LETTERS

MEDICAL EDUCATION AND GERIATRIC ORAL HEALTH

I want to commend Griffin et al. for their outstanding article on geriatric oral health.[1] As they pointed out, oral disease in this population is a major health issue with important consequences. Strategies for improving outcomes must be multifactorial. I was struck by the importance of their statement suggesting that part of the solution is for "primary care providers and geriatricians [to] be educated on common oral conditions, risk factors, and healthy behaviors along with the medical, functional, emotional, and social consequences of poor oral health." [1(p416)]

While Griffin et al. did not cite the recent Institute of Medicine (IOM) reports,[2,3] their recommendation for improved medical education with regards to oral health echoes the IOM's call to action. Fortunately, there are ripples of hope within the medical education realm with regards to geriatric oral health. Firstly, the Association of American Medical Colleges (AAMC) has recently issued a Call for Proposals to create new materials or promote existing resources for more than 50 oral health topics that span the life cycle.[4] These peer-reviewed educational materials will be available within the next six months on their curricular repository (http://www.mededportal.org). Secondly, the creators of the national oral health curriculum Smiles for Life recently added a geriatric oral health module to their seven other oral health educational modules.[5] This educational tool can be downloaded as a Power Point presentation with speaker notes for use in any educational setting or accessed as an online interactive course to be completed within 40 minutes. Each course comes complete with cases and questions to test comprehension. The online course is approved for continuing education credits for physicians, nurses, and physician assistants. Lastly, Smiles for Life lead to a larger project funded by the Dentaquest Foundation, the National Interprofesional Initiative on Oral Health.[6] This group comprises a diverse group of medical and dental professionals and educators working to promote oral health education across the entire medical and nursing spectrum including undergraduate schools, residencies, and practicing professionals. They are committed to oral health education that covers every key topic including those groups that are often overlooked, such as geriatrics.

These efforts are in line with the proposed roles for public health players that Griffin et al. mentioned. This should create a new generation of health care providers who realize that good oral health is a part of good geriatric overall health and vice versa. ■

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This letter was accepted March 12, 2012.

doi:10.2105/AJPH.2012.300798

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GRIFFIN ET AL. RESPOND

We appreciate Silk's comments, which bring further attention to the burden of oral disease among older adults. Our findings suggest that poor oral health can further diminish the well being of persons with existing health conditions through increased mouth pain, food avoidance, self-consciousness and embarrassment, and less satisfaction with life. Moreover, disparities in the burden of oral disease also exist based on race, ethnicity, and socioeconomic status.

We agree with Silk that the Smiles for Life curriculum, endorsed by both the American Dental Association and the American Association of Public Health Dentistry, is a good start for providing crucial education and awareness about the importance of oral health across the lifespan to primary care providers, including geriatricians. The National Interprofessional Initiative on Oral Health and other efforts to integrate oral health into predoctoral and residency programs are especially promising, in that it may be

easier to provide oral health competencies to the next generation than to change attitudes and behaviors of established practitioners. ■

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This letter was accepted April 10, 2012.
doi:10.2105/AJPH.2012.300863

Note. *The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the CDC.*

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All authors contributed equally to the letter.