Does the Oral Dysbiosis Influence the Health of the Elderly People?

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Geriatric dentistry aims to fully treat the elderly people to have a better quality of life and it is necessary that dentistry professionals offer health care that meet the real needs of the elderly public for correct diagnosis and appropriate treatment. There are patients with systemic pathologies and a poor state of oral health, which further contributes to the worsening of existing pathologies. Therefore, it is essential that the dentist, before starting the dental health history, does evaluate the general health history of the patient, through a multidimensional assessment, including the extra and intra oral exams, observing the physical status, behavior, locomotion, odor and facial expression, because these observations may offer clues about the patient’s mental, socioeconomic and family status.

Vital signs records can be obtained through physical examination, such as blood pressure, pulse, temperature and respiratory rate. Checking vital signs is essential to reduce the risk of complications during treatment due to the particularities of the elderly, and should be done at each consult. The complementary laboratory tests should be personalized requested, based on the needs of each patient, considering physical status and anamnesis.

Due to the polypathology/comorbidity, elderly people may be polymedicated, therefore, attention should be paid to drug interactions during pharmacological anamnesis, seeing that if a drug is capable of modifying the patient’s organ functions and quality of life, a combination of drugs would have an additive effect. Another relevant point is that the elderly patient often visit different medical specialties and may occur no communication between them, with the prescription of medicines without an appropriate medication management. Therefore, the pharmacological treatment plan in the elderly patient needs to consider the prevention of injuries by drug interactions and side effects.

Many elderly patients have difficulty in brushing their teeth and tongue, so it is essential to establish dentist visits with their respective caregivers and family members, so that they become aware of the importance of the adequate oral hygiene since the oral health preventive plan directly influences adherence in treatment, once the patient should realize that the healthy oral condition may promote a healthy life. In this way, non-pathogenic microorganisms residing in the human body, the human microbiome, plays a critical role in the human health / disease process. The human microbiome is present in the human niches, such as skin, respiratory tract and digestive tract. It is composed basically by bacteria, but there are also fungi, protozoa and viruses. Humans need these microorganisms to act in the immunity with benefits such as the occupation of niches, preventing colonization by pathogenic bacteria, infection and cross immunity.

The present topic has current relevance in general health and dentistry, since oral dysbiosis elicits oral and systemic pathological conditions, such as chronic and degenerative inflammatory diseases. As well as the elderly individuals attended by the geriatric dentistry usually present systemic diseases and comorbidities, which can be aggravated by the inadequate performance of the health professional.
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team. Similarly, aging can occur healthily (senescence) and health status (symbiosis) needs to be preserved through health prevention practices.

Given the current knowledge that oral dysbiosis interferes with oral and systemic health, it is essential that preventive health professionals act in maintaining the symbiosis, that is the balance between the oral microbiome and the host, in addition to the curative performance of oral dysbiosis. Thus, in the context of gerontology, it becomes important to understand how the oral microbiome behaves in the human aging process and in the health/disease process in elderly individuals [1-4].

Conflict of Interest

There are no financial interest or conflict of interest.

Bibliography