Guest Editorial

Necessity to Consider Home-visit Dental Care on Prosthodontics

I am honored to be given this opportunity to write an editorial for this journal. I am a member of the Japan Prosthodontic Society. Due to our recent academic exchange agreement with the Indian Prosthodontic Society, I have had the privilege to meet many people from India who share our interest in prosthodontics. Dr Pravinkumar G Patil (Department of Prosthodontics, Government Dental College and Hospital, Nagpur) is one of them. This year, we are also very pleased to invite Dr Malathi Buddhi (Nair Hospital Dental College, Mumbai).

In India, the elderly population aged 65 or above (although it appears to be more customary to define people aged 60 or above as elderly in India, I shall apply the Japanese definition) amounts to only approximately 5% of the total population. This is far from the proportion of the elderly population in Japan, 23.3%, which is the highest in the world. Nonetheless, considering the population of India, which has reached 1.241 billion people (as of 2011), its elderly population amounts to approximately 62 million, an enormous number. It is over twice as large as the elderly population in Japan, which has reached approximately 30 million. Before India becomes an aging society, it is necessary to take measures to provide a sufficient dental service for elderly people.

As of 2010, the average life expectancy of Japanese was 79.64 years for men and 86.39 years for women, and the population of people who are unable to make outpatient visits has increased. Therefore, the social demand for home-visit dental care is on the rise. However, the percentage of patients who receive home-visit dental care amounts to only 5.6% of care-needing elderly. This is due to the insufficient number of dental clinics which provide home-visit dental care services (they amount to only 18% of all dental clinics) and the lack of knowledge of the public on how to use such services. Furthermore, lectures and clinical training on home-visit dental care are still not fully established in many dental schools. In Japan, the number of dentists is currently said to be excessive, and efforts are being made to reduce this number by decreasing the enrollment capacity at dental schools as well as the examination pass rate for the national board dental examination. On the other hand, our society suffers from a lack of dentists who can provide home-visit dental care. After sufficiently establishing outpatient clinics and facilities providing inpatient dental care, there is still a social demand for home-visit dental care.

In India, the state with the highest proportion of elderly people aged 60 or above is Kerala (11.8%). This is followed by Himachal Pradesh (10.1%), Tamil Nadu (10%), Maharashtra (9.2%), Punjab (8.9%) and Orissa (8.7%). On the other hand, the state with the lowest proportion of elderly people is Assam (5.5%), which is followed by Jharkhand (5.7%) and Delhi (5.7%). The characteristics of the elderly population in India are: (1) the majority live in rural areas, (2) the proportion of women is high, (3) the proportion of people aged 80 or above is on the rise and (4) many live below the poverty line.

It is necessary for people involved in the activities of the Indian Prosthodontic Society to consider establishing measures based on the above-mentioned characteristics. For home-visit dental care the most important factor is the provision of a denture service. Furthermore, it is also important to appoint full-time dentists and dental hygienists at hospitals and day-care centers, develop devices and methods for providing home-visit dental care and secure funds to provide the services.

In aging societies, the role of prosthodontics should include not only the conventional care of tooth defects and missing teeth but also provision of prosthetic appliances, oral health care (such as care of the teeth, tongue, buccal mucous membrane and denture) and rehabilitation. Prosthetic appliances and oral health care can help to reduce aspiration pneumonia as well as denture stomatitis caused by *Candida albicans*. Guidance on swallowing and chewing, provided as part of rehabilitation, can improve dietary intake and activities of daily living (ADLs) as well as improve daily life through the joy of eating.

In western countries, there are currently many instructors who can educate students in how to provide implant services, but there is a lack of instructors who can provide education in services concerning removable dentures, especially complete dentures. If the number of instructors who can provide education in removable denture services declines, it will be impossible to adequately provide denture services using removable dentures. In the elderly, the demand for implant services will not increase. It will also be necessary to take measures in India to prevent the problems currently encountered in western countries.

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