

## Original Research Article

### **MANAGEMENT OF GERIATRIC PATIENTS IN CLINICAL SETTINGS COMORBID WITH PSYCHIATRIC DISORDERS- A KAP STUDY**

#### **ABSTRACT**

**BACKGROUND AND OBJECTIVES:** Comorbidity with psychiatric disorders raises health risks and has an impact on the condition, treatment and prognosis of elderly patients, necessitating holistic dental care for this age group. Thus, present study was conducted to assess knowledge, attitude, practices and awareness of psychiatric disorders and their relation to oral health among dental undergraduates, interns, postgraduate students and faculties treating geriatric patients.

**MATERIAL AND METHODS:** A cross-sectional questionnaire-based study was conducted among 300 dental students posted in clinics and faculties. The questionnaire was developed and subsequent face validation was obtained from dental students and content validation from a medical expert and four dental experts which was then utilized to assess knowledge, attitude and practices amongst dental health practitioners and students for managing geriatric patients comorbid with psychiatric disorders.

**RESULT:** Of the total study participants, majority of faculties with clinical practice i.e., 86.0% had more knowledge regarding systemic disorders which can lead to psychiatric diseases in geriatric patients. 66% of BDS interns and 40% of faculties evaluate the mental status of the geriatrics before commencing dental treatment. 64.9% of faculties and 56.4% interns believed in shared decision making for dentist patient relationship whereas remaining majority of participants believed in dentist-based decision making which was found to be statistically significant ( $<0.001$ ).

**CONCLUSION:** More evidence and research in this field is increasingly important and required to improve evidence-based clinical practice and therapy for geriatric patients.

**KEYWORDS:** Geriatric, psychiatric disorders, dental students

## INTRODUCTION

A robust growth in the number of elderly people in the general population in the recent years is termed as “greying of the world”.<sup>(1)</sup> Globally, the number of people aged 60 years and older in the population are increasing. In 2019, the number of people aged 60 years and older was 1 billion<sup>(2)</sup>. It has been expected that the life expectancy of elderly population in India by 2050 to be 22.0% of world’s total population.<sup>(3)</sup> The changes and transformation in the same way may be due to demographic transition as a boon but changing trends in lifestyle and social life has led to rise in systemic diseases as well as psychiatric disorders.

Psychiatric disorder is a leading cause of deteriorating oral health problems worldwide which in turn is more worsened when added with systemic diseases and is a major contributor to the overall burden of disease.<sup>(4)</sup> The incidence of mental health problems is expected to increase among adults in general as well as in older population in particular.<sup>(5)</sup> Even though psychiatric disorder is a common mental health problem in the elderly population, it remains undiagnosed in about 50% cases.<sup>(6)</sup> WHO estimated that the global depressive disorder among older adults ranged between 10 and 20%.<sup>(7)</sup> Among all mentally ill individuals, 40% were diagnosed to have a depressive disorder.<sup>(8)</sup>

Not only overall general health is the matter of concern but condition and quality of health and health related issues which makes an individual to speak, eat and socialise without any discomfort, embarrassment and active disease contributing to general well- being is the major reflection of oral health with interplay of health dimensions involving mental as one of the factors of ranges.<sup>(9)</sup> As health care delivery care system, oral health education and promotion along with conceptual health is drastically turning the table on upper and positive side of health spectrum but holistic approach is still lacking behind. So, managing geriatric patients with comorbid psychiatric disorders may be a challenge for dental profession to provide treatment as well as mental wellbeing coping.

To encourage and raise holistic approach in demand and improve doctor-patient relationship as a part of health care approach, it is a need to first assess the knowledge, attitude and practices about the same. However, till date there is paucity of literature regarding assessment of knowledge ,attitude and practices among dental students and professionals for managing geriatric patients comorbid with psychiatric disorders and it will be one of the first studies to be conducted in Uttar Pradesh with the aim to assess knowledge, attitude, practice and awareness of psychiatric disorders and their relation to oral health among dental undergraduates, interns, postgraduate students and faculties treating geriatric patients.

## **MATERIAL AND METHODS**

### **Study settings**

A cross-sectional study was conducted to assess the knowledge, attitude and practice amongst students and fraternities for treating geriatric patients with psychiatric disorders.

The study was conducted in the month of January to March 2022.

### **Source of data**

A total sample of 300 dental students and academicians with clinical practice were included in the study from the Ghaziabad institute. A total of 57 academicians and 243 students included were that of BDS 3<sup>rd</sup> year, BDS 4<sup>th</sup> year, Interns and postgraduates from various specialities.

### **Sample size determination**

All the dental students and faculties present on the day of the study were included as the part of the study.

### **Inclusion Criteria**

1. Subjects who were present on the day of questionnaire distribution.
2. Subjects who gave informed consent.

### **Exclusion Criteria**

Subjects who have not been exposed to the clinical examination and treatment of patients.

## **DATA COLLECTION**

The nature and the purpose of the study was elucidated to the institutional review board, and the ethical clearance was acquired. Informed consent was obtained from all the study participants. The data was collected over a period of 3 months from January 2022 to March 2022.

## **QUESTIONNAIRE**

The questionnaire was divided into four sections. The content validation for questions was obtained from a medical expert and four dental experts. The questionnaire was provided to them through electronic mail and the corrections were made according to the responses obtained via electronic mails individually. Face validation was obtained from 5 dental students by providing them the questions and later the corrections in the questions were made accordingly.

In the questionnaire SECTION A- Assessed the demographic details of the participants (age, designation, gender, college). SECTION B- Comprised of 6 questions to assess the knowledge out of which 4 questions were close ended and 2 were based on Likert scale. SECTION C- Comprised of 5 questions to assess the attitude all of which were based on Likert scale. SECTION D- Comprised of 5 questions to assess the practice of which all were close ended. The internal reliability of the questionnaire was determined with Cronbach's alpha coefficient (.003).

## STATISTICAL ANALYSIS

Data was analysed using SPSS 20.0 software package. Descriptive statistics such as mean, standard deviation and percentage were used. Association was evaluated using Chi-square cross tab. Any p value less than 0.05 was considered significant.

## RESULT

### Demographic profile

A survey related to knowledge, attitude and practice amongst dental students and practitioner for managing patients with perceived mental health care needs was conducted with the study participants bearing maximum age of 60 and minimum age of 20 (mean age 27.06 years).

The gender distribution of the study population being 148 participants male and 152 females.

Majority of the study population were dental students (BDS Interns). (Table 1).

**TABLE 1. DISTRIBUTION OF STUDY POPULATION ACCORDING TO VARIOUS PARAMETERS OF DENTAL STUDENTS AND FRATERNITIES**

| AGE                                  | NUMBER | PERCENTAGE (%) |
|--------------------------------------|--------|----------------|
| 20-29                                | 244    | 81.3           |
| 30-39                                | 26     | 8.7            |
| 40-49                                | 23     | 7.7            |
| Above 50                             | 7      | 2.3            |
| TOTAL                                | 300    | 100            |
|                                      |        |                |
| GENDER                               | NUMBER | PERCENTAGE     |
| MALE                                 | 148    | 49.3           |
| FEMALE                               | 152    | 56.4           |
| TOTAL                                | 300    | 100            |
|                                      |        |                |
| DESIGNATION                          | NUMBER | PERCENTAGE     |
| BDS 3 <sup>rd</sup> YEAR             | 65     | 21.7           |
| BDS 4 <sup>th</sup> YEAR             | 47     | 15.7           |
| INTERNS                              | 91     | 30.3           |
| POSTGRADUATES                        | 40     | 13.3           |
| MDS FACULTIES WITH CLINICAL PRACTICE | 57     | 19.0           |

|       |     |     |
|-------|-----|-----|
| TOTAL | 300 | 100 |
|-------|-----|-----|

## GENERAL FINDINGS

Prevalence of knowledge for systemic disorders like diabetes mellitus comorbid with psychiatric disorders amongst geriatric patients was significantly higher amongst the study participants (75.3%). Similarly, 57.7% responded that gender predilection plays an important role in psychiatric disorders, and 77.0% of the participants agreed to the fact that history taking of psychiatric illness should be a part of medical history taking. 34.3% agreed that disorders like dementia, depression affect the compliance of the patients with the treatment provided to them. (Table 2.)

## ORAL FINDINGS

For the oral findings it was observed that (50.3%) were aware of the dental disorders like TMJ dysfunction and bruxism associated with axis I. It was also seen that majority (64.3%) acknowledged that edentulism in geriatric patients can contribute to sleep disorders. Also, majority of dental professionals (53.3%) countered that mouth burning syndrome is associated with psychiatric disorders (Table 2).

**TABLE 2: - ANALYSIS OF THE RESPONSES OF THE OPTIONS CHOSEN BY THE DENTAL STUDENTS AND FRATERNITIES**

| Questions  |     | Number | Percentage |
|--|-----|--------|------------|
| Q1. Many of the systemic disorders like diabetes mellitus etc are comorbid with psychiatric disorders in geriatric patients  | Yes | 226    | 75.3       |
|  | No  | 74     | 24.7       |
| Q2. Some of the dental disorders like TMJ dysfunction and Bruxism are associated with axis 1 and 2 psychiatric disorders like depression or can be a side effect of psychotropic medications | Yes | 151    | 50.3       |
|  | No  | 149    | 49.7       |
| Q3. Edentulism in Geriatric patients can contribute to sleep disorders like sleep apnoea   | Yes | 193    | 64.3       |
|  | No  | 107    | 35.7       |
| Q4. Disorder like Burning mouth syndrome is associated with psychiatric disorders  | Yes | 160    | 53.3       |
|  | No  | 140    | 46.7       |
| Q5. There is Gender predilection in psychiatric disorders  | Yes | 173    | 57.7       |
|  | No  | 127    | 42.3       |
| Q6. History of Psychiatric illness should be included during medical history taking in   | Yes | 231    | 77.0       |
|  | No  | 69     | 23.0       |

|   |                            |     |      |
|---|----------------------------|-----|------|
| Geriatric Patients  |                            |     |      |
| Q7. Do you evaluate the mental status of patient before commencing dental treatment   | Yes                        | 183 | 61.0 |
|   | No                         | 117 | 39.0 |
| Q8. Do you behaviourally manage and orient these patients in your set-up  | Yes                        | 174 | 58.0 |
|   | No                         | 126 | 42.0 |
| Q9. When you find the patient suffering from probable psychiatric disorder, do you refer him/ her for psychiatric evaluation                    | Yes                        | 207 | 69.0 |
|   | No                         | 93  | 31.0 |
| Q10. Do the Geriatric patients suffering from psychiatric disorders accompanied by family members   | Yes                        | 187 | 62.3 |
|   | No                         | 113 | 37.7 |
| Q11. Stigma in your own perception holds you from seeking medical attention for treating Geriatric patients                                     | Yes                        | 142 | 47.3 |
|   | No                         | 140 | 46.7 |
|   | Others                     | 18  | 6.0  |
| Q12. Psychosis according to you is not found in geriatric patients these are all as a result of age-related process                             | Strongly agree             | 35  | 11.7 |
|   | Agree                      | 36  | 12.0 |
|   | Neither agree nor disagree | 125 | 41.7 |
|   | Disagree                   | 104 | 34.7 |
| Q13. The psychiatric disorders in geriatric patients like dementia, depression etc. affect their compliance with the treatment provided to them | Strongly agree             | 103 | 34.3 |
|   | Agree                      | 97  | 32.3 |
|   | Neither agree nor disagree | 46  | 15.3 |
|   | Disagree                   | 54  | 18.0 |
|   | Strongly disagree          |     |      |
| Q14. The psychotropic medications have an adverse effect on oral health of geriatric patients   | Strongly agree             | 83  | 27.7 |
|   | Agree                      | 111 | 37.0 |
|   | Neither agree nor disagree | 94  | 31.3 |
|   | Disagree                   | 12  | 4.0  |
|   | Strongly disagree          |     |      |
| Q15. Psychiatric evaluation should be an integral part in managing geriatric patients   | Strongly agree             | 146 | 48.7 |
|   | Agree                      | 125 | 41.7 |
|   | Neither agree nor disagree | 27  | 9.0  |
|   | Disagree                   | 2   | 0.7  |
|   | Strongly disagree          |     |      |
| Q16. The presence of cognitive dysfunction hampers the decision-making process in geriatric patients  | Strongly agree             | 112 | 37.3 |
|   | Agree                      | 178 | 59.3 |
|   | Neither agree nor disagree | 8   | 2.7  |
|   | Disagree                   | 2   | 0.7  |
|   | Strongly disagree          |     |      |
| Q17. What kind of doctor -patient relationship you think is best for treating geriatric patients  | Dentist-based              | 149 | 49.7 |
|   | Shared decision-making     | 135 | 45.0 |

|  |                  |    |     |
|--|------------------|----|-----|
|  | Patient- based   | 4  | 1.3 |
|  | Informed consent | 12 | 4.0 |

### COMPARISON OF RESPONSES WITH UNDERGRADUATES, POSTGRADUATES AND FACULTY MEMBERS

86.0% MDS faculties ,83.0% BDS 4th year, 80.2% interns 62.5%postgraduates and 61.53% BDS 3<sup>rd</sup> year students were aware about the fact that many systemic disorders like diabetes mellitus etc. are comorbid with psychiatric disorders (p=0.003). A statically significant result was also found for the fact that disorders like burning mouth syndrome is associated with psychiatric disorders(p=0.00) with MDS faculties 77.2% ,65.9% interns ,51.1%BDS 4<sup>th</sup> Year, 30.8% BDS 3<sup>rd</sup> Year and 30.0% postgraduates responding in affirmation. 72.5% interns ,70.2%postgrauates, 59.6% BDS 4<sup>th</sup> Year and 45.0% postgraduates responded that they evaluate the mental status of the patient before commencing dental treatment(p=0.003).68.4% practitioners ,63.8%BDS 4<sup>th</sup> Year, 62.6% interns, 47.5% postgraduates and 44.6% BDS 3<sup>rd</sup> Year behaviourally mange patients in the clinical set-up(p=0.032). 77.2% practitioners 70.3% interns 52.5% postgraduates ,52.3% BDS 3<sup>rd</sup> Year and 51.1% BDS 4<sup>th</sup> Year revealed that geriatric patients are accompanied by their family members(p=0.005). Similar statistically significant response(p=0.026) was obtained from 49.5%interns, 48.9% BDS 4<sup>th</sup> Year, 47.5% postgraduates ,46.2% BDS 3<sup>rd</sup> Year and 43.9% practitioners affirmed that stigma holds them from providing treatment to such patients. 53.8% BDS 3<sup>rd</sup> Year ,55.0% postgraduates and 31.6% practitioners neither agreed nor disagreed that psychiatric disorders are age -related process whereas 42.6% BDS 4<sup>th</sup> Year and 40.7% Interns disagreed(p=0.000). 40.4% practitioners 37.5%postgraduates strongly agreed that psychiatric disorders in geriatric patients affect their compliance with the treatment provided with agreed response of 42.9%interns and 40.4% BDS 4<sup>th</sup> Year (p=0.002). 77.5% postgraduates, 70.8% BDS 3<sup>rd</sup> Year, 57.4% BDS 4<sup>th</sup> Year believed in dentist-based relationship followed by 64.9% practitioners and 56.0% Interns believed in shared decision-making. (p<0.001)

**TABLE 3 COMPARISON OF RESPONSES WITH UNDERGRADUATES, POSTGRADUATES AND FACULTY MEMBERS**

| QUESTION | OPTIONS | DESIGNATION                      |                                  |                 |                       |  | P-VALUE | CHI-SQUARE |
|----------|---------|----------------------------------|----------------------------------|-----------------|-----------------------|--|---------|------------|
|          |         | BDS 3 <sup>rd</sup> YEAR (NO./%) | BDS 4 <sup>th</sup> YEAR (NO./%) | INTERNS (NO./%) | POSTGRADUATES (NO./%) | MDS FACULTIES WITH CLINICAL PRACTICE (NO./%) |         |            |
| Q1.      | YES     | 40<br>61.5%                      | 39<br>83.0%                      | 73<br>80.2%     | 25<br>62.5%           | 49<br>86.0%                                  | .003    | 16.317     |
|          | NO      | 25<br>38.5%                      | 8<br>17.0%                       | 18<br>19.8%     | 15<br>37.5%           | 8<br>14.0%                                   |         |            |
| Q2       | YES     | 38<br>58.5%                      | 30<br>63.8%                      | 43<br>47.3%     | 22<br>55.0%           | 18<br>31.6%                                  | .008    | 13.856     |
|          | NO      | 27<br>41.5%                      | 17<br>36.2%                      | 48<br>52.7%     | 18<br>45.0%           | 39<br>68.4%                                  |         |            |
| Q3       | YES     | 47                               | 27                               | 55              | 28                    | 36   | .410    | 3.698      |

|      |                                     |             |             |             |             |             |      |        |
|------|-------------------------------------|-------------|-------------|-------------|-------------|-------------|------|--------|
|      |                                     | 72.3%       | 57.4%       | 60.4%       | 70.0%       | 63.2%       |      |        |
|      | NO                                  | 18<br>27.7% | 20<br>42.6% | 36<br>39.6% | 12<br>30.0% | 21<br>36.8% |      |        |
| Q4.  | YES                                 | 20<br>30.8% | 24<br>51.1% | 60<br>65.9% | 12<br>30.0% | 44<br>77.2% | .000 | 40.987 |
|      | NO                                  | 45<br>69.2% | 23<br>48.9% | 31<br>34.1% | 28<br>70.0% | 13<br>22.8% |      |        |
| Q5.  | YES                                 | 41<br>63.1% | 25<br>53.2% | 52<br>57.1% | 25<br>62.5% | 30<br>52.6% | .708 | 2.150  |
|      | NO                                  | 24<br>36.9% | 22<br>46.8% | 39<br>42.9% | 15<br>37.5% | 27<br>47.4% |      |        |
| Q6.  | YES                                 | 53<br>81.5% | 30<br>63.8% | 69<br>75.8% | 34<br>85.0% | 45<br>78.9% | .136 | 6.998  |
|      | NO                                  | 12<br>18.5% | 17<br>36.2% | 22<br>24.2% | 6<br>15.0%  | 12<br>21.1% |      |        |
| Q7.  | YES                                 | 31<br>47.7% | 28<br>59.6% | 66<br>72.5% | 18<br>45.0% | 40<br>70.2% | .003 | 16.283 |
|      | NO                                  | 34<br>52.3% | 19<br>40.4% | 25<br>27.5% | 22<br>55.0% | 17<br>29.8% |      |        |
| Q8.  | YES                                 | 29<br>44.6% | 30<br>63.8% | 57<br>62.6% | 19<br>47.5% | 39<br>68.4% | .032 | 10.591 |
|      | NO                                  | 36<br>55.4% | 17<br>36.2% | 34<br>37.4% | 21<br>52.5% | 18<br>31.6% |      |        |
| Q9.  | YES                                 | 43<br>66.2% | 30<br>63.8% | 65<br>71.0% | 28<br>70.0% | 41<br>71.9% | .856 | 1.332  |
|      | NO                                  | 22<br>33.8% | 17<br>36.2% | 26<br>28.6% | 12<br>30.0% | 16<br>28.1% |      |        |
| Q10. | YES                                 | 34<br>52.3% | 24<br>51.1% | 64<br>70.3% | 21<br>52.5% | 44<br>77.2% | .005 | 14.811 |
|      | NO                                  | 31<br>47.7% | 23<br>48.9% | 27<br>29.7% | 19<br>47.5% | 13<br>22.8% |      |        |
| Q11. | YES                                 | 30<br>46.2% | 23<br>48.9% | 45<br>49.5% | 19<br>47.5% | 25<br>43.9% | .026 | 17.425 |
|      | NO                                  | 35<br>53.8% | 21<br>44.7% | 40<br>44.0% | 21<br>52.5% | 23<br>40.4% |      |        |
|      | OTHERS                              | 0<br>.0%    | 3<br>6.4%   | 6<br>6.6%   | 0<br>.0%    | 9<br>15.8%  |      |        |
| Q12. | STRONGLY<br>AGREE                   | 13<br>20.0% | 4<br>8.5%   | 6<br>6.6%   | 9<br>22.5%  | 3<br>5.3%   | .000 | 47.509 |
|      | AGREE                               | 0<br>.0%    | 6<br>12.8%  | 15<br>16.5% | 0<br>.0%    | 15<br>26.3% |      |        |
|      | NEITHER<br>AGREE<br>NOR<br>DISAGREE | 35<br>53.8% | 17<br>36.2% | 33<br>36.3% | 22<br>55.0% | 18<br>31.6% |      |        |
|      | DISAGREE                            | 17<br>26.2% | 20<br>42.6% | 37<br>40.7% | 9<br>22.5%  | 21<br>36.8% |      |        |
| Q13. | STRONGLY<br>AGREE                   | 23<br>35.4% | 12<br>25.5% | 13<br>33.0% | 15<br>37.5% | 23<br>40.4% | .002 | 31.740 |
|      | AGREE                               | 12<br>18.5% | 19<br>40.4% | 56<br>42.9% | 6<br>15.0%  | 21<br>36.8% |      |        |
|      | NEITHER<br>AGREE<br>NOR<br>DISAGREE | 10<br>15.4% | 10<br>21.3% | 12<br>13.2% | 6<br>15.0%  | 8<br>14.0%  |      |        |
|      | DISAGREE                            | 20<br>30.8% | 6<br>12.8%  | 10<br>11.0% | 13<br>32.5% | 5<br>8.8%   |      |        |
| Q14. | STRONGLY<br>AGREE                   | 13<br>20.0% | 22<br>46.8% | 27<br>29.7% | 6<br>15.0%  | 15<br>26.3% | .000 | 37.720 |
|      | AGREE                               | 21<br>32.3% | 14<br>29.8% | 37<br>40.7% | 13<br>32.5% | 26<br>45.6% |      |        |
|      | NEITHER<br>AGREE                    | 31<br>47.7% | 9<br>19.9%  | 21<br>23.1% | 21<br>52.5% | 12<br>21.1% |      |        |

|      |                            |             |             |             |             |             |      |        |
|------|----------------------------|-------------|-------------|-------------|-------------|-------------|------|--------|
|      | NOR DISAGREE               |             |             |             |             |             |      |        |
|      | DISAGREE                   | 0<br>.0%    | 2<br>4.3%   | 6<br>6.6%   | 0<br>.0%    | 4<br>7.0%   |      |        |
| Q15. | STRONGLY AGREE             | 32<br>49.2% | 21<br>44.7% | 43<br>47.3% | 22<br>55.0% | 28<br>49.1% | .341 | 13.389 |
|      | AGREE                      | 23<br>35.4% | 22<br>46.8% | 42<br>46.2% | 12<br>30.0% | 26<br>45.6% |      |        |
|      | NEITHER AGREE NOR DISAGREE | 10<br>15.4% | 4<br>8.5%   | 5<br>5.5%   | 6<br>15.0%  | 2<br>3.5%   |      |        |
|      | DISAGREE                   | 0<br>.0%    | 0<br>.0%    | 1<br>1.1%   | 0<br>.0%    | 1<br>1.8%   |      |        |
| Q16. | STRONGLY AGREE             | 16<br>24.6% | 24<br>51.1% | 38<br>41.8% | 10<br>25.0% | 24<br>42.1% | .011 | 26.044 |
|      | AGREE                      | 49<br>75.4% | 23<br>48.9% | 48<br>52.7% | 30<br>75.0% | 28<br>49.1% |      |        |
|      | NEITHER AGREE NOR DISAGREE | 0<br>.0%    | 0<br>.0%    | 4<br>4.4%   | 0<br>.0%    | 4<br>7.0%   |      |        |
|      | DISAGREE                   | 0<br>.0%    | 0<br>.0%    | 1<br>1.1%   | 0<br>.0%    | 1<br>1.8%   |      |        |
| Q17. | DENTIST-BASED              | 46<br>70.8% | 27<br>57.4% | 33<br>36.3% | 31<br>77.5% | 12<br>21.1% | .000 | 58.940 |
|      | SHARED-DECISION MAKING     | 19<br>29.2% | 19<br>40.4% | 51<br>56.0% | 9<br>22.5%  | 37<br>64.9% |      |        |
|      | PATIENT-BASED              | 0<br>.0%    | 1<br>2.1%   | 1<br>1.1%   | 0<br>.0%    | 2<br>3.5%   |      |        |
|      | INFORMED CONSENT           | 0<br>.0%    | 0<br>.0%    | 6<br>6.6%   | 0<br>.0%    | 6<br>10.5%  |      |        |

## DISCUSSION

Researchers have determined that technical errors, systemic illness, improper maintenance of oral hygiene or financial instability led to dissatisfactory dentures or other treatment outcomes which adversely contributes to Oro-facial pain and difficulty in mastication.

However, it is unfortunate that the focus is mainly on the treatment procedures from the first step till the last step rather than on managing them.<sup>[1]</sup> Moreover, geriatric population have been from psychiatric disorders as compared to other age group population due to drastic changes in lifestyle dynamics and societal relations in addition to health.<sup>[2]</sup> Any changes in body organs are supposedly to be cured by doctors first believing that they will heal with constructing all the dimensions of health and disease.

This study has been conducted for the first time and the results have contributed new findings to the research field. In terms of Knowledge, it was revealed that dental faculty running their clinic had the most knowledge about the systemic disorders comorbid with psychiatric disorders amongst geriatric patients (86.0%), followed by BDS 4<sup>th</sup> Year students (83.0%), Interns (80.2%), Postgraduates (62.5%) and least the BDS 3<sup>rd</sup> Year (61.5%). Similarly, knowledge about the association of burning mouth syndrome with psychiatric disorders was

highest amongst dental faculty with running clinics (77.2%), followed by Interns, BDS 4<sup>th</sup> Year and least amongst postgraduates (30.0%). Variations in knowledge assessment may be attributed to clinic and varied patient exposure, as well as experience. When asked if edentulism in geriatric patients could contribute to sleep disorders like sleep apnoea, dental faculties had very low knowledge as compared to BDS 3<sup>rd</sup> and 4<sup>th</sup> Year students, postgraduates and interns. Moreover, 72.5% of Interns agreed that they assess a patient's mental health before beginning dental therapy. Differences in answers could be related to the fact that BDS students are more dedicated to taking case histories of every patient who comes to them as opposed to dental faculties who are juggling academics and patients. There is a co-curriculum in the academics for BDS students to take extended case histories of patients.

On evaluating the attitude of study subjects, it was revealed that irrespective of the academic year or designation, 53.8% BDS 3<sup>rd</sup> Year students, 36.2% BDS 4<sup>th</sup> Year students, 36.3% Interns, 55.0% postgraduates and 31.6% MDS faculties neither agreed nor disagreed to the question that psychosis is not found in geriatric patients these are all as a result of age-related process. The probable reason might be due to unawareness of the psychological related health of all age groups amongst which affects the daily life activities of such patients. Lastly, it was revealed that 70.8% BDS 3<sup>rd</sup> Year students and 77.5% postgraduates believed that dentist-based relationship is best for treating geriatric patients followed by 64.9% MDS Faculties and 56.0% interns believe shared -decision making to be the best. This finding attributes to the reason that BDS students and postgraduates are supervised by mentors and they work with certain principles whereas practitioners can work according to their own beliefs and treatment preferences.

## **CONCLUSION**

The dearth of literature on the subject as well as general dentist's and student's ignorance on the subject of impact of psychiatric disorders on oral health is perplexing and to be thus implicated on a large scale. As a result, more evidence and research in this field is increasingly important and required to improve evidence- based clinical practise and therapy for geriatric patients.

## **RECOMMENDATIONS**

1. There should be regular webinars on behavioural lifestyle and quality of life affecting oral health.
2. Dental professionals should share a healthy and shared decision-making relationship with patients.

3. Dental professionals should be trained in the recognition and management of both physical and mental disorders needed to cater health needs of this ever- increasing part of the population.

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