Age and Endodontics

Michael Sultan discusses how and when to treat ageing patients effectively with endodontics

The high standard of oral healthcare and the evolution and change within everyday dentistry has never before been so rapid as it is in dentistry today. The rise of more complex dental treatments and techniques and the recent innovations of products and therapies have introduced many professionals to higher standards in practice. However, what is becoming apparent is that endodontics is becoming more difficult as the population ages and this sector is driving the change within the profession.

Today’s society has led to an increase in patient's expectations to maintain their natural teeth. Patients no longer expect or are resigned to having dentures as their parents and grandparents did, they want their own teeth and they are more inclined to keep up with regular maintenance and more advanced treatments to ensure this happens. Just having a tooth out is no longer an option as it can lead to further ramifications, which are more difficult to deal with. As the patients age they may have specific health issues which may make them more prone to dental health problems. This may be as a result of medication; however, the Root Canal Treatment (RCT) itself may be harder to perform.

There is sometimes a need for more extensive treatment to rescue a tooth after many years of service, and more patients are opting for RCT to retain the natural tooth and to salvage large and complex restorations. A patient that presents with severe toothache due to dental decay would have had limited options years ago, with extraction being the most common treatment. However, with the increased prognosis and likelihood of a successful treatment, patients are much more likely to opt for RCT rather than extraction.

Treating an older patient becomes more complex and challenging due to several factors including:

- The reduction of space in the pulp
- Sclerosis of canals
- Treatment area may be through crowns and bridges
- Elderly patients may not be able to tolerate longer chair times

The medical history of a patient can also make RCT a preferable treatment. For example, a patient undergoing cancer treatment or radiotherapy, or taking bisphosphonates and anticoagulants may avoid extraction, as RCT would have less knock on effects to their general health.

The patient's age and health status are of course considered before dental treatment; however, another factor that must be explored is the medications they are taking. Antidepressants, diuretics and diabetic medication may lead to...
reduced saliva flow and a dry mouth, which encourages caries. This is also a common factor in age itself.

As age increases, the incidents of decay and root caries rise and this may be compounded by the patient having less sensitivity to pain and therefore, less early warning signs of decay.

Decay around previous crowns and restorations is a familiar theme in ageing patients who need RCT and these treatments can become more difficult and may also be more time consuming. This poses a problem in people who require shorter appointments for health reasons and also comfort. Often the RCT is a re-treatment of an existing root filling where there has been leakage and this has to be re-addressed.

Utilising the best and most modern equipment is the only way to ensure the most efficient work without compromising on quality. Clear visualisation into treatment areas through a powerful light source is essential. Microscopes and loupes are ideal tools for increased vision into the work area, especially whilst working through crowns and searching for very sclerosed and receded canals. For efficient canal preparation and to really speed up preparations, I find nickel titanium instruments to be excellent.

It is also crucial to mention that an incredibly important aspect of successful RCT is the comfort and confidence of the patient. Often people are nervous following a lifetime of poor experiences at the dentist and the reputation that surrounds treatments such as root canal therapies. Understanding a patient’s reservations and concerns will help you complete treatment fast and efficiently.

The possibility of successful treatment has increased with more efficient diagnosis, treatment therapies and the opportunity to both treat and re-treat teeth if necessary. Root Canal Treatment is certainly desirable by both patients and professionals and in most cases, preferable to extraction and the knock on effects of losing a tooth.

About the author
Dr Michael Sultan, BDS MSc DFO is a specialist in Endodontics and the Clinical Director of EndoCare. Michael qualified at Bristol University in 1986. He worked as a general dental practitioner for five years before commencing specialist studies at Guy’s Hospital, London. He completed his MSc in Endodontics in 1993 and worked as an in-house endodontist in various practices before setting up in Harley St, London in 2000. He was admitted onto the specialist register in Endodontics in 1999 and has lectured extensively to postgraduate dental groups as well as lecturing on Endodontic courses at Keansburg UCO, University of London. He has been involved with numerous dental groups and has been chairman of the Alpha Omega dental fraternity. In 2008 he became Clinical Director of Endocare a group of specialist practices. To talk to a member of the Endocare team call 020 7224 0999 or email reception@endocare.co.uk or for more information please visit www.endocare.co.uk