

RESOLUTION OF THE SYMPOSIUM «GERIATRIC DENTISTRY»

VII All-Russian Congress on Gerontology and Geriatrics with international participation (Moscow, May 18–19, 2023)

Currently, the proportion of dental patients aged 65 and over exceeds 67%. Senior citizens commonly suffer from numerous somatic comorbidities, this results in certain dental symptoms and conditions (caries complication; partial or full adentia; deformation of dental occlusal surface; increased abrasion of teeth; chronic diffuse (generalized) periodontitis; primary and secondary traumatic occlusion; comorbid syndrome “decompensated dentition”; diseases of the temporomandibular joint; parafunction of masticatory muscles; condition after disfiguring oncological operations on the jaws (facial defects), etc.

All these pathological symptoms and conditions are accompanied by gross aesthetic disturbances of face and defective incomplete dentures, provoke the gastrointestinal tract diseases, immunosuppression, grossly violate and exclude the sphere of communication for older adults, resulting in mental and psychiatric disorders and cognitive deficits.

Oral motility dysfunction includes a decrease in the strength of isometric and isotonic tension of the tongue, slowing down the process of swallowing and closing the laryngeal cavity, deterioration of sound production. Disturbance of the sensory-cortico-motor feedback loop, resulting in the prevention of the appropriate response and swallowing-motor sequence, causes dysphagia.

The state of dental health is also influenced by social factors, the frequency of visits to the dentist, and the severity of chronic diseases.

Decompensation and involution of the masticatory-speech apparatus has a close functional relationship with the syndromes of frailty, sarcopenia, malnutrition and depression. This facilitated the emergence of independence for geriatric syndrome (E.V. Frolova, V.N. Trezubov).

Special dental treatment of older and oldest old requires a comprehensive interdisciplinary and interprofessional approach with the use of high technologies, digital transformation of analogue methods as well as provision of long-term care for older citizens, and their social support.

Concerning the application of high-tech dental treatment, we have suggested and validated, on the one hand, the proper radicality of preparing the oral cavity for prosthetics. On the other hand, because of the prescription of expensive diagnostic and treatment methods to older people, there is a critical need to initiate quotas for their utilization among this demographic group.

In the case of older individuals receiving implant prosthodontics, it is important to use the minimal

number of dental implants to support extended replacement structures. The low-risk and long-term maintenance of dentures and their artificial supports (dental implants) have been proved and validated by the outcomes of clinical trials (R.A. Rozov, V.N. Trezubov, R.Sh. Gvetadze). In addition, these designs were minimally invasive and relatively cost-effective.

High accuracy, volumetric compliance and functional optimum of implant prostheses were achieved, above all, through optimization and digitalization of medical and technological procedures. At the same time, caution is necessary when taking bisphosphonates in older people and gentle approaches that help reduce the level of polypharmacy (V.R. Veber).

Maxillofacial and facial silicone exoprostheses combined have been clinically verified and applied as an effective method to restore aesthetic norms of facial features disrupted by disfiguring oncological operations (S.D. Arutyunov).

Improving the treatment process of dental prosthetics required the optimization of professional hygiene procedures, including the creation of an antiseptic module for the workplace of a dental assistant (R.A. Rozov). The functional responsibilities of dental hygienists have been expanded.

Social assistance, the formation of gerontological centers, departments, and offices should be prioritized when optimizing the dental treatment process for older patients (O.N. Tkacheva, M.Yu. Kabanov, R.A. Rozov).

Comprehensive management of older and oldest old dental patients at all levels necessitates the involvement of professional social workers in all dental specialties (A.V. Martynenko, S.D. Arutyunov). The experience of gerontological treatment and preventive institutions deserves attention: the dental service of the Russian Gerontology Research and Clinical Centre of Pirogov Russian National Research Medical University (O.N. Tkacheva) and Geriatric Dentistry Department of the St. Petersburg State Budgetary Healthcare Institution “Hospital for War Veterans” (M.Yu. Kabanov, R.A. Rozov).

Currently, there is an obvious need to distinguish the specialization “Geriatric Dentistry” in the specialty “Dentistry” with the creation of all its organizational and legal components and formation nationwide geriatric dental service.

The listed activities will help improve the quality of life of older citizens and create conditions for healthy aging.

Thus, it can be stated that a new scientific and practical direction is currently being formed — Geriatric Dentistry. The current level of science and technology development in Dentistry, Gerontology and other fields, as well as the possibilities of the social and professional digital environment, make it possible to solve state and public problems in relation to older citizens, increase their contribution to the social and economic development of the country, transfer their knowledge and experience to young generation.