On the frontlines to meet the coming wave of baby boomers is the University of British Columbia’s Geriatric Dentistry program—a pioneer in serving the needs of a rapidly emerging niche by providing much needed dental services in residential care and hospital settings.

The profile of the geriatric population is ever changing. Canada has a healthy aging population living longer than ever before, which means doctors and dentists are encountering patients who are frailer, more cognitively impaired, and require increasingly high-maintenance dental work. This summarises to very complex, compromised patients, who are often difficult to care for in community practice.

The UBC Geriatric Dentistry Program is addressing oral health problems in the geriatric population according to its three-fold mission: to provide education, research, and service. Patients, families, nursing staff, care aides, students, and community dentists are educated to ensure a continuum of oral care, particularly during the transition to residential care. Ongoing research is being done to examine current problems in geriatric care, look for ways to manage and prevent these problems, and understand various models of care. The program brings dental service to patients in long-term care facilities, extended care hospitals, and the UBC Specialty Dental Clinic to accommodate the unique needs of this population.

One vision of the program is to foster a holistic, team approach among healthcare professionals in tending to the overall health of the patient. A geriatric patient’s healthcare provider team can be extensive and may include a nutritionist, geriatric psychiatrist, social worker, as well as physicians and nurses. The Geriatric Dentistry Program is an advocate for the integration of dental treatment into the medical care of a patient and pushes for more liaising between physicians and dentists for consultations and treatment coordination. It hopes to empower medical professionals with more knowledge about oral health and encourage them to proactively identify problems that need assessment by a dentist. Program Manager Shunhau To explains:

What we’re trying to do is promote awareness that oral health can impact your overall health... I think it’s more important for the population that we see because they’re so much more compromised, and often, if they’re not getting proper oral care, they’re not going to feel like eating, and so their body weight and everything else is [sic] impacted. Their ability to socialize, their self-confidence level, all of that comes into play, and I think a lot of times, that starts in the mouth.

Dr. Chris Wyatt, Head of the Division of Prosthodontics and Dental Geriatrics in the Faculty of Dentistry emphasizes that:

Physicians are key to ongoing care and reassessment. Physicians and nurses should look in the mouth and at least be aware of what’s going on, because that may be the first sign[] that the patient has other systemic problems going on.

As Shunhau To points out:

Many of these patients have so many other medical conditions that their mouth often gets neglected. So where the medical students or physicians could really help is promote that message and awareness. They could certainly help by making the referral to the patient that they should see a dentist. And I think that message, coming from a physician, would go a long way[].

While elderly people in long-term care may be well looked after in the event of a dental emergency, visiting the dentist may be difficult for those living at home. This makes them an especially vulnerable population, one whom the Geriatric Dentistry Program hopes to reach in collaboration with the medical community.