

---

## THE DENTIST'S ROLE IN PRESERVING THE ELDERLY PATIENTS' DIGNITY

Dana Cristina Bodnar<sup>1</sup>, Traian Bodnar<sup>1</sup>, Mihaela Cernușcă-Mițariu<sup>2\*</sup>,  
Mihai Mițariu<sup>2</sup>, Ligia Muntianu<sup>1</sup> and Mihai Burlibașa<sup>3</sup>

<sup>1</sup> 'Carol Davila' University of Medicine and Pharmacy, Faculty of Dental Medicine,  
19 Plevnei St., 050051, Bucharest, Romania

<sup>2</sup> 'Lucian Blaga' University of Sibiu, Faculty of Medicine, Department of Dentistry,  
2A Lucian Blaga St., 550169 Sibiu, Romania

<sup>3</sup> 'Carol Davila' University of Medicine and Pharmacy, Faculty of Midwifery and Medical  
Assisting, 8 Eroilor Sanitari Blv., 050474, Bucharest, Romania

(Received 17 March 2013, revised 19 March 2013)

---

### Abstract

Senescence is a biological process which is part of the normal vital cycle of the human individual and the understanding and evaluation of its specific aspects is of top importance. When not pathological and generating pathology, senescence is a biological step in human life which still makes it possible for diseases to take toll. That calls for an individualized approach of the elderly patient, in view of the numerous somatic, psychological and social changes that may occur. The elderly represent a significant, growing percentage of patients in a dental clinic and it is necessary to adequately approach each of them from a psychological point of view, paying attention to the assortment of specific ailments that affect them. Quite often, in the physician-patient relation, the dignity of the elderly gets tainted due to the lack of economic and medical solutions for these patients' extended problems.

By maintaining or restoring these patients' functional and aesthetic oral-dental health, the physician fights against the irreversible decline of the elderly's quality of life, as well as against the particular daily psychic and moral sufferings and denutrition that affect these people. These aspects prompted us to approach the relations between them, in response to the efforts being made by various national and international organizations to improve the quality of the elderly people's life.

*Keywords:* senescence, repercussions of senescence, quality of life, therapeutic approach

---

### 1. Introduction

Gerontology is the medical specialty dedicated to the study of the various biological, clinical, psychological, social, epidemiologic, demographic components of the ageing processes, as well as of their characteristic spiritual implications. Franz Halbert considers that "gerontology is a matter of ontology", while "geriatrics currently is based upon a body's time structure" [1].

---

\* E-mail: confortmitariu@yahoo.com, tel.: +40 741072715

Geriatrics represents the responsible medical practice of global, multidisciplinary evaluation of elderly people, as well as the diagnosis and treatment of these people's pathology, along with the prevention of the perturbations and maladies that result in an acceleration of the ageing processes in these individuals and a loss of their autonomy [2].

One of the main challenges in geriatrics is that there do not exist any precise ageing stereotypes. The fact that each individual's manner of ageing is rather peculiar has as a result a fundamental heterogeneity, hard to account for and manage. Some of the elderly preserve a high level of competence and performance, while others, similarly aged, are subject to considerable deterioration of their capabilities, up to the loss of their autonomy [1, 3].

In the case of elderly patients, the intricacy and interaction of the somatic, psychological, and social factors trigger many complex situations. That makes the dignity of the individual even more important. Regardless the patient's age, his or her dignity encompasses the individual respectability, the social standing of man, in view of that person's social rank. Dignity grants an individual his or her moral authority, as well as prestige in that person's interaction with fellow human beings.

In so far as the senescence process is concerned, geriatric dentistry focuses on the physiologic, physisic, and pathologic behaviour of various oral-dental tissues and functions and is instrumental in the battle against the irreversible decline of humans' quality of life and their dignity in interacting with fellow human beings [3].

Mastication, deglutination, articulation of sounds and words, communication, as well as other side functions of the masticatory apparatus are just a few of the aspects addressed by geronto-odontology, whose preventive and curative targets include the functional and aesthetic maintenance and restoration of the masticatory apparatus, aimed at making the life of one's teeth as long as that individual's life [3, 4].

Age is a most dynamic phenomenon, a way of turning from one quality to another. During one's growing old, the person's health and illness develop differently from adulthood. Each of a person's life stages have its own specific medico-social implications, old age including. Ageing, a process that affects all of the living beings, consists of modifications which begin by the apex of one's reproductive life stage and it is characterized mainly by the decline of the capacity of life matter to survive in its normal environment [5].

The major problems that Geriatrics faces with were summed up in 1998 by Buddenberg *et alia* as 'the four geriatric giants': immobility, incontinence, impaired intellect/memory, and instability [6].

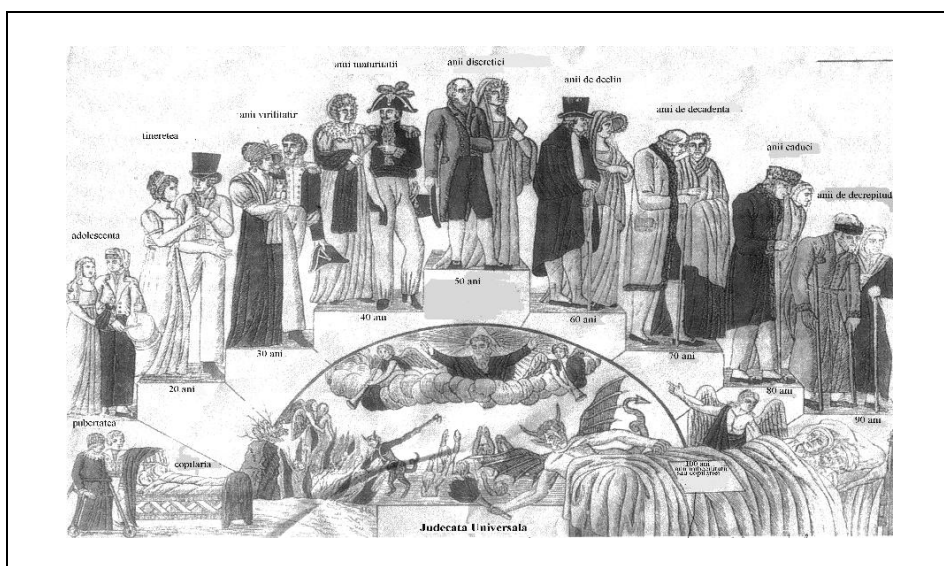
The human being has always been concerned with senescence. Aristotle calls old age 'a natural illness', inspiring Terentius to coin the phrase '*senectus ipsa morbus*'. For Seneca, old age represents 'morbus insanabili' [5].

Contemplating the other end of one's life, Goethe considers that "if youth is a disease, we quickly get cured of it". In Bainville's opinion "The old people

are repeating and the young people have nothing to say. The trouble is reciprocal.“ [7]

Luban-Plozza's aphorism [8] is the ideal synthesis, in as far as the ageing intellectual and his stand on senescence is concerned: “When growing old, one needs to save the sacred fire. Serve until the end and to disappear after you have served without being served. Keep being a student and an apprentice until the end of your life.”

The biological manifestations consistent with old age depend on the interaction of an individual's hereditary traits and the environment characteristics [9, 10]. Regardless the causes of ageing, its consequences are obvious, beyond any shadow of a doubt. An old Romanian religious tract suggestively represents one's life stages (Figure 1).



**Figure 1.** Human life stages (according to an old religious tract).

## 2. Characteristics of senescence

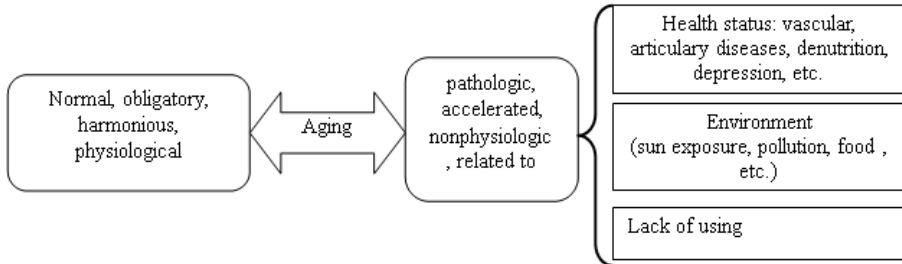
Present approaches to the third-age individual deem that senescence is accompanied by numerous somatic, psychological, and social changes. The third-age life stage [4] comprises the following periods:

- between 65-75 of age, the hermit period (passage to old age);
- between 76-85 of age, the old person period;
- over 85 of age, grand old age or longaeveal period.

From a medical point of view, we discriminate between the types of ageing presented in Figure 2 [4].

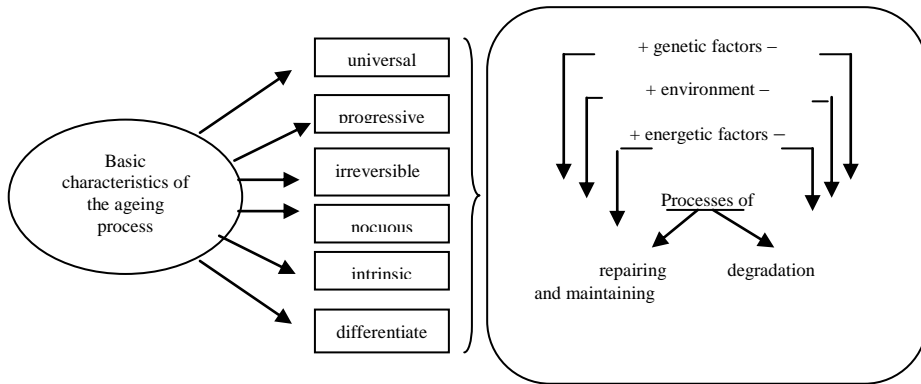
Medical gerontology addresses the biological, epidemiological, demographic, social, psychological components of ageing, which are interconnected and interact with one another in the context of one's interaction with society [7]. The physical changes that occur during one's ageing consist of

one's progressive loss of the capacity to body renewal, the decline of the human organism's functional adaptation abilities, and of behavioural changes of one's adaptive, motivational capability, as well as of one's attention span, along with the perturbation of one's 'self-image' [3].



**Figure 2.** Types of ageing.

Maintaining the general health status of the individual is very important in view of preservation of human dignity over an individual's lifespan, as well as in view of that person's quality of life, which is determined by his/her biological and genetic traits, physical and socio-economic aspects of the life environment, personal behaviour and life style, self-care possibilities, national health organization. These factors combine and determine the health of individuals, as well as of communities and population groups [3, 10, 11].

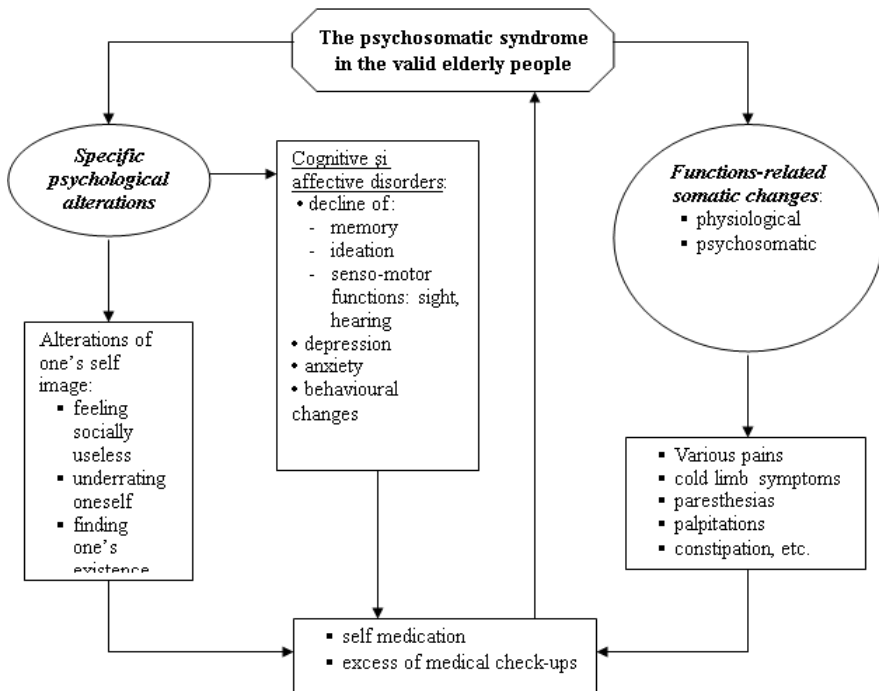


**Figure 3.** Characteristics of senescence.

Senescence is a universal process. It irreversibly, progressively, nocuously affects the organism of all humans. It is an intrinsic process, independent of elements, yet affecting differently the individuals and their organs or tissues, making them not age the same way. These aspects are accompanied by maintaining and repairing processes of the human organism or by its degradation, as influenced by environmental, genetic, and energetic factors [7] (see Figure 3).

From a biological point of view, senescence consists of cellular and tissular quantitative and qualitative modifications [5]. From a biological-physiological point of view, it consists of a morpho-functional decline, which affects the osseous, locomotor, cardio-vascular system, respiratory, digestive, genital-urinal systems, as well as one's hearing, sight, smell, and taste senses, at the level of the sensory nervous system, and cognitive processes (such as memory, pain-perception) [3, 4].

A very valuable study, performed and published in 1984 by Milcu, entitled 'The Psychosomatic Syndrome in the valid elderly person', outlines the psychic landmarks of the elderly people who might develop that disease [12]. In the case of the elderly people, there is a combination of mental and affective (behavioural) disorders, which facilitates, when not countered by proper occupational reactivation, a complex range of variable somatic disorders [5, 6, 11, 13]. In this respect, the interrelation changes from Figure 4 are characteristic of the psychosomatic syndrome in the elderly people.



**Figure 4.** Specific features of elderly people.

### **3. The dental-maxillary apparatus: its age and relation to human dignity**

According to M. Golu [14], the entire dynamics of human personality is circumscribed and directly conditioned by the dialectical relation of internal stress (the individual's motivation states) and the external stress (superordinate exigencies and motivation states, characteristic of the environment, especially of

social circumstances). This requires the analysis and interpretation not only of the normal structure and behaviour, but also of pathologic unbalances and disorders. Psycho-behavioural disorders may have not only internal causes, but also interpersonal ones, as a result of the individual's interaction with certain social situations. These relations get most certainly affected, as a result of the senescence-characteristic changes in the dental-maxillary, such as the structural alterations of the organs and tissues in the oral maxillofacial zone, along with changes of their functionality.

Chronological age does not always coincide with biological and psychic age, so there are ageing patients whose dentition is complete or in a much better state than that of adults or youngsters. Elderly people feature fewer masticatory units, multiple tooth lesions, marked by losses of the hard dental substance as a result or not of oral tooth cavities, by their complications and afflictions of the marginal parodontium. This aspect is undeniably related to each individual's genetic heritage, ageing rhythms, life style [3, 5].

Our ageing is accompanied by complex changes that follow the same senescence physiological process, but which can also be the side effects of medicine taken by the elderly in treating general afflictions that they suffer from [3, 5, 15].

The major dental problem of the elderly patient is caused by the loss of teeth, followed by masticator, aesthetic, and phonation discomfort, along with the death of relatives, friends, lower income, the loss of social status, loss of one's independence. The final result of all of these problems is the loss of one's dignity and it makes it necessary for the dental physician to patiently, empathetically, and respectfully interact with each patient. Though difficult at times, the discussion with the patient is absolutely necessary, in letting the physician learn about the patient's oral-dental health, behaviour, general health problems and the medicine already prescribed and taken [7, 9, 13].

Thorough clinic extra- and intra-oral examination, added by complementary specialized examinations and by biological ones, whenever that is deemed necessary, enables a just evaluation of the risks of allergic, infectious, or hemorrhagic reactions. Such examination also helps the evaluation of stress-related complications, along with the detection of potential, general or local, temporary or permanent, contraindications, in as far as therapeutic interventions in the oral cavity of the elderly patient are concerned [3, 4, 7].

Each dental treatment triggers a psychic reaction, and the patient's capacity to adapt to that situation is essential in making that intervention easier.

#### **4. Dental treatment**

The dental treatment of the elderly necessitates the optimization of the communication between the physician and the patient, as well as making the environment as little hostile as possible, by the reduction of aggressive noise and the suppression of all of the anxiety-causing issues (the high temperature of the instruments, uncomfortable postures on the patient chair, lengthy, painful

treatments, etc.). Keeping to the schedule agreed with the patient is also very important [7, 15, 16].

The language that the dental physician employs in talking to his patient must be clear, simplified, easy to understand, made up of short sentences. Some other sources of information may be employed as well, along with inter-personal communication.

The goal of the treatment is to alleviate and suppress the pain that the patient claims to suffer, along with meeting, regardless of that person's age, his or her aesthetic and functional expectations, viewed as that person's lifelong right to dignity, in restoring the patient's comfort, cooperation, mobility, while demonstrating to him or her the necessity to maintain proper oral-dental-prosthetic hygiene [7, 16].

In paying attention to the individual history of the patients, the therapeutic strategy carefully adapted to each of them, the physician needs to act in a heartfelt manner, in extending the life expectancy of the patient's teeth and, implicitly, help him or her live a dignified life.

The physician needs to carefully choose the most propitious time for the treatment, in view of the patient's psychic and physical condition, the medical technique, the general and local particular of the respective case, and as fewer as possible dental appointments [3, 7, 13]. All of the treatments will take into account existing biological constants: anxiety, arterial hypertension, ischemic heart disease, healing complications due to vitamin deficiencies or diabetes, acute anaesthesia-related risks due to ageing changes in the vascular, pulmonary, renal, and nervous systems. When necessary, post-surgery treatment will generally consist of basic pain-killers, except those that may have side-effects or may interfere with the medicine that the patient takes habitually.

## **5. Discussion**

The difficulty to keep track of the heterogeneity of the structural and functional changes in the individual human organism makes it even more important for the physician to accurately evaluate each clinical case, so that the treatment of the elderly patient is successful [3-5].

Human life expectancy is on the rise. Man's life tends to be longer than that of his or her teeth, so geronto-odontology is the medical field that should grant people's masticator system and teeth a life expectancy close to that of their life.

Dental restorations and the maintaining of a healthy, comfortable, functional oral-dental cavity are priorities in bettering people's general health status and quality of life, from an aesthetic, functional, social, and dignity-maintaining point of view. The treatment approaches need to be tailored to the patient's residual aptitudes.

The physician who treats elderly people (whose psychology is markedly different from young ones) needs to reserve more time for these patients, due to their somatic alterations against the backdrop of combined mental and affective

challenges, communication difficulties. The examination of the elderly patient must correctly identify and review these aspects, the age-related modifications, as well as include a psychological assessment of that person's intellectual and affective level – instrumental to the particular optimal, efficient medical approach of each clinical case [15].

## 6. Conclusions

Senescence is an inevitable stage in a human's life, who is equally a biological and social being. It is a complex phenomenon, the result of a whole series of processes that occur in the body and lead to the decline of the renewal capabilities of life matter. Senescence consists of gradual modifications which take a long period of time to become obvious and whose consequences are undeniable. It marks the regress of all of the structures and functions in the human body. The ageing process affects the entire organism, the dental-maxillary structures including. The dental physician needs to know and consider the particular way in which ageing affects that part of the human body and act accordingly.

It is important, therefore, to differentiate between the elderly patient who displays the normal senescence-related physiological signs and the elderly person visibly affected by an illness, viz., between the ageing state and the disease-ridden one that affects an individual's quality of life.

The dentist needs to act empathetically and pay increased attention to the elderly patients and the maintaining of their dignity and optimal health for the rest of those people's life.

## References

- [1] D.C. Bodnar, T. Bodnar, M. Burlibaşa, G. Tănase, I. Ionescu, D. Pahoni and M.B. Popa, *Medicina Modernă*, **16(2)** (2009) 84-89.
- [2] D.C. Bodnar, *Noţiuni de odonto-gerontologie. Odontologia geriatric*, Vol. I, Tehnoplast Company, Bucureşti, 1999.
- [3] D.C. Bodnar, T. Bodnar, M. Burlibaşa, G. Tănase, I. Ionescu, D. Pahoni and M.B. Popa, *Medicina Modernă*, **16(3)** (2009) 141-146.
- [4] C. Colojoară, C. Borţun and M. Miron, *Gerontostomatologie*. DA&F Spirit, Timişoara, 1999, 11-14, 33-38.
- [5] O. Fodor, *Biologie şi vîrstă*, Dacia, Cluj, 1971, 22-45.
- [6] M. Dumitru, *Romanian original contributions to gerontology and geriatrics*, in *Gerontology Today*, F.A. Schneider, M.D. Podea & P.D. Nanu (eds.), Viaţa Medicală Românească, Bucharest, 2007, 10-15.
- [7] V. Poussegur and P. Mahler, *Odontologie gériatrique*, Edition CdP, Paris, 2001, 5-16, 56-77.
- [8] I.B. Diamandescu, *Bolnavii vîrstnici În: Dimensiunea psihosocială a Practicii Medicale*, Info Medica, Bucureşti, 2002, 195.
- [9] A. Karner-Huţuleac, *Eur. J. Sci. Theol.*, **8(3)** (2012) 135-143.
- [10] A. Holman, *Eur. J. Sci. Theol.*, **8(3)** (2012) 127-135.



*The dentist's role in preserving the elderly patients' dignity*

- [11] P. Manea, A.M. Grozdan, C.M. Gavrilescu, D. Munteanu, M. Spiridon, R. Diaconescu and R. Ghiuru, *Eur. J. Sci. Theol.*, **9(suppl. 1)** (2013) 207.
- [12] Ş.M. Milcu, *Viața Medicală*, **31** (1984) 277–280.
- [13] I.B. Diamandescu, *Stresul psihic și bolile interne*, ALL, București, 1993, 22, 138-141.
- [14] M. Golu, *Dinamica personalității*, Geneze, Bucharest, 1993, 180-227.
- [15] J.W. Little, D.A. Falace, C.S. Miller and N.L. Rhodus, *Dental Management of Older Adults in Dental Management of the Medically Compromised Patient*, 7<sup>th</sup> edn., Mosby Elsevier, St. Louis, 2008, 534-551.
- [16] T. Trăistaru, M. Păuna, S. Ioniță and C. Vlădescu, *Revista Medicală Națională*, **6(3-4)** (2001) 61-74.