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Research Article

**A CASE STUDY: TO DETERMINE THE NEED OF THE  
ELDERLY PEOPLE FOR DENTAL PROSTHETIC  
RESTORATIONS PRESENTING AT ALLIED HOSPITAL  
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**Article Received:** October 2020**Accepted:** November 2020**Published:** December 2020**Abstract:**

*A summary of characteristics of numerical data on the requirement of the local community for oral healthcare services are shared out in the present article. The elements contributing to the rise in demand for dental services are recorded by it. All the components described are pacified in an order of prime concern. Depending on the communal and social importance of the issue the writers show the applicability of the work on observing the dental health linked quality of life of aged people. The recent population trend and oddity of the socialization of old people in modern world is also recorded. It indicates particular characteristics of determining the oral healthcare related standard of life of the old and feeble patients in accordance with the etiopathology of their condition and orthodontist. It gives qualities of clinical, mental and social dimensions which form the mental state of the old people visiting health care centers. Results of own studies on patterns of oral diseases among the community in the city of Faisalabad presenting in Allied Faisalabad hospital is explained. Key words: dental morbidity patterns, comorbidity, quality of life, gerontology, dentistry.*

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**INTRODUCTION:**

Significance of this issue is based on the coming out worldwide population aging trend. The natural aging of public is an unavoidable factor of modern society based on decreasing fertility and increasing death of persons of working age on one side. On the other hand, the betterment of the health care system executed in our country in the past years consecutively have made it easier to increase the quantity and quality of highly-skilled medical services which enables to provide early diagnosis and treatment of natural disorders that are the main cause of death among population to this day [1, 2]. The visceral disorders very often effect on mouth hygiene. Organs and tissues wounds in the oral cavity inevitably cause appearance discontentment, confusion when the person smiles, laughs or talks, incapability to take favorite meal, taste inability, incapability to talk and swallow. All of these affairs make it very tough to perform daily life activities for a person, they have a negative effect on self-confidence, social conduct and interpersonal relationships. (Marshall B.J., McGachie D.B., Rogers et al., 1985). In the modern medicine the listed features are referred to as the quality of life measures. For the past years, this branch of knowledge has become one of the priorities [3, 4]. There was no multi-component research of the quality of life of old people with an accurate analysis of clinical and social measures based on studying oral lethality patterns among the community conducted in the Allied hospital Faisalabad.

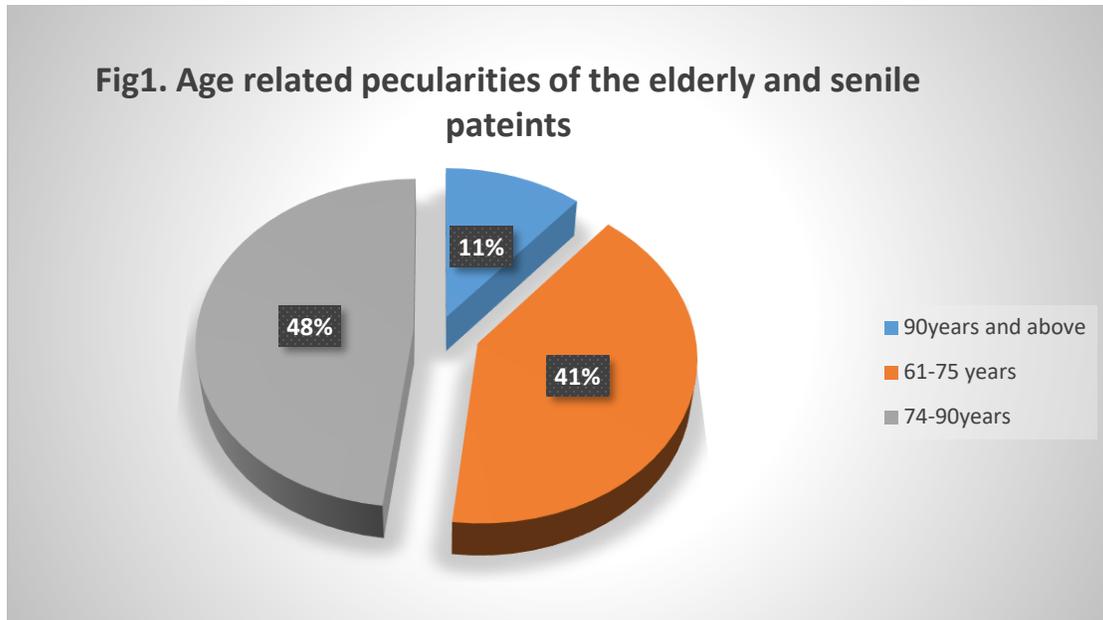
**MATERIAL AND METHODS:**

A broad study on specific characteristics of estimation of quality of life of the old and feeble patients. The methods used during the process of studying the estimation of the quality of life of the old and weak patients included an analytical and numerical analysis. Oral health services are the most popular health care services provided mainly in outpatient department clinics. Inspecting the data with regard to visiting medical hospitals by patients we can conclude that the visits to the dental surgeon represent 16- 21% of the total number. According to written works, the need for orthopedic dental services is 85% on average among middle-aged people and 100% among old people [5]. Most writers agree that if it was a high oral diseases popularity level, a low level of providing specialized

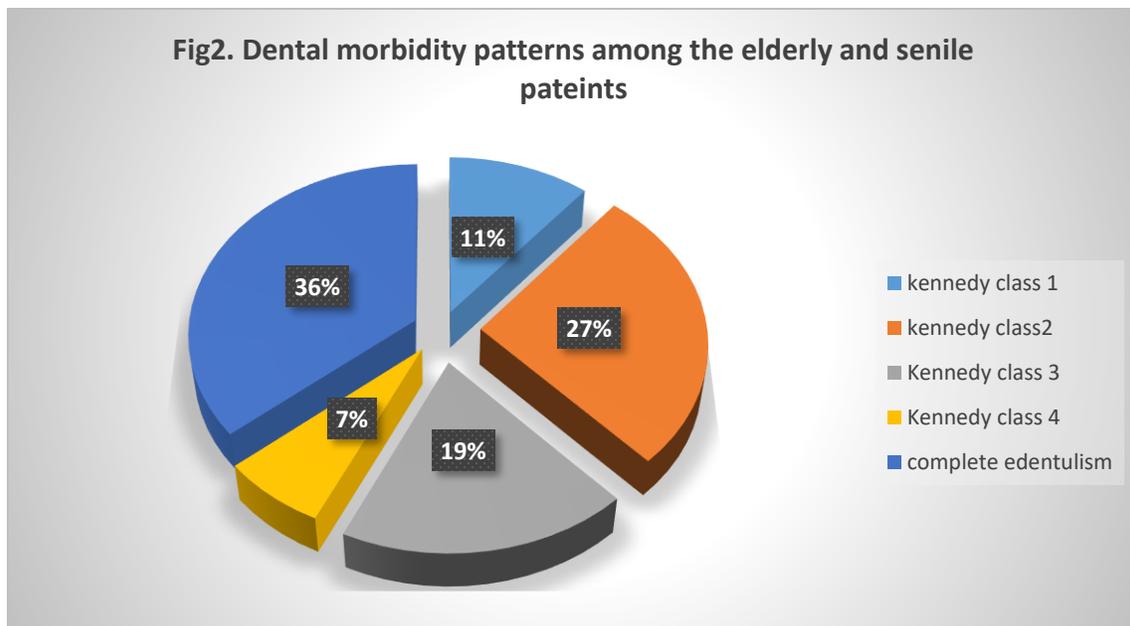
health care and medical geography factors among the reasons for the need for orthopedic dentistry services which occupied the first place earlier it is socio-economic and demographic factors due to the global population aging trend which occupy the first place now [6]. Present-day Russia sets great and enthusiastic goals, one of which is rising life expectancy of the local population. Nowadays, old people have an active lifestyle. One of the social well-being of people measures is the adequate quality of their life. The dental health related quality of life is a multifaceted concept and a result of interactions of various socio-economic, meteorological and earthly, biodegradable and medical factors. The combination of these factors determines the public health of this large group of patients and the quality of life measuring becomes one of the challenges to modern medicine. Old people shows a specific dental patients' group. Most old people don't have a history of one or even two chronic long-term somatic disorders, they have more than one number of diseases, dental demonstrations of which require involvement by a prosthodontist. The extensive majority of them already used orthopedic dentistry services. This use could be both positive and negative in nature. Prosthetics restorations usage is 5-8 years after which they are needed to be replaced [7, 8, and 9]. One of the challenges to the modern health care is dental health care. Comprehensive study on oral morbidity patterns among the population is the only significant way to resolve the challenges. The study is on old and feeble patients was carried out the at Allied hospital faisalabad. 1100 old people were included in the group to be studied. The group of "young old people" was contained by dental patients aged between 61 and 75. The group numbered 409 persons who made 40.9% of the total number of the patients to be studied. The group of "elderly people" was constituted by dental patients aged between 74 and 90 numbering 4812 persons who made 48.2% of the total number of the patients to be studied. Patients aged 90 and above were grouped together into the "Long-living people" group; it was the smallest group of 112 persons who made 11.2% of the total number of the patients (Fig. 1).

Study place: Allied hospital faisalabad

Study design: cross sectional study

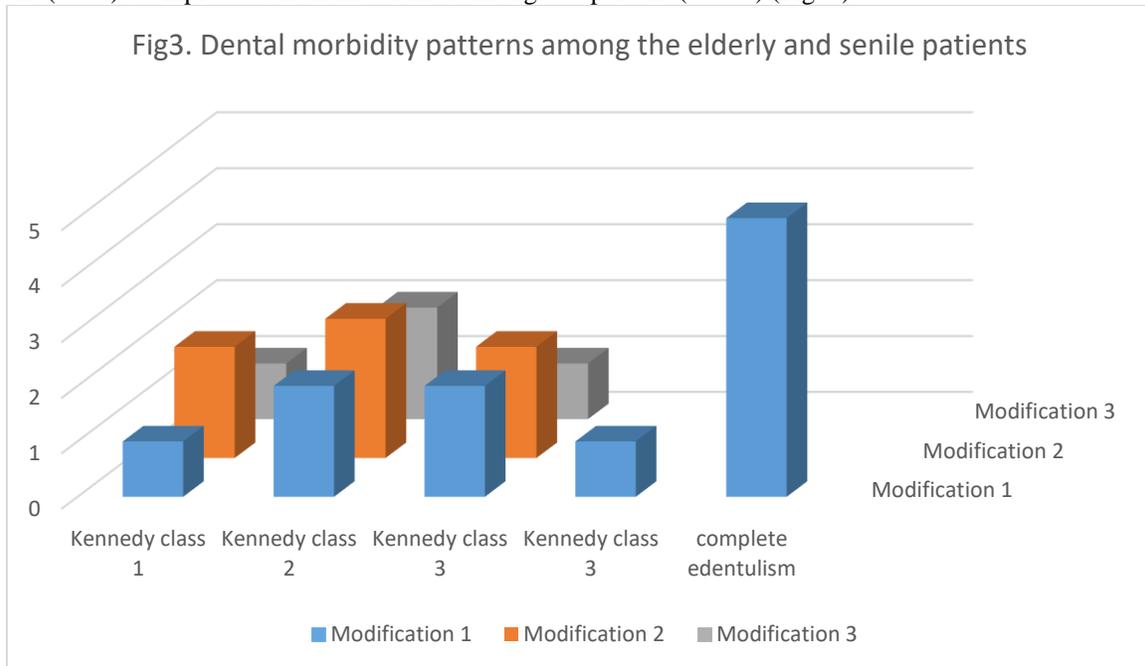


All the patients to be studied were grouped into the groups on the basis of the Kennedy classification of edentulous areas (1923), in addition to the age distribution which is easy to use for explaining edentulous teeth in detail. Patients with complete secondary edentulism were counted separately. 119 persons (11%) had bilateral edentulous areas located posterior to the remaining natural teeth (Kennedy Class I). Unilateral edentulous area located posterior to the remaining natural teeth (Kennedy Class II) occurred in 261 persons (27%). Persons bothered with unilateral edentulous area with natural teeth both anterior and posterior to the area (Kennedy Class III) were 199 in number (19%). A single but bilateral (crossing the midline) edentulous area located to the anterior of the remaining natural teeth (Kennedy Class IV) occurred in 61 persons (7%). People diagnosed with complete edentulism were 359 in number (36%) (Fig. 2)



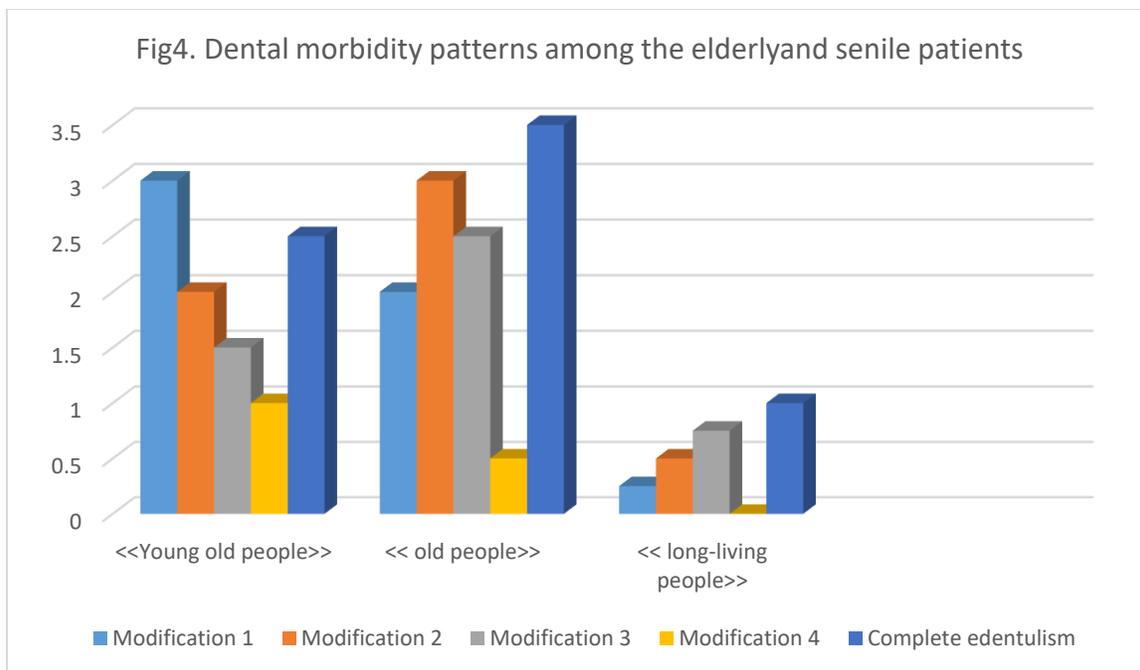
Edentulous teeth were also classified based on modifications, in addition to these classes.  
 Modification 1 represents one extra edentulous space.  
 Modification 2 - represents two extra edentulous spaces.  
 Modification 3 – represents three extra edentulous spaces.

The performed analysis of dental morbidity patterns among the elderly and senile patients has shown that 119 persons had bilateral edentulous areas located posterior to the remaining natural teeth (Kennedy Class I) who made 11.0% of the total number of the elderly and senile patients, 27 persons (2.7%) of whom had one extra edentulous space, 51 persons (5.1%) - two extra edentulous spaces and 42 persons (4.2%) - three extra edentulous spaces. It was identified that 261 persons had unilateral edentulous area located posterior to the remaining natural teeth (Kennedy Class II) what made 27.0% of the total number of the old and feeble patients. Of these, 83 persons (8.3%) had one extra edentulous space, 106 persons (10.6%) - two extra edentulous spaces and 71 persons (7.1%) - three extra edentulous spaces. 197 elderly and senile patients had unilateral edentulous area with natural teeth both anterior and posterior to the area (Kennedy Class III). Of these, 82 persons (8.2%) had one extra edentulous space, 58 persons (5.8%) persons - two extra edentulous spaces and 60 persons (6.0%) - three extra edentulous spaces. A single but bilateral (crossing the midline) edentulous area located to the anterior of the remaining natural teeth (Kennedy Class IV) occurred in 61 persons (7.0%). Complete edentulism occurred among 359 persons (36.0%) (Fig. 3).



### RESULTS AND DISCUSSION:

The deterioration of the clinical situation indirectly reflects an increase in Kennedy Modification, this has been shown by the performed analysis of the dental morbidity patterns among the old and senile patients. According to examination the number of missing teeth began to rise with the increasing age. The persons with complete edentulism which invariably increases with increasing age also testifies to the deterioration of the clinical situation. The dynamics of the process are easy to see within the groups studied (Fig.4)



### CONCLUSION:

A stable basis for the further in-detail examination of the quality of life of the old and weak patients in order to increase life span and social interaction of the community is the vast study on the oral morbidity patterns among population.

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