Editorial



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The current scenario of Geriatric Dentistry in Brazil and in the world

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FisiSenectus, journal organized by the Post-Graduate Program in Health Sciences at the Community University of Chapecó Region and dedicated to the health of the aged, launches its first call focused on Geriatric Dentistry and the oral health of the aged. In this call, with satisfaction, we bring to light the scenario of scientific production focused on the theme through a bibliometric study, signaling gaps to be explored and inviting authors to collaborate.

The phenomenon of population aging is well documented in several regions of the world and also in Brazil. The effects of the demographic process in areas such as social assistance, services and health care are known, however, actions in this direction are still incipient. Health-related care still follows a model of fragmented health care services, based on consultations with several specialists, lack of information sharing, polypharmacy, excessive clinical exams and images, among others. This hegemonic model, in addition to resulting in an overload of the health system, does not provide significant benefits for the health and quality of life of the elderly population¹. These authors propose a model of health care for the old population that is more efficient and integrated at all levels of care, with a well-designed flow of actions in education, health promotion, prevention of preventable diseases, postponement of illness, early care and rehabilitation of grievances.

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In the dental area, health care for the old people is not different from general health. Teaching of geriatric dentistry has been spreading in dentistry courses across the country, although it is fragmented into several disciplines such as stomatology, dental prosthesis and periodontics². Concerns about the oral health of the old people are not new. In the 1980s, the International Dental Federation (FDI) launched oral health goals for the old people population in the year 2000³. These goals were far from being achieved in Brazil⁴. Also, recent data reveal that few countries have population information on the oral health of the old people, which suggests the need for change both in clinical practices, as well as in teaching and research at a global level⁵.

Some areas have implemented actions to overcome these problems: policies to defend the rights of the old people, provision of care, education and training of specialized professionals: interprofessional practice and education, monitoring and surveillance of health conditions, science and research, communication and information⁵. Three of these points are worth highlighting: education and training of human resources, science and research, and communication and information. The training of human resources in the dental area is stagnant due to a lack of qualified professionals, lack of interest from educational institutions and a perception of the labor market that has not yet been established. It is noticed that geriatric dentistry has been increasingly studied, but it is still focused on vulnerable groups (such as institutionalized elderly). On the other hand, the training of specialized personnel seems to be stagnant, partly due to a lack of institutions that provide such training and partly due to a rejection of the old population in accepting aging and seeking specialized professionals in the area. The apparent lack of market regulates the training of human resources.

Science and research in the area, despite relevant advances, still need to change focus, moving from studies of dental materials aimed at treating the old population and studies on factors associated with more prevalent diseases and quality of life, towards studies that evaluate the viability and effectiveness of interventions aimed at promoting, preventing and maintaining the health of this population. Communication and information also play a fundamental role in advancing the field. It is important to disseminate the idea that geriatric dentistry is not directed only at the most prevalent oral diseases in the old people, but rather at the characteristics of individuals and the understanding of adaptations in patient management and dental techniques to ensure health for this population. The idea, therefore, that geriatric dentistry is superimposed on specialties such as stomatology and prosthesis is outdated and needs to be clarified and understood in the dental field. Finally, it is also necessary to diversify practice spaces for the proper training of future professionals and specialists⁶.

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