Guest Editorial

The Difficulties in Continuing Education in Geriatric Dentistry; Analysis

Introduction
The concept started after WW2, mainly in United States, and was divided in three directions: geriatric dentistry, gerodontics, and gerodontology. Two important journals were added: Special Care in Dentistry and Gerodontology. In Europe, we witnessed the creation of the International Association in Gerodontology. In 1991, the European College of Gerodontology was established which started publishing in the journal Gerodontology. As this topic was not well known, the faculties showed no enthusiasm to introduce it in the basic formation. Moreover, in meetings with huge number of participants very few speakers with the concept of gerodontology were present. In FDI, it took time to fix any gerodontic sessions when I was leading. The first step toward this was taken only during the last year: the FDI, a federation of dental associations for the Oral Health for an Ageing Population, sponsored and this study is under their control. Despite these progresses, on a continuing educational level, few people attended the lectures and few stayed until the lecture finished. Consequently, it is necessary to find out the reasons for this situation.

The Demographic Facts
A decade ago, researchers pointed out that there will be constant increase of the elderly population. The cohort of the elderly population will increase from 605 million in 2000 to 2 billion in 2050. For the developed countries, this rate of increase will be more crucial. Nevertheless, in countries like China and Japan, we noted a great augmentation of the elders. Several important factors are also involved with this trend, for example, increase in the education system for the population, development of the health services and promotion of a better oral hygiene, and changes in the quality and quantity of the daily nutrition.

The Clinical Consequences
With the diminution of total teeth loss, the dentists have to face complicated clinical situations. Their conventional basic dental training does not allow them to set up an appropriate treatment plan. A dogmatic approach will lead them to severe pitfalls.

Important Barriers to Oral Care in Older Patients
- The time-factor is often ignored
- A mental and psychological evaluation is compulsory
- The medical condition and their risk factors should be evaluated
- Sometimes, a medical advice from their physician is necessary
- The economic background must be clarified.

The Continuing Education Mission
As per the official commitment for a better oral health, a more specified concept should be launched.
- Adapting the lecture to the educational background of the dentists and to their requests
- Presenting management and clinical easy and efficient solutions
- Providing skilled speakers appointed for this task as this type of audience (experimented practitioners) is basically different from the dental students
- Creating a clear and relevant evaluation of the dentist satisfaction and the speakers presentation.

Difficulties of the Gerodontic Development
The last two generations (50 years) tried to set up this area as a specialty.
This was accepted only in very few countries, mainly Latin America.
The FDI who are monitoring the biggest international congress now have started to introduce gerodontology in their agenda. Unfortunately, the practitioners are demanding clinical issues, not epidemiology. Geriatric dentistry is their constant wish.
Therefore, we have reached in a paradoxal situation where too much elderly patients are present and many dentists are able to provide an effective care.

Conclusion
Obviously, this is a fundamental mission to adapt the global continuing education program for the needs and demands of our colleagues. Otherwise, despite the motivation and
financial support, the task would not be achieved. The responsibility of this move is certainly now in the hands of our leaders.

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