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## **PSYCHOLOGICAL ASPECTS OF GERIATRIC DENTAL PATIENTS -A REVIEW.**

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### **ABSTRACT:**

Geriatric dental and prosthodontic care require a comprehensive understanding of the psychological dimensions associated with aging. Older adults frequently face challenges such as cognitive decline, depression, anxiety, loneliness, and reduced self-esteem due to tooth loss, systemic illness, or social isolation. These psychological factors significantly influence their oral health behavior, treatment acceptance, and adaptation to dental prostheses. In prosthodontics, mental attitudes—classified by House as Philosophical, Exacting, Hysterical, and Indifferent have a big effect on how happy and compliant patients are. Dementia and other cognitive problems may make it harder to plan treatment and require caregivers to be more involved and prosthesis designs to be easier to use. If someone is grieving or scared, they might not want to wear a prosthetic or be afraid of going to the dentist. So, for geriatric dental rehabilitation to work, it is very important to do a psychological evaluation, talk to the patient in a caring way, and use management approaches that are unique to them. By using psychological knowledge in their work, dentists can help older patients have better functional outcomes and a better quality of life.

**Key Words:** Geriatric Patients, Mental Attitudes, Dental Anxiety, House Classification.

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### **Introduction:**

Geriatric individuals undergo a range of psychological, emotional, and cognitive changes as a result of age, illness, loss, social isolation, and declining independence. To provide compassionate and comprehensive treatment, it is essential to comprehend and address these developments. [1-10]

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### **Psychological Considerations for Geriatric Patients in general**

#### ***Aspects of Psychology***

##### **1. Cognitive Impairment**

Cognitive alterations brought on by aging might vary from dementia to mild cognitive impairment (MCI).

As people get older, get sick, lose loved ones, become socially isolated, or lose their independence, their mental, emotional, and cognitive health alters in many ways. It is important to understand and deal with these changes in order to give compassionate and thorough care.

#### ***Psychological Considerations***

##### **1. Problems with thinking**

Changes in thinking that happen as people get older might range from dementia to mild cognitive impairment (MCI).

Doctors need to be able to tell the difference between natural aging and diseases that are bad for your health, like Alzheimer's.

##### **2. Stress and depression**

A lot of the time, depression is misdiagnosed in older people.

Instead of making you upset, it could show up as unexpected symptoms like tiredness, trouble sleeping, or physical problems.

##### **3. Being alone and cut off from others**

Many senior people don't socialize as often because they are retired, their spouse or friend has died, or they have trouble getting around.

These things are very important in making life worse and producing emotional pain.

#### **4. Grief and Loss**

Loss is a big mental health problem for older people since they often lose a spouse, friends, their health, and their independence.

#### **5. worry about being dependent**

Older people may worry, feel anxious, or stop getting care because they don't want to burden their families.

#### **6. Disorders of Adjustment**

Changes in living situations, like moving to assisted living, can make people anxious or unhappy since they can be hard to deal with.

#### **7. Abuse and neglect of the elderly**

Neglect or abuse can lead to more sadness, PTSD, and thoughts of suicide.

#### **8. Motivation and Compliance**

It may be harder to go through with dental or medical procedures if you have mental or cognitive problems. We need an approach that is kind and supportive.

#### **9. Self-Esteem and Body Image**

Different signs of aging or losing teeth might make you feel bad about yourself or embarrassed, which can affect how you interact with others.

#### **10. Existential and Spiritual Issues**

Many older patients are worried about dying, what they will leave behind, and what their mission is. Taking care of existential and spiritual issues could be good for your mental health.

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### **Management Strategies**

- The Mini-Mental State Examination (MMSE) or the Geriatric Depression Scale (GDS) might be used for screening.
  - Encourage exercising and spending time with others.
- Psychoeducation can help both patients and their caretakers.
- Cognitive behavioral therapy (CBT) and reminiscence therapy.
  - Treatment that incorporates mental health professionals from several fields.
  - Respect for independence and making decisions based on facts.

#### **Psychological Factors in Older Dental Patients [11–20]**

1. Fear and worry about dental work: Older people may avoid going to the dentist because they are worried about bad experiences they have had in the past.
  - Fear of pain, injections, or unfamiliar environments is common.
2. Cognitive Impairment
  - Dementia or mild cognitive impairment (MCI) can affect understanding, cooperation, and ability to maintain oral hygiene.
  - Requires simplified communication and caregiver involvement.
3. Depression and Apathy
  - Depression is prevalent and can reduce motivation for oral care and dental visits.
  - Apathy may result in neglect of oral hygiene or prosthesis maintenance.
4. Low Self-Esteem and Body Image Issues

- Edentulism, ill-fitting dentures, or facial collapse can lead to embarrassment, reduced socialization, and poor self-image.
- 5. Fear of Loss of Control
  - Dependence on others for transportation or decision-making can evoke anxiety during dental treatment planning.
- 6. Communication Barriers
  - Hearing loss, cognitive decline, or psychological withdrawal can hinder effective communication during treatment.
- 7. Loss and Grief
  - Patients may be grieving the loss of a spouse or health; dental visits may exacerbate feelings of aging and loss.
- 8. Adjustment Difficulties
  - Adapting to new dentures or implants can be emotionally challenging, especially when tactile sensitivity or muscle tone is reduced.
- 9. Compliance and Motivation
  - Lack of motivation due to psychological conditions (e.g., depression or dementia) can affect treatment compliance.
- 10. Social Isolation
  - Isolated individuals may have fewer support systems to encourage dental visits or proper oral care.
- 11. Elder Abuse
  - Signs of psychological abuse or neglect may manifest as poor oral hygiene, fearfulness, or withdrawal behavior during dental exams.
- 12. Psychotropic Medication Side Effects
  - Medications for anxiety, depression, or psychosis may cause xerostomia, bruxism, or oral mucosal changes.

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### Psychological Considerations in Geriatric Prosthodontic Patients

In addition to being a technical procedure, prosthodontic treatment for the elderly entails managing the patient's psychological preparedness, expectations, and emotional adjustment to oral rehabilitation.

**1. Adaptation to Prostheses:** Because of their weakened neuromuscular control, reduced sensory perception, and psychological resistance, elderly patients may find it difficult to adjust to full or partial dentures. Inadequate adaptation could lead to prosthesis abandonment, frustration, and discontent. [21]

**2. Impact on Self-Esteem and Body Image:** Bone resorption-induced facial changes and tooth loss can impair appearance, resulting in low self-esteem and social embarrassment. Restoring confidence is aided by well-designed prostheses. [21]

**3. Unrealistic Expectations:** Some elderly patients anticipate that implants or dentures will perfectly replace their natural teeth. Unrealistic expectations that are not met cause psychological distress and discontent. [22]

**4. Anxiety and Fear of Treatment:** People may avoid or refuse prosthodontic care out of fear of pain, surgery, or new procedures (like implant placement). Patients who have had bad dental experiences before are more likely to be anxious. [23]

**5. Depression and Apathy:** Many older people suffer from depression, which may make them less likely to accept prosthetics or seek out prosthodontic care. People who are depressed may not want to take care of their teeth as well. [24]

**6. Cognitive Impairment (Alzheimer's Disease, Dementia):** People with cognitive decline may not wear, clean, or take care of their dentures. It's important to have simple prosthodontic designs (such overdentures or single-arch) and for caregivers to be involved. [25]

**7. Loss and Grief:** Patients may stop caring about their dental care or lose interest in prosthodontic therapy when their spouse or doctor dies. When patients are going through a lot of grief, doctors should be understanding and put off hard operations.

**8. Social Isolation and Communication Barriers:** People who live alone or have trouble hearing or speaking may have trouble saying what they need or getting follow-up care, which can make them unhappy with their prosthesis. [27]

**9. Problems with Motivation and Compliance:** Your mental state has a direct effect on how well you take care of your prosthesis and your teeth. Caregiver support and motivational interviews can help people follow through. [27]

For older people getting prosthodontic therapy, mental preparedness and support are just as important as clinical expertise. To deal with the psychological parts of dental rehabilitation, prosthodontists need to cooperate with psychologists, geriatricians, and caretakers, teach patients, show empathy, and make treatments easier.

## Conclusion

When treating senior dental and prosthodontic patients, the psychological factors must be carefully considered. A patient's opinion of their oral health, willingness to seek treatment, and capacity to adjust to prostheses can all be impacted by the emotional, cognitive, and social changes that come with aging. Clinicians can deliver compassionate, patient-centered care by having a thorough understanding of mental attitudes like those outlined in House's classification as well as conditions like depression, dementia, anxiety, and grief. Addressing these psychological issues requires interdisciplinary cooperation, simplified treatment plans, caregiver involvement, and customized communication techniques. Clinicians can improve treatment outcomes, increase denture acceptance, and greatly improve the general quality of life for the elderly population by integrating psychological evaluation into routine dental care.

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