



Alaska Dental Hygienists' Association  
Presents:

**Dr. Chris Wyatt**

**Geriatric Dentistry: Treating Older Adults in Private Practice & Hospital Settings**

Saturday September 30th, 2017

Southcentral Foundation Fireweed Mountains Building  
Conference Rooms A & B  
4341 Tudor Centre Drive, Anchorage AK 99508

**8:15am:** Registration

**9:00am - 10:00am:** The Aging Population and Impact on Dentistry

**10:30am – 12:30pm:** Diagnosing & Treatment planning for Older Adults

\*\*\*\*\*REGISTRATION FORM (please print)\*\*\*\*\*

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
Alaska DHA /ADHA /ADS MEMBER # \_\_\_\_\_

**\*\* LIMITED SEATING, BE SURE TO ARRIVE EARLY \*\***

**Alaska DHA/ADS Members**

[ ] \$30.00

**Non-Members**

[ ] \$60.00

**Non-Licensed UAA DH Students\***-Free (contact Michele for availability due to limited seating )  
(this is for hygienists that are not licensed yet, not available for degree completion hygienists)

[ ] \$0

**Payment accepted with cash, check or PayPal**

Questions? Contact: Michele Summers 854-4400 or [ak2thclnr@yahoo.com](mailto:ak2thclnr@yahoo.com)

**\*\* Alaska DHA is not responsible for lost or misplaced CEU AK BoDE approved course vouchers. A \$50 fee will be charged for the reissue of a certificate, this is only available for up to 2 years after course date, upon verification of attendance \*\***

**Dr. Chris Wyatt, BSc, DMD, MSc, Dip Pros, FRCD(C)** is Professor and Chair of the Division of Prosthodontics & Dental Geriatrics in the Faculty of Dentistry at the University of British Columbia. Dr. Wyatt graduated with a DMD degree from the University of British Columbia in 1986, a diploma in Prosthodontics in 1995, and an MSc in Dentistry in 1996 from the University of Toronto. He is a founding member of the ELDERS group (Elder's Link with Dental Education, Research, and Service), and the director of the UBC Geriatric Dentistry Program. In 2010, Dr. Wyatt was appointed as head of the new Graduate Prosthodontics Program at UBC. He has been Acting Head of the Department of Oral Health Sciences since 2016. He is past President of the Association of Prosthodontists of Canada and the British Columbia Society of Prosthodontists and has chaired the Geriatric Dentistry Committee of the British Columbia Dental Association.

**COURSE SYNOPSIS:** The North American population are aging, and an increasing number of people are presenting to our dental offices with the positive and negative effects of old age. A growing number of older adults are successfully aging at home, and living active lifestyles. The prevalence of chronic conditions and disabilities has declined over the past fifty years due to improvements in diet, an increase in physical activity, and reduction in smoking. In addition medical advances in orthopedics, transplants, and cardiac pacemakers have helped people live longer and healthier. However many older adults suffer chronic disease and disabilities including cardiovascular disease, cancer, arthritis, senile dementia, and Parkinson's disease. In addition, the provision of dental care for older adults is affected by polypharmacy and xerostomic side effects of medications.

Older adults are retaining teeth longer and have experienced sophisticated dental care over their lifetime, and expect to maintain their teeth and dental prostheses. These individuals have invested a considerable amount of time and money in their mouths and expect to retain their teeth, implants and dental prostheses for a lifetime. However, for many older adults, poor oral hygiene predisposes them to gingivitis, periodontitis, denture stomatitis, and dental caries. Oral health is directly related to chewing ability and nutrient uptake. Poor oral health and tooth loss often results in discomfort, poor aesthetics, bad breath, compromised mastication, and combined decrease quality of life.

The consequences of missing teeth are compromised aesthetics, phonetics, mastication, and occlusion. The loss of a maxillary incisor is just as much an aesthetic concern for an older adult as a younger adult. The options for replacement of teeth is no different from those who are younger. However, frailty (physical and cognitive) pose significant limitation on a patient's ability to undergo a complex treatment, prosthetic design, and professional maintenance. The provision of dental services for older adults sometimes involves consent for treatment from others (family, guardians, or power of attorneys), determining the best environment to provide services, and the support of family for daily oral hygiene, and maintenance of the dental prostheses. Increasingly, dental professionals must work with fellow health care providers (physicians, social workers, and community nurses) to better serve their elderly patients.

**Reference:** MacEntee M.I. Muller F. & Wyatt C.C.L. editors. Dental Care of the Frail Elder. John Wiley & Sons Inc. Hoboken, 2010.

#### **COURSE OBJECTIVES:**

Upon completion of this course you will be able to:

- Describe the impact of aging on general health, mobility, cognitive ability, and oral health.
- Be competent in applying a systematic approach to diagnosing oral disease and developing appropriate treatment plans to restore dentitions affected by tooth loss, dental caries and periodontal disease.
- Understand the need and have the skills to obtain appropriate levels of consent for dental care, and communicating with relatives of patients and other health care