

# Preventive oral care for geriatric population in the outbreak of COVID-19 pandemic

Dear Editor,

This correspondence is regarding the present situation of the novel coronavirus pandemic, also referred to as COVID-19 to which the geriatric population appears to be more vulnerable than other age groups. Literature suggests that concerning the COVID-19 disease, the risk of severe infections, cascade of complications, disability, and death are higher in the geriatric population especially in those with already compromised systemic conditions.<sup>[1]</sup> Therefore, it becomes crucial to protect older patients by limiting the spread of the virus at all costs.

A study done by Assery showed that the majority (252 [41.67%]) of the patients were more than 50 years of age and financial constraints were proved to be the main factor for not availing prosthodontic rehabilitation.<sup>[2]</sup> We would like to add that besides the patient-related factors, sometimes, no rehabilitation is the need of the hour and is in the best interest of the patient. It has been observed that the chances of cross-infection are high between the dentist and the patient due to the unique characteristic of the dental setting.<sup>[3]</sup> The existing scientific evidence emphasizes on infection control measures in the dental setting for the dentist,<sup>[4]</sup> as well as the inclusive dental emergency conditions,<sup>[5]</sup> but clear suggestions to the patients specifically to the geriatric patients in need of the prosthesis due to partial or complete edentulism is missing. In view of the current global crisis, it is not worth taking the risk to fabricate complete dentures for the geriatric population. The routine period between the tooth loss and the fabrication of mucosa borne complete denture is observed to be ranging from several weeks to months after extraction. An immediate denture is neither a requirement nor an emergency dental procedure. To defer the oral rehabilitation through complete denture fabrication in geriatric edentulous people appears to be the best preventive prosthodontic modality. This elective treatment can be deferred until such a clinical situation arrives where the outbreak is over with the nonexistence of symptomatic and asymptomatic patients in society. It is apt to consider that “No denture rehabilitation is better than rehabilitation with denture” in this incident of the rise of COVID-19 and it can be referred to as a constraint

for prosthesis fabrication. But, this “no denture fabrication” approach has to be coupled with patient education.

It is significant to elaborate upon educating geriatric patients about dietary behavior and habits. Although, the masticatory efficiency in edentulous patients gets drastically impaired if not compensated with the prosthesis but in the current situation, it becomes essential to follow the nutritional self-management strategy. Until the definitive treatment through complete denture is delivered, a soft and easy to chew food may be the alternative. To get all the proper nutrients, fresh fruits and vegetables that are finely chopped or meshed or are in grated forms may be preferred. Patients may be advised to avoid hard chewing foods.

In conclusion, to avoid the risk of spreading COVID-19, it is advisable to defer the elective dental procedures and not fabricating the complete denture for edentulous geriatric patients.

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### Conflicts of interest

There are no conflicts of interest.

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