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Editorial

Treatment for the Older Person. Minimum Standards or Minimal Care

A provocative and challenging title for a clinical academic meeting and one that reflects how far we have moved since the McGill Consensus statement in 2002. It was the title for the British Prosthodontic Conference Annual November meeting this year and was hosted (perhaps equally provocatively) at the Royal Zoological Society, London Zoo! Having a vested interest in the subject (and being one of the speakers) I was greatly heartened by the turnout and the level of participation of the delegates throughout the day. It seems only a short while ago that such a meeting would only have attracted those whose major interest was in the dental management of older people with perhaps some polite interest from those outside this field; but how things have changed! Not because the profession is aging (surely not?) but perhaps we are all maturing and have come to recognise that, as the first speaker said, "age is not a disease" and there are things that can be done to change not only the expectation but also the reality of what increasing years can bring.

Professor Marion McMurdo outlined some of the misunderstandings about health in old age. Certainly older people often have poorer health than their younger counterparts but many of these health issues can be circumvented. She outlined five major influences on our experience of health and disease in old age, the most modifiable of which are lifestyle and nutrition. Her talk focused on the influence of physical activity on health and disability in old age and the impact that regular physical activity has in reducing the risk of coronary heart disease, diabetes, cancer of the colon and several other chronic diseases. Whilst recognising that exercise can be beneficial, it is more difficult to persuade people to be more physically active. Part of the problem is the common misconception that to reap health benefits, continuous, vigorous exercise (athletics, jogging or squash) is required. So whilst some of us may "dream" of the "lycra-clad lovely" – the majority of health benefits can be gained by performing regular moderate intensity physical activities outside of formal exercise programmes. Good news then for couch potatoes of all ages and particularly heartening for older people. The message that was delivered was that doing some activity is better than doing none, and that more is better than less, but even small amounts can make big differences.

This theme "some is better than none, and ….. even small "interventions" can make big differences" was echoed by the other speakers and formed a common core to the days presentations. Mr Philip Hurst, Health Policy Advisor for Age Concern England, clarified the wider issues of the contribution of good oral health to quality of life and well being in later years and Professor Jimmy Steele outlined the challenges posed by an increasing population of dentate older adults. Particular note was made of the need to review our treatment philosophies to deal with the resultant challenges. These may include manpower planning, functional treatment planning strategies, the effective implementation of prevention, the use of adhesive and other technologies and rethinking our minimum standards of care. Professor Reiner Biffar discussed the use of minimal care programs for partial edentulous patients and the need to consider the risks and benefits of prolonged non and simple-treatment strategies. These points were amplified by Dr Finbarr Allen recognising that although the prevalence of edentulousness has decreased substantially, the burden of dental disease in the older adult population is still very high. Changes in perception were outlined. In particularly the notion that whilst acceptance of the edentulous state was once the norm, current evidence suggests that older adults find the prospect of becoming edentate more upsetting than in the past. He concluded by stating that the data for direct comparison of fixed and removable treatment options are limited, and cost effectiveness studies are practically non-existent. The literature with regard to the edentulous is thankfully a little clearer. Some of the key studies that have compared different treatment options for implant rehabilitation and conventional complete dentures were outlined. The highly favourable responses achieved with minimal intervention implant overdentures supports the premise of the McGill Consensus Statement on Overdentures, namely, that with the evidence currently available the restoration of the edentulous mandible with a conventional denture is no longer the most appropriate first choice prosthodontic treatment.

So, a provocative and challenging title for a clinical academic meeting "Treatment for the Older Person – Minimum Standards or Minimal Care (?)". Diplomatically the actual title did not carry the question mark at the end although the question was considered informally by many as the day progressed. Was there an answer? Perhaps not. There was, however, a clear recognition that many of the constructs of our clinical practice cannot remain the same as in the past and nor should they! As to what the minimal standards should be, that is both a clinical and economic construct, and these are the issues that will need to be wrestled with by the profession and society at large – the debate is increasingly informed!

J Mark Thomason
Editor