

## Geriatric psychology amidst edentulism: A review

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### Abstract

Old age is characterized by certain physical and psychological changes, and the effect of these changes on the individual determines, to a large extent, whether they will make good or poor personal and social adjustments. One of such changes is partial or complete edentulism. Edentulism is not just a physical change but it can also affect a person at psychological level and that is why, as oral health practitioners, it is our responsibility to modify our attitude and reactions while dealing with such patients. This article discusses about the change in mindset of an individual in old age with edentulism and also how it affects their behavior and response towards the dental treatment.

**Keyword:** Psychology, old-age, edentulism, quality of life, oral health

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### Introduction

Ageing is a developmental phenomenon that is unavoidable and it brings along with it a number of physical, psychological, hormonal and the social changes.<sup>1</sup> It not only affects the body but also the mind. As the person ages, he/she tends to look back regretfully about his/her physical health and esthetics but somehow is compelled to live in the present and as a result the maintenance of quality of life in older age becomes a challenge due to changes happening physically, orally and to a larger extent psychologically. In such a scenario, physical as well as oral health is bound to suffer. Comparatively, oral health is more neglected than the other health issues. Poor oral health can lead to compromised primary body functions such as mastication of food, esthetics, speech etc, leading to irritability and loss of psychological well-being of an individual. So, as a dentist it is our duty to ensure that the acceptability of the patient increases towards the denture mentally, his relations and attitudes toward

the dentist also gets better, his intelligence and ability to learn how to use the dentures is also improved thereby, enhancing his/her personality entirely.

### Understanding the psychology better

It has been observed that physical diseases, psychological illness and adjustment problems are quite common during the later phase of life. People in general are apprehensive and speak about the difficulties that they face during the fag end of their lives. Ageing involves certain changes in physical appearance such as wrinkled skin, flabby muscles, drooping of corner of lips etc. Other than the physical changes, with increasing age people tend to face loss of physical abilities, loss of intellectual processes, loss of work role and occupational identification, loss of intimate ties, such as death of spouse, friends and other acquaintances can also be associated.<sup>1</sup> Along with this, loss of oral function due to loss of teeth can affect the person in a way that he/she can feel socially

less acceptable. This psychological set back can affect the patients' acceptance and adaptation towards dental treatment.

It has been observed that the behavioral sciences have an important role in dental education, practice and research.<sup>2</sup> Geropsychology is a field of psychology, which is devoted to the study of aging and the provision of clinical services for older individuals. As researchers, geropsychologists expand knowledge of the normal aging process and design and test psychological interventions that address problems that commonly arise with people age. We, being health care practitioners, psychologists and geropsychologists should help older persons and their families combating oral health problems, enhancing well-being, and achieving maximum potential during later life.<sup>3</sup>

#### **Factors affecting the psychology of edentulous patients:**

**1. Culture and lifestyle** appear to have a major influence on attitude toward oral and general health. Personal adjustment is the process by which the individual seeks to satisfy his drives and innate and acquired needs in the physical and cultural environment in which he finds himself. A well-adjusted person is able to satisfy his/her needs quickly and sufficiently within the controls and outlets provided by his/her culture. This ability to adjust is related to the social organization of society.<sup>4</sup> Qualitative and quantitative studies on the emotional effects of tooth loss in the United Kingdom concluded that many people have difficulty coming to terms with tooth loss due to which they often tend to feel less confident, restrict their social activities, and avoid forming close personal relationships with other people.<sup>5,6</sup> In one similar study conducted in Gujarat, India, it was found that the

respondents appeared more affected by the restriction in social activities due to functional limitation rather than appearance. Those who had difficulties accepting tooth loss were also more likely to experience depressive symptoms.<sup>7</sup> In another study conducted on the people of Hong Kong, it was concluded that the emotional effects of tooth loss were not observed or absent among elderly people. However, significant disability was present because of difficulty in daily living activities. These difficulties were more severe in people who had lost enough teeth to necessitate denture wearing.<sup>8</sup>

**2. Dentist-Patient relationship-** Old age is considered as a period of second childhood, therefore, in old age also the patients expect more attention and psychological support by the clinicians.<sup>9</sup> The patient's cooperation may be influenced by his reaction to his dentist and the appreciation of his helpfulness, kindness, and understanding.<sup>4</sup> He/she may have the expectation that the dentist will take care of him and be gentle if he defers all decisions to the dentist. At the other end of the spectrum, a patient may feel that submission to an authority figure is a sign of weakness.<sup>10</sup> In a study conducted on the dentist patient interaction, Hirsch et al. found that patients treated by high authoritarian dentists were less satisfied than those treated by low authoritarian dentists.<sup>11</sup>

**3. Sex and Personality-** Females have always been governed by their looks and men by their masculinity. Similarly, when it comes to denture adaptability, it has been seen that more women complained about the appearance of their dentures, while more men had objections regarding mastication.<sup>12</sup> Also, when it comes to personality, patients with high stress personality exhibit the lowest

levels of satisfaction with their dentures with regard to aesthetics, speaking ability and masticatory function.<sup>13</sup> Silverman and others used a focused interview technique to assess the impact of self-image on denture acceptance. They concluded that subjects with high morale and self-image (e.g., men, individuals employed or those of higher socioeconomic status) were more likely to accept complete dentures.<sup>14</sup>

- 4. Quality of Life-** Teeth have an important role in facial appearance, speech, and eating ability. Loss of teeth may lead to changes in these domains leading to poorer quality of life. Edentulism not only have a negative impact on oral function, but also adversely affects social life and day-to-day activities. Compromised oral function has been linked to decreased self-esteem and a decline in psychosocial well-being.<sup>15</sup>

### Conclusion

Due to one reason or the other, the older individuals sometimes face depression which can negatively affect their physical functioning and well-being, which in turn affects their oral functioning. Individuals with more depressive symptoms reported worse oral quality of life, controlling for socio-demographic factors and self-reported oral health. So, as oral health care providers, it is our duty to understand the psychology of such patients and modify our behavior and treatment accordingly.

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