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ULOGA STOMATOLOŠKE SESTRE U PROTETIČKOJ REHABILITACIJI STOMATOLOŠKIH GERIJATRIJSKIH PACIJENATA

DENTAL NURSE'S ROLE IN PROSTHODONTICS REHABILITATION OF ELDERLY PATIENTS

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APSTRAKT

***Uvod**: S obzirom na sve veći porast broja starijih pacijenata pažnja se mora usmeriti ka planiranju i ostvarivanju njihove specifične stomatološke nege. Promene u usnoj duplji, koje dovode do gubitka zuba, posledica su starenja kao fiziološkog procesa, ali i češćeg prisustva hroničnih i degenerativnih oboljenja kod ljudi nakon 65. godine života.*
***Cilj** ovog rada bio je predstavljanje uloge stomatološke sestre u timu za protetičko zbrinjavanje pacijenata starijeg životnog doba.*
***Diskusija**: Uloga stomatološke sestre u timu za protetičku rehabilitaciju gerijatrijskih pacijenata od velikog je značaja, kako u pripremi za sam tretman, tako i u njegovoj realizaciji. Stomatološka sestra se, ne retko, javlja kao medijator između pacijenta i lekara, vezujući duhovnu brigu o njegovim potrebama, kao osnovu sestrinskog poziva, sa egzaktnom prirodom izrade zubne nadoknade. Svojim aktivnim učešćem u zdravstveno vaspitnim radu sa pacijentima starijeg životnog doba, doprinosi motivaciji pacijenata da zubne nadoknade koriste i održavaju čistim, čime se poboljšava njihovo oralno i opšte zdravlje.*
***Zaključak**. Pacijenti zavisni od tuđe nege zahtevaju poseban tretman, u kome je bitna i uloga specijalno obučene stomatološke sestre koja će im ukazati na značaj i način održavanja usne duplje i zubnih nadoknada.*

Ključne reči: *stomatološka sestra, gerijatrijski pacijenti, protetička rehabilitacija*

ABSTRACT

***Introduction**: Geriatric prosthodontics represents current dental discipline, given the increasing volume of the older population. Special needs of this group of people should not be ignored, so attention must be paid to the planning and the realization of their specific dental care.*
***The purpose** of this paper was to present the specific role of dental nurses in the prosthetic's rehabilitation of elderly patients.*
***Discussion**: The role of a dental nurses in the prosthetics rehabilitation is critical, both during the preparation for the treatment, and its realization. Dental nurses are often mediators between patients and dentist, linking the spiritual care of their needs with exact nature of the making of dental restorations. Their active participation in health education of elderly patients contributes to the motivation of patients to use dentures, and keep them clean, which improves their oral and general health.*
***Conclusion**. The role of dental nirses is of utmost importance if patients are in the need of someone else's care. Dental nurses will point out to them how and why to take care of oral cavity and dental restorations.*

Key words: *dental nurse, geriatric patients, prosthetic rehabilitation*

Uvod

Porast dugovečnosti jedan je od najvećih dostignuća savremenog doba. Razvoj tehnologije i nauke, a posebno medicine, doveo je do značajnog porasta populacije starijih ljudi širom sveta[1] . Udeo osoba starijeg životnog doba je u poslednjih 50 godina udvostručen (sa 7,9% na 14,3%), a prosečni životni vek produžen je za čak 5 godina [2]. S tim u vezi, ne smeju se da se zanemare posebne potrebe ove grupe ljudi,

Introduction

Increase in longevity is one of the greatest achievements of modern times. Technology and science, especially medicine, has led to a significant increase in the population of elderly people all over the world [1]. The proportion of elderly in the last 50 years has been doubled (from 7.9% to 14.3%), and the average life expectancy has been extended by as much as 5 years [2]. Given this fact, special needs of this

pa se pažnja mora usmeriti i ka planiranju i ostvarivanju njihove specifične stomatološke nege. Gerontostomatologija postaje sve aktuelnija u svakodnevnoj klimičkoj praksi[3].

Sa starenjem se kvalitet života nesumnjivo menja, a starija populacija u manjem ili većem stepenu zavisi od nege drugih lica[4]. Kvalitet života gerijatrijskih pacijenata sagledava se kroz njihovu fizičku aktivnost, mentalnu sposobnost, težinu simptoma eventualno prisutnih bolesti, lični osećaj zdravstvenog stanja i kroz socijalne odnose sa drugim ljudima[3]. Posledice oboljenja usne duplje i odsustvo zuba vode ka značajnom smanjenju kvaliteta života starih ljudi[5,6]. Holm-Pedersen i sar. ukazuju na brži gubitak zuba i veći broj klinički nerešenih slučajeva kod osoba nižih socijalnog statusa[7].

Promene u usnoj duplji posledica su starenja kao fiziološkog procesa, ali i češćeg prisustva hroničnih i degenerativnih oboljenja kod ljudi nakon 65. godine života [7,8]. Veza između opšteg i oralnog zdravlja naročito je izražena kod starih ljudi. Sistemska oboljenja, kao i sporedni efekti pojedinih terapijskih procedura (npr. zračenja) i upotreba lekova, mogu da utiču na zdravlje usne duplje i mogu da dovedu do redukovanog lučenja pljuvačke, orofacijalnog bola, zapaljenja desni, resorpcije alveolarne kosti, pokretljivosti i gubitka zuba [9,10]. Parodontopatija prati mnoga sistemska oboljenja: dijabet, sistemsku aterosklerozu, kardiovaskularna oboljenja i hronične inflamacije [11]. Reynolds i sar. navode da preko 90% gerijatrijskih pacijenata pokazuje neki problem sa oralnim zdravljem[12].

Usled promena vezanih za starenje, kao i izrazito slabije oralne higijene populacije starije životne dobi, kod ovih pacijenata se javljaju klinički problemi kao što je akumulacija dentalnog plaka, karijes, atricija i abrazija zuba, klinaste erozije, ogolićenje vrata zuba, frakture, krvarenje iz desni i, na kraju, gubitak zuba [10]. Slaba oralna higijena i kserostomija rezultuju i angularnim heilitom, oralnim ulceracijama, glositom, fisuralnim promenama na jeziku, sorom i protetskim stomatitom [13]. Mišići orofacijlne regije atrofiraju, a to smanjuje efikasnost žvakanja [3].

Čak 50% osoba starijih od 85. godina boluje od demencije ili Alchajamerove bolesti. Veoma česta je i Parkinsonova bolest [14]. Poremećene kognitivne sposobnosti pacijenata ne remete samo oralnu higijenu pacijenta, već prekidaju i kvalitetnu komunikaciju sa okolinom, pa ovi pacijenti i ne posećuju stomatologa.

group of people must not be ignored, so attention must be paid to planning and implementation of their specific dental care [3].

The quality of life undoubtedly changes with aging , and the elderly population in a greater or lesser degree depend on the care of others [4]. Quality of life of geriatric patients is seen through their physical activity, mental fitness, weight, temporary symptoms of an illness, personal sense of health and in social relationships with other people [3]. The consequences of mouth diseases and lack of teeth lead to a significant decrease of quality of life of elderly people [5,6]. Holm-Pedersen et al. indicate a rapid loss of teeth and a number of clinical cases pending with people of lower social status [7].

Changes in the oral cavity are a consequence of physiological aging process, as well as of chronic and degenerative diseases after the 65 years of age [7,8]. The link between general and oral health is particularly emphasized with elderly people. Systemic diseases, as well as side effects of certain therapeutic procedures (eg radiation) and the use of medicines, can affect the health of oral cavity and can lead the reduction of saliva secretion, mouth cavity pain, sore gums, alveolar bone resorption, tooth mobility and loss of teeth [9,10]. Periodontitis follows many systemic diseases: diabetes, systemic atherosclerosis, cardiovascular diseases and chronic inflammation [11]. Reynolds et al. state that over 90% of geriatric patients have a problem with oral health [12].

Due to changes related to aging, and extremely poor oral hygiene of elderly population, these patients have clinical problems, such as the accumulation of dental plaque, caries, tooth abrasion, sphenoid erosion, fractures, bleeding from gums and, finally, loss of teeth [10]. Poor oral hygiene results in angular heilitom, oral ulcers, glositom, fistural changes in the tongue, sorom and prosthetic stomatitis [13]. Mouth-facial region muscles, show the symptoms of atrophy, which reduces the efficiency of chewing [3].

As much as 50% of people older than 85 years suffer from dementia, or Alzheimer disease. Parkinson's disease is also very common [14]. Distorted cognitive abilities of patients affect not only a patient's oral hygiene, but also high-quality communication, and often these patients do not go to the dentist's.

Sa druge strane, loše oralno zdravlje negativno utiče na opšte zdravlje pacijenta, a gubitak zuba može da dovede do loše uhranjenosti pacijenata (malnutricija), gubitka telesne težine i gastrointestinalnih smetnji. [13]. Kod nepokretnih pacijenata veoma su česte pneumonije, jer slaba oralna higijena povećava rizik od aspiracije infektivnog materijala iz usne duplje [15,16]. Usled bakterijemije, koja potiče od obolelih zuba ili iz parodontalnih džepova, može da dođe do pojave različitih oboljenja srca, krvnih sudova, mozga i drugih organa [16,17]. Prisutna parodontopatija kompromituje terapiju dijabeta utičući na regulaciju šećera u krvi [3,6].

Specifičnosti protetičke rehabilitacije pacijenata starijeg životnog doba

Pacijenti starije životne dobi, usled delimičnog ili potpunog nedostatka zuba, česti su posetioci stomatoloških ordinacija. Cilj njihove posete, u najvećem broju slučajeva, jeste protetička terapija, koja zahteva posebnu pažnju i angažovanje čitavog tima, u kome je uloga stomatološke sestre nesporna.

Problem nedostatka zuba kod gerijatrijskih pacijenata obično se rešava izradom mobilnih pločastih zubnih nadoknada [18]. Komplikovanija rešenja u vidu fiksnoprotetskih konstrukcija i skeletiranih proteza u kombinovanih sa namenskim krunama i atečmenima, najčešće nisu indikovana usled opšteg zdravstvenog stanja i lokalnog kliničkog nalaza, ali i zbog materijalnih uslova gerijatrijskih pacijenata.

Izraženija resorpcija alveolarnih grebenova, postojanje egzostoza i oštrih rubova, kao i istanjena i vulnerabilna sluzokoža i kserostomija, kompromituje izradu mobilnih pločastih zubnih proteza, bitno utičući na njihovu retenciju i stabilizaciju [19]. U takvim uslovima neophodne su dodatne neinvazivne stomatoprotetske procedure, kao što je registracija neutralne zone i podlaganje oralno tkivnim kondicionerima [20,21]. Kod pacijenta starijeg životnog doba lošeg zdravstvenog stanja, obično nije indikovana upotreba zubnih implantanata i hiruška nivelacija alveolarnih grebenova. Kod slabo pokretnih i jako starih pacijenata izbegava se izrada novih zubnih nadoknada ukoliko je moguća readaptacija starih proteza [22].

Cilj ovog rada bio je predstavljanje specifične uloge stomatološke sestre u protetičkoj rehabilitaciji pacijenata starijeg životnog doba.

On the other hand, poor oral health affects the general health of a patient, and tooth loss may lead to poor nutritional status of patients (malnutrition), weight loss and gastrointestinal problems [13]. Disabled patients often have pneumonia, because poor oral hygiene increases the risk of aspiration of infective material from the oral cavity [15,16]. Bacterial infection from infected teeth or periodontal pockets, may cause various heart, blood vessels, brain and other organs diseases [16,17]. The current periodontitis has an effect on diabetes therapy affecting blood sugar regulation [3,6].

Specific features of prosthetic rehabilitation of elderly patients

Elderly patients, due to the partial or complete lack of teeth, are frequent visitors to the dental clinic. The purpose of their visit, in most cases, is the prosthetic therapy, which requires special attention and engagement of the entire team, in which the role of dental nurses is indisputable.

The lack of teeth is usually solved mobile by making of dental restorations [18]. More complicated solutions in the form of fixed prosthetic constructions and skeleton prosthesis combined with the attachments and crowns, are not usually indicated due to the general health state and local clinical results, as well as financial conditions of geriatric patients.

Stronger resorption of alveolar ridge, the existence of exotosis and sharp edges, as well as thin and vulnerable mucous membranes and xerostomia, affect the mobile dental prosthesis plate making and their retention and stabilization [19]. Under such conditions additional dental and prosthetic noninvasive procedures are required, such as the registration of the neutral zone and the use of oral tissue conditioners [20,21]. Dental implants and surgery for leveling the alveolar ridge are not indicated if elderly patients are of poor health. The making of new dentures is avoided if the patients are very old and/or disabled, but the old dentures are readapted, if it is possible [22].

The aim of this paper is to present the specific role of dental nurses in the prosthetic rehabilitation of older age patients.

Uloga stomatološke sestre u zbrinjavanju pacijenata starijeg životnog doba

Odnos pacijenta starije životne dobi i stomatološkog osoblja je specifičan. Njegova očekivanja ponekad prevazilaze mogućnosti konzervativne stomatološke terapije. Naime, ovi pacijenti se nadaju da će protezama ne samo povratiti sposobnost žvakanja, govora i lep osmeh, već da će se i osećati mlađim i poželjnijim. Napraviti balans između očekivanja pacijenta sa jedne strane i njegovih godina sa svim konsekutivnim promenama koje one donose, kao i tehnika kojima raspolaže savremena stomatologija sa druge strane, ponekad je jako teško [23,24]. Stomatološka sestra se, ne retko, javlja kao medijator između pacijenta i lekara, vezujući duhovnu brigu o njegovim potrebama, kao osnovu sestrinskog poziva, sa egzaktnom prirodom izrade zubne nadoknade. Uspostavljanjem aktivnog odnosa utvrđuje se šta pacijent očekuje od budućih proteza.

Protetičke tretmane gerijatrijskih pacijenata treba unapred zakazati i ne pomerati, jer se time podstiče već prisutna nesigurnost. Stariji ljudi obično dolaze pre zakazanog vremena, što nikako ne sme biti razlog za netoleranciju od strane stomatološkog osoblja. Uloga stomatološke sestre, kao domaćice stomatološke ordinacije, može u tom odnosu imati presudan značaj [25] (slika 1). Pacijenta treba udobno smestiti i pri-

Slika 1. Ljubazna stomatološka sestra i gerijatrijski pacijent
Figure 1. Friendly dental nurse and geriatric patient

The role of dental nurses in the care of patients of older age

The relationship between elderly patients and dental staff is specific. their expectations sometimes exceed the abilities of conservative dental treatment. In fact, these patients hope that the prosthesis does not only restore chewing ability, speech, and a nice smile, but that they will also feel younger and desirable. Making a balance between the expectations of the patient on one hand and his ages with all the consecutive changes, and the techniques available to modern dentistry on the other hand, is sometimes very difficult [23,24]. Dental nurse is often seen as a mediator between a patient and doctor, linking the spiritual care of his needs, as well as the exact nature of the making of dentures. By establishing an active relationship, it is determined what the patient expects of the future prosthesis.

Prosthetic treatment of geriatric patients should be appointed and not moved, because in that way encourages the present uncertainty is encouraged. Elderly people usually come before the appointed time, which must not be intolerated by the dental staff. The role of dental nurses can be of a decisive significance [25] (figure1). The patient should feel comfortable and the dental unit should be prepared for the next phase of work, for the treatment to begin at the strictly scheduled time. Accuracy is important because it encourages commitment and confidentiality to prosthetic treatment.

Communication has proved to be the most effective method in the treatment of anxiety, which occurs almost regularly when visiting the dentist [23]. Elderly patients are often afraid of pain and discomfort related to the taking of prints for the dentures.

Dental clinics must not be noisy and there must not be interruptions by staff or phone calls. In order to obtain the desired information, the patient should be approached carefully, with clear and simple questions. Elderly people have difficulties to understand information and their attention is easily drawn away. The aging process affects the senses, especially sight and hearing. Presbyopia affects elderly people in a very high percentage. Prudence and patience for these shortcomings, as well as understanding for their forgetfulness will help the patient to easily accept dental treatment and adapt to

premiti stomatološku jedinicu za narednu fazu rada, kako bi sam tretman počeo u strogo zakazanom roku. Tačnost je jako bitna jer pospešuje odlučnost i poverljivost prema protetičkom tretmanu.

Komunikacija se pokazala kao najefikasniji metod u lečenju anksioznosti, koja se gotovo redovno javlja prilikom poseta stomatologu [23]. Stariji pacijenti se najčešće plaše bola i neprijatnosti vezanih za uzimanje otisaka za zubne proteze.

Stomatološka ordinacija, ne sme biti bučna, ne sme biti prekida u radu od strane osoblja i telefonskih poziva. U cilju dobijanja željenih informacija pacijentu treba prići pažljivo, sa jasnim i jednostavnim pitanjima. Izrečene informacije stariji ljudi teže shvataju, a pažnja ime se veoma lako odvlači. Proces starenja zahvata i čula, naročito čulo vida i sluha. Staračka dalekovidost pogađa ljude u vrlo visokom procentu. Strpljivost i obazrivost u odnosu na ove nedostatke, kao i pokazivanje razumevanja za njihovu zaboravnost pomoći će pacijentu da lakše prihvati tretman stomatologa i da se adaptira na zubnu nadoknadu. Ponoviti istu stvar više puta, na razliti način i malo višim, ali uvek prijatnim, tonom nekada je jedini način komunikacije sa gerijatrijskim pacijentom (slika 2).

Sondell navodi dve osnovne komponente verbalne interakcije pacijenta i stomatološkog osoblja: fokusiranje na izradu zubne nadoknade i socio-emocionalni pristup pacijentu[23]. Socio-emocionalni pristup se sagledava kroz tri nivoa: sadržaj poruke upućene pacijentu, način njenog saopštavanja (boja glasa, izbor reči, prateća mimika i gestikulacija) i ,na kraju, uspostavljanje odnosa sa pacijentom. Isti autori su ukazali na veću izraženost socio-emocionalne komponente kod pacijenata ženskog pola [26]. U skladu sa tim, zadovoljstvo pacijenata stomatoprotetskim tretmanom, takođe, može da se sagleda kroz dva aspekta: zadovoljstvo lečenjem, odnosno protetskim tremanom i zadovoljstvo pokazanom brigom (odnosom osoblja za vreme stomatoprotetskog tretmana) [27].

Za ishod terapije veoma je bitan psihološki tip pacijenta. Onima koji su večiti pesimisti treba posvetiti više pažnje i ubediti ih da će proteza bar popraviti postojeće stanje (slika 3). Optimisti se lakše navikavaju na zubne nadoknade, prihvatajući i njihove nedostatke i konpenzujući ih dobrom voljom [25](slika 4).

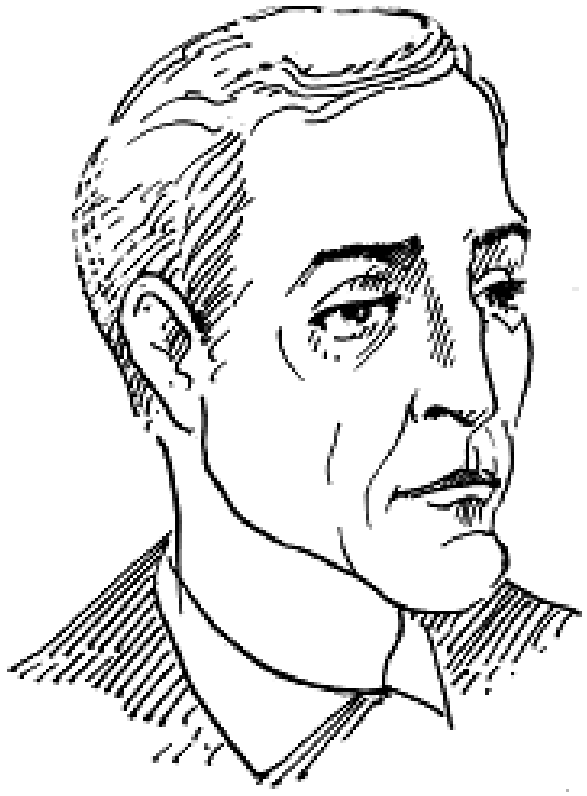
Sam proces izrade zubnih nadoknada praćen je aktivnim učešćem stomatološke sestre, kako u asistenciji lekaru, tako i u davanju potrebnih uputstava pacijentu u cilju popunjavanja administrativnih obrazaca. Ocena pacijentove

Slika 2. Gerijatrijski pacijent na Odeljenju za protetiku Klinike za stomatologiju u Nišu
Figure 2. Geriatric patient at the Department of Dental Prosthetics Clinic in Nis

the dental compensation. Repeating the same thing several times, in different ways and in a higher, but always pleasant tone sometimes is the only way to communicate with geriatric patients (figure 2).

Sondell discusses the two primary components of verbal interaction between patients and dental staff: a focus on the making of dentures and socio-emotional approach to the patient [23]. Socio-emotional approach is seen through three levels: the content of messages for the patient, the manner of its announcement (color of voice, word choice, mime and gestures) and, finally, establishing a relationship with the patient. The same author has pointed out the higher expression of socio-emotional component of female patients [26]. Given these facts, patients' satisfaction may be seen in two ways: satisfaction with treatment in general and prosthetic treatment, care and satisfaction with the staff during treatment [27].

The psychological type of patient is very important for the outcome of treatment. Those who pessimistic should be given more attention and be convinced that the prosthesis will at least fix the current situation (figure 3). Optimists are



Slika 3. Pesimistički raspoložen pacijent koji zahteva više angažovanja u zdravstveno vaspitnom radu

Figure 3. Pessimist requires special health treatment in dental care

Slika 4. Optimistički nastrojen pacijent sa povoljnom preliminarnom prognozom

Figure 4. Optimist with good preliminary prognosis

psiho-fizičke sposobnosti, kao i ocena njegovog kapaciteta za donošenje odluka procenjuje se, pored lekara, i od strane stomatološke sestre. Ukoliko to nije moguće sa pacijentom, kontakt se ostvaruje preko pratioca.

Stariji pacijenti će se više puta vraćati u cilju korekcije i readaptacije proteze. Bez obzira na broj njihovih poseta ne smeju se osetiti suvišno, te ih uvek treba dočekati sa osmehom i podrškom.

Zdravstveno vaspitni rad je jedan od bitnih aspekata sestrinskog posla, a u slučaju starije populacije on zahteva i veće angažovanje. Bitna uloga stomatološke sestre jeste i u motivaciji pacijenta da zubne proteze, nakon njihove izrade, koristi. Uspešna protetička terapija podrazumeva da pacijent prihvati zubnu protezu kao integralni deo svog tela i da ona aktivno učestvuje u svim funkcijama orofacijalnog sistema, u govoru, žvakanju i mimici. Proteze ne mogu biti „novi zubi“, ali svakako pomažu osnovne orofacijalne funkcije i poboljšavaju kvalitet života.

Barbarosa i sar. pokazuju nizak stepen upućenosti pacijenata o načinu održavanju zubnih proteza [28]. Istraživanje Wardha i sar. easier to adapt to the dentures, accepting their shortcomings and compensating for good will [25] (figure 4).

The process of making dental restorations is followed by the active participation of dental nurses in both medical assistance and providing necessary instructions to the patient to fill administrative forms. T patient's psycho-physical ability score and an assessment of his capacity to make decisions are estimated, both by physicians and dental nurses. If it is not possible with the patient, the contact is made via an escort.

Elderly patients will repeatedly return to correct and readapt the prosthesis. Regardless of the number of their visits they are should always be welcomed with a smile and support.

Health education is one of the important aspects of nurses work, in the case of the elderly population and it requires greater engagement. The role of dental nurses is important for the motivation of the patient to use dental prostheses after their making. Successful prosthetic therapy involves the patient to accept dental prosthesis as an integral part of his body and to use them actively for speech, chewing and mimics. Prosthesis cannot be „the new teeth,“

pokazalo je značaj demonstracije u savladavanju i usvajanju svakodnevnih veština koje poboljšava oralno i zdravlje uopšte [29]. Praktični rad sa pacijentima i mogućnost razgovora o problemima u vezi sa održavanjem higijene usne duplje i zubnih proteza bitni su aspekti zdravstvene edukacije [30]. Pacijentima treba da ukazati na specijalno dizajnirane četkice i paste za čišćenje i poliranje akrilata od koga su one ida se objasni značaj higijene zubne nadoknade, i higijene usta uopšte, po zdravlje: proteze izgledaju lepše ukoliko su čiste, nema neprijatnog zadaha i stvaranja dentalnog plaka.

Program zdravstveno vaspitnog rada u smislu stomatološke nege, treba obavljati i u staračkim domovima. Pacijenti zavisni od tuđe nege zahtevaju poseban tretman, u kome je bitna i uloga specijalno obučene stomatološke sestre koja će im ukazati na značaj i način održavanja usne duplje i zubnih nadoknada [31]. Degenerativna oboljenja zglobova mogu dovesti do nepokretnosti što komplikuje svaku stomatološku intervenciju ograničavajući je na kućne uslove [7]. Pokazivanje razumevanja za njihove probleme i okolnosti koje limitiraju njihov svakodnevni život siguran je način uspostavljanja bliskog odnosa pacijenta starije životne dobi i stomatološke sestre. Pričom o njihovoj osnovnoj bolesti stičemo njihovo poverenje, postajemo njihovi prijatelji koji im, u tom životnom dobu jako nedostaju.

Protetička rehabilitacija starijih pacijenata problem je sa kojim se svakodnevno srećemo. Poboljšati kvalitet života i vratiti mu smisao i sitne svakodnevne radosti jedan je od teških ali i lepih zadataka koje nam postavlja naša struka. Svaki uspeh, svaki osmeh naših pacijenata podstrek je daljem radu.

Zaključak

Gerontoprotetika predstavlja sve aktuelniju stomatološku disciplinu, s obzirom na sve veći obim starije populacije. Uloga stomatološke sestre u timu za protetičku rehabilitaciju gerijatrijskih pacijenata od velikog je značaja, kako u pripremi pacijenta za sam tretman, tako i u njegovoj realizaciji. Spretnost u radu, ali i spretnost u komunikaciji i socio-emocionalnom pristupu pacijentu, važne su kako bi protetička rehabilitacija pacijenata starijeg životnog doba bila uspešna.

but it certainly helps primary orofacial function and improve quality of life.

Barbarossa et al. point out at the low level of patients' knowledge about keeping dentures [28]. Wardha et al. research proved the importance of demonstrations in coping and adoption of everyday skills that improve oral health in general [29]. Practical work with patients and the possibility of conversations about issues related to the keeping of oral cavity hygiene and dental prostheses are important aspects of health education [30]. Patients should be shown the specially designed toothbrushes and paste for cleaning and polishing of acrylate from which they are made of. Dental hygiene, and general mouth hygiene, is important not only for health but denture also look better if they are clean, there is no unpleasant breath and dental plaque.

Health educational program of work in dental care terms should be performed in nursing homes. Patients in the need of someone else's care require special treatment, in which the role specially trained dental nurses, who will point out the importance and the way of keeping oral cavity and dental restorations, is critical [31].

Degenerative joint disease may lead to inability of movement which complicates any dental intervention by limiting them to home treatment [7]. Showing understanding for their problems and circumstances that limit their daily life is certainly a way of establishing close relations between elderly patients and dental nurses. By telling them about their underlying disease, we gain their trust, we become their friends, who are very rare at that age.

Prosthetic rehabilitation of elderly patients is a problem that we face every day. By improving the quality of life and restoring their sense of the small everyday satisfaction is difficult, but nice tass that is set by our profession. Every success, every smile of our patients is an encouragement for further work.

Conclusion

Geriatric prosthetics represents a current dental discipline, given the increasing volume of the older population. The role of dental nurses in the team for prosthetic rehabilitation of geriatric patients is of great importance, both in preparation for the patient treatment as in its realization. Dexterity in work, communicating skills and social-emotional approach to the patient are important for prosthetic rehabilitation of the older age patients and treatment success.

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