

## **Multidimensional diagnosis in the elderly – hardly addressed in dentistry**

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Oral treatment and long-term care of the older patient requires an interdisciplinary approach and early assessment of aging. It is unfortunate that gerodontology is still often incorrectly perceived as a specialty for elderly, institutionalized patients. This view, however, overlooks the fact that institutionalization arises as a consequence of earlier deficits and pathological changes. These deficits continue to play an important role in oral diagnosis, treatment and long-term care of the aging patient, posing professional challenges requiring specific knowledge. The dentist must delve deeper than just into his own specialty – he must master the medical knowledge necessary to make possible interdisciplinary co-operation in his daily practice. Precisely knowing and correctly interpreting the health status, the prescribed medical therapies and drugs as well as the social environment of the patient are fundamental considerations in the planning and implementation of any oral treatment and long-term care that is tailored to the individual needs of the aging patient. Nevertheless, this presupposes a general medical knowledge that still is not adequately addressed by continued education. In practice, there is often a corresponding lack of interdisciplinary co-operation or even a clear division of the responsibilities that will sufficiently ensure the necessary multidimensional identification and care of the elderly. There is thus the danger that diseases prevalent among the elderly, such as malnutrition, depression or dementia, are not recognized and falsely trivialized as “age-related impairment”. An early recognition of these and other age-correlated diseases is also of great interest from a dental point of view. Not only can a continued deterioration in the health as well as psychosocial situation and the ensuing assisted living conditions be avoided, but complications in oral therapy can likewise be circumvented.