decline in edentulism yet still there are oral health conditions that persist with age, such as caries, tooth loss and increased needs for prosthodontics treatment. Several factors should be taken into account in geriatric prosthodontics care, including quality of life and psychosocial needs. Elderly people are highly susceptible to mental morbidities due to ageing, problems associated with physical health, socio-economic factors such as breakdown of the family support systems and decrease in economic independence. The mental disorders that are frequently

encountered include are dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium and mental psychosis.³ So, prosthodontist are hence in an ideal position to contribute to well-being of elderly population.

1.1. Prosthodontic considerations in geriatric patients

In many industrialized areas, more than 50% of the elderly population are edentulous.⁴ Various factors local or systemic determine the prognosis of patient's treatment plan like:

1. Oral physiological changes: With the ageing, there is progressive atrophy of masticatory, buccal and labial musculature. Patient wearing dentures this process is accelerated. In progressive ageing there is atrophy of masticatory muscles which in resultant decreases the efficiency of chewing effecting the quality of life of patient.
2. Debilitating Diseases: Geriatric population usually neglect prosthetic care which they require the most at that point of time. Person's general health is always the

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priority but the oral problems should not be neglected. For a chronic ill patient, maintenance of oral hygiene is a way to control and prevent the progress of diseases like caries and periodontal problems.⁵

3. Neurophysiological changes: Functional elements in the central nervous system degenerate with advancing age. These changes limit the person's capacity to acquire new muscle activity pattern in brain. So, elderly people adapt slowly to prosthetic treatment modalities as it take more time to adapt to new muscle activity pattern which is being provided by prosthodontist as new oral rehabilitation.
4. Mental changes: In ageing population there is presence of mental disorders due to various physiological or biological causes which may complicate the prosthetic treatment outcome.

The effect of prosthetic management in geriatric dentistry is determined by various factors like patient's cooperation, mental attitude, bio physiological changes due to ageing, financial resources etc.

1.2. Determining the mental attitude of elderly patients

So, mental attitude is one of an important factor in planning the treatment and improving its outcome. According to literature various researchers have found various classification of mental attitude of the elderly patient for prosthodontic treatment. Dr. M.M. House contributed in detailed expansion of classification and popularization of this system.⁶ Jamieson stated that "fitting the personality of the aged patient is often more difficult than fitting the denture to the mouth".⁷

Various classifications for determining mental attitude of elderly patients are as follows:

1.2.1. House classification:⁸

A classification system based on the basis of patient's psychological responses to becoming edentulous and adapting to dentures. Relying strictly on his clinical impressions, House classified patients into 4 types: philosophical mind, exacting mind, hysterical mind, and indifferent mind.

- a) Philosophical patient: The best mental attitude for denture acceptance. Patient is rationale, sensible, calm and composed and willing to rely on the prosthodontist's advice for diagnosis and treatment.
- b) Exacting: All good attributes of the philosophical patients however he/she may require extreme care, effort and patience on the part of prosthodontist. Patient is methodical, precise and accurate and at times makes severe demands. Above intelligence often dissatisfied with past treatment and once satisfied an exacting patient may become the practitioner's greatest supporter.
- c) Hysterical: Emotionally unstable, excitable and exces-

sively apprehensive. Have negative attitude, often in poor health, are poorly adjusted, often appear exacting but with unfounded complaints, have failed at past attempts to wear dentures, and have unrealistic expectations. Prognosis is poor.

d) Indifferent: They have questionable or unfavourable prognosis. Patients are apathetic, uninterested, lacks motivation, pays no attention to instructions and do not cooperate.

There was reason for reevaluation of House classification as it provides little attention to how the patient's reaction and behaviors are codetermined by the treatment and behaviour of the dentist.

1.2.2. Winklers calssification:⁶

- a) The Hardy elderly: Well-preserved physically and psychological, are active in their professional and social lives and quickly adapt to their age changes.
- b) The Senile aged syndrome: Individuals who are disadvantaged emotionally and physically and may be described as handicapped, chronically ill, disabled, infirm and truly aged.
- c) The Satisfied old denture wearer: Patients are satisfied with old dentures in spite of severe problems. Have learned to live them and are happy with them.
- d) The Geriatric patient who does not want dentures: An elderly person who has been without teeth for many years and has no desire for complete dentures and lacks motivation.

Last two categories have poor prognosis for prosthetic treatment.

1.2.3. Gamer classification:⁸

Simon Gamer et al in 2003 presented an expansion of House classification to include the behaviour of the dentist as a co determiner of the patient's behaviour. It is based on two factors:

- a) The level of the patient engagement with the dentist and treatment process exists along a continuum from completely over involved (+++++) to disengaged(+).
- b) The level of the patient's willingness to submit (trust) also exists along a continuum from willingness to submit to the dentist's recommendations without a second thought (+++++) to intense reluctance to do anything the dentist recommends (+).

1.2.4. Heartwell classification:^{9,10}

- a) The realists: These are philosophical, exacting type, alertness to change and realism in accepting to enjoy their old age. Take pride in their appearance and practice good oral hygiene, seek dental care and accept a proper diet.
- b) The resenters: Indifferent, hysterical types, resent and resist aging and consequently become psychologically involved. This change is one of involution, a reversal of

development that is referred to as 'second childhood'.

c) The resigned: Vary in their emotional and systemic status. Passive submission of this group does not always lead to successful prosthodontic results and is frustrating.

1.2.5. Suzanne Riechard classification:¹¹

a) The mature group: Well-integrated persons with self-awareness, satisfied people, realistic, flexible and adaptive and accept the normal physiological changes.

b) The rocking chair group: Passive dependers that tend to lean on others for material and emotional support. Little satisfaction in work, impulsive, extravagant, tendency for excessive eating and drinking.

c) The armored: Characterized by rigidity in character, work, principles of life, independent, participate actively in organizations and work hard as it keeps them well occupied. Will not accept new treatment modalities, unless proven.

d) The angry men: Usually hostile, frustrated, blame others for failures, pessimists and think in terms of 'black or white' or 'good' and 'bad' and not ready to accept reasons.

e) The self haters: These are people who are dejected of life and blame themselves for frustration and failures. Characteristically turn aggression inward as self-accusation and self-blame.

Due to high degree of variability among elderly, every patient should be treated individually in terms of their needs, wants and desires. The prosthodontist must understand how to deal with psychological issues as well as dental problems of patients.

1.3. Prosthetic treatment plan considering the geriatric psychology

Psychological disorders which prosthodontist come across in clinic are just tip of iceberg and we treat oral diseases without considering the presence of psychosomatic illness. If only dental diseases are being considered without taking notice of psychological disease then there can be recurrence of dental diseases. So, it is responsibility of prosthodontist to assess the possibility of any underlying psychological diseases in patient approaching in dental clinic for treatment.

1. The primary and best way to treat any psychological issue is "Let's Talk" in which effective communication, good rapport, referral, counselling and peer influence all come in picture.
2. If the patient approaching is Anxious then Pre-Operative : Effective communication, Explanation of procedures, Making patient relax and oral sedation helps. Operative time : Keep answering the patient's questions, Reassurance is big factor which play important role and effective local anaesthesia and oral sedation helps and Post-operatively: Explaining complications to the patient after completing the

treatment and instructing the patient to take analgesics and adjunctive medications.¹²

3. If the patient approaching is Depressed then Pre-Operative: Consultation with physician, Examination of presence of any signs like: Abrasion of teeth, gingival injury, xerostomia, thrombocytopenia, leukopenia. Operative: use of local anaesthesia but with precautions. Post- Operative: Avoiding usage of sedatives or narcotics and management of xerostomia if it is there.^{13,14}
4. Any schizophrenic patient should always be accompanied by family member. Appointment should be schedule for morning session. Confrontation and authoritative attitude on part of prosthodontist should be avoided.¹²
5. Patient with Alzheimer's dementia have tendency to often misplace, lose or wear their prosthesis. Best managed by an understanding and empathetic approach.¹²
6. Dentures should not be constructed if a patient is under extreme physical or mental stress. A patient with advanced degenerative disease is not ideal candidate for prosthesis.
7. Visits should be short with maximum amount of work completed during scheduled time. Morning appointments are preferable as patient has less tissue distortion in early morning. Geriatric patient should not be promised too much. Treatment plan should be well explained and discussed with patient's family members before starting any dental treatment. It is always better to preserve the natural dentition in such patients.¹⁵

1.4. Future care strategies to address mental health

1. Training for health professionals in providing care for older people.
2. Preventing and managing age-associated chronic diseases including mental, neurological and substance use disorders.
3. Designing sustainable policies on long term and palliative care.
4. Developing age-friendly services and settings.
5. Mental health –specific health promotion for older adults involves creating living conditions and environments that support well-being and allow people to lead a healthy life.

2. Conclusion

The emotional and psychological makeup of the geriatric patient must be kept in mind during any prosthetic procedure. When treating geriatric patients, the prosthodontist must be confident of assessing, addressing and managing the psychological issues of patients. A thorough understanding of the mental state of the patient helps the prosthodontist to

plan the treatment accordingly which will have the excellent prognosis and better outcome for the patient.

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4. Conflict of Interest

None.

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