Future Challenges
British Society for Gerodontology

Happy 25th Anniversary
There are **known knowns**. These are things we know that we know. There are **known unknowns**. That is to say, there are things that we know we don’t know. But there are also **unknown unknowns**. These are things we don’t know we don’t know

Donald Rumsfeld
Future challenges

- Changing demographics
- Changing patterns of disease
- Dental workforce fit for future purpose
- New technologies
- Ever-increasing expectations
- Quicker, cheaper, easier oral healthcare provision
- Shift to interprofessional working
- Patient engagement
Changing demographics

The population is growing

Over the next 20 years (2012-2032) the population in the UK is predicted to grow by 8 million to just over 61 million, 4.5 million from natural growth (births – deaths), 3.5 million from net migration.

The population is becoming more diverse

By 2031, ethnic populations will make up 15 per cent of the population in England and 37 per cent of the population in London.

Assuming the typical person has 20 teeth, by 2032 there will be 160M more teeth at risk to care for!
Changing demographics

The population is ageing

The combination of extending life expectancy and the ageing of those born in the baby boom, just after the Second World War, means that the population aged over 65 is growing at a much faster rate than those under 65. Over the next 20 years the population aged 65-84 will rise by 39 per cent and those over 85 by 106 per cent.

Increasing need for care of the older person
Changing demographics

More people are living alone

By 2032, 11.3 million people are expected to be living on their own - more than 40 per cent of all households. The number of people over 85 living on their own is expected to grow from 573,000 to 1.4 million

Shift from ‘family’ dentistry to personalised, bespoke care with increasing emphasis on older people
Changing demographics

Huge anticipated increase in fit, dentate elderly people, living alone, expecting and requiring personalised (patient–centred) care

Yet to be determined manpower and cost consequences
Changing patterns of disease
Changing patterns of disease
Changing patterns of disease

Dementias
Strokes
Cancers
Diabetes
Dental workforce fit for future purpose

Oral clinical specialists (OCSs) dentists, typically with ‘tiered’ special interests and expertise

Oral healthcare providers (OHPs) (hygienists) therapists and clinical dental technologists - “mid-level providers”

Oral healthcare team members (OHTMs) dental nurses, dental technologists, practice managers, receptionists and other support staff

Fejerskov et al., 2014

A primary qualification in dentistry is increasingly viewed as the end of the beginning
Need to change dental education

Wilson, NHF

Future-proofing educational guidance

New technologies
New technologies
New approaches – meeting patient expectations

Patient-centred, preventatively orientated minimum intervention care
New approaches – meeting patient expectations

Intraoral repair of direct and indirect restorations: procedures and guidelines

Loomans BAC and Ozcan M Op Dent, 2016. Supp 7, S68-S78
Performance of repaired amalgams


“Repaired and replaced amalgam restorations showed similar survival outcomes regarding marginal defects and secondary caries in patients with low and medium caries risk, and most of the restorations were considered clinically acceptable after 10 years”.

clinical excellence vs. good care
Replacement and repair of restorations

Criteria for the replacement of restorations:
Academy of Operative Dentistry


“... practitioners who examine restorations with the view “if in doubt, take it out” are to be encouraged to adopt the modern mantra of “at a last resort, take it out”...”
New approaches - Regendo
New approaches – MI surgery
New approaches - Perio

“... a call to action to revisit the long history of success of tooth maintenance to preserve the natural dentition without the rush to extract teeth and replace with implants.”

Giannobile, WV & Lang NP
J Dent Res, 2016:95:5-6
New approaches: Peregen
Quicker, cheaper, easier ....
Patient empowerment value-based oral healthcare (VBOH)

VBOH integrates the best evidence and clinical experience with patient-perceived quality of life improvement resulting from a healthcare intervention”

“Integration of evidence, experience and values”
New approaches – meeting patient expectations

Intraoral repair of direct and indirect restorations: procedures and guidelines

Loomans BAC and Ozcan M. Op Dent, 2016. Supp 7, S68-S78
Interprofessional working – shared care of patients

Health screening, counselling and vaccine administration are set to become integral elements of the dental contribution to shared care.

Dentists becoming as much oral physicians as dental surgeons.
Patient engagement

“Dental teams need to encourage many more patients to assume personal responsibility for their oral health, by adopting the role of ‘occasional visitor’ in patients‘ mouths.”

“A priority is getting the 50%+ of the population, who presently receive, at most, occasional emergency dental, to understand the importance of oral health and access dental services.”

“Patient engagement is central to achieving the much-needed shift from treating disease to maintaining health.”
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A final challenge

Shift away from the use of the term ‘geriatric’ and related terms (‘Gerodontology’)

Would ‘Gerodontology’ be better described and understood as Special Care Dentistry for the older person?

and .....
A final challenge

Should we develop a new branch of dentistry focusing on oral healthcare provision for the older person?

“**Senior oral healthcare** should range from bespoke preventive care programmes to the lifelong maintenance of a functional dentition, including antiaging dentistry according to the wishes and expectations of the patient.”
Thought for the day

Legacies are important; change is rarely best left for the next generation, but the next generation must be engaged in change.
“That's all Folks!”