DentalReach | Making sense of dentistry.

Volume 8
ISSUE 05

Dental magazine | News | Webinars | Digital Events | Products & Events Promotion

ISSN:2582-3469

ABLEDENT & ABLE SMILE COMMUNITY: REDEFINING INCLUSIVE ORAL CARE IN INDIA

Brushing your teeth is an effortless daily habit for most people. Yet for over 1.3 billion people worldwide living with disabilities, as well as countless neurodivergent individuals, people with sensory sensitivities, limited mobility, chronic illnesses, the elderly or those who rely on caregivers, oral hygiene is often far from routine. Despite being fundamental to overall health and dignity, their oral care needs have been consistently overlooked, with mainstream products failing to address the challenges they face. In India, inclusive oral healthcare has remained a significant unmet need, leaving millions without solutions designed for their realities.

Recognising this gap, Group Pharmaceuticals launched Abledent on 10th June 2026, India's first inclusive oral care ecosystem, along with the Able Smile Community at ITC Welcomhotel, Bengaluru. The event brought together healthcare professionals, caregivers, researchers, care centre administrators, industry leaders, and advocates who share a common vision of making oral healthcare more accessible and inclusive.

The launch marked more than the introduction of a new product range. It reflected Group Pharmaceuticals' commitment to rethinking oral healthcare through the lens of accessibility, dignity, and real-world usability. Recognising that conventional products were never designed with many of these users in mind, the company set out to develop solutions that addressed practical everyday challenges while empowering both individuals and their caregivers.

Developed through extensive clinical insights and practical understanding of these challenges, Abledent has been designed specifically for people whose oral healthcare needs extend beyond mainstream solutions. The range includes safe-if-swallowed, non-foaming toothpastes, fluoride-free & remineralising formulations, enamel-protecting mouthwash and no-rinse oral care wipes, which are convenient and portable. Every product has been thoughtfully designed to make oral hygiene easier, safer and more comfortable while also supporting caregivers in their daily routines. Inclusive design features such as Braille-enabled packaging, easy-open flip caps, and user-friendly formulations further reinforce the brand's commitment to accessibility.

The engaging panel discussion on the Belonging of Diverse Needs in Oral Care proved to be the highlight of the event. The panel brought together experts from multiple disciplines, including specialists in special care dentistry working with neurodivergent children and geriatric populations, caregivers, oncologists, and representatives from NGOs dedicated to disability and community care. Their collective insights reinforced a simple but powerful message: inclusive oral healthcare requires collaboration across healthcare, caregiving, education, and community support systems. The discussion also emphasised that accessible oral health should not be viewed as a luxury or an afterthought, but as a fundamental part of overall health and quality of life.

Following the panel discussion, Group Pharmaceuticals introduced the Able Smile Community, a first-of-its-kind caregiver-centric initiative designed to extend Abledent's impact beyond products. The community serves as a collaborative platform that brings together caregivers, healthcare professionals, organisations, educators, and advocates to raise awareness, encourage meaningful conversations, share knowledge and address the everyday challenges of assisted oral care. By fostering collaboration, education, and peer support, the Able Smile Community aims to build a more informed, connected and inclusive ecosystem where practical vulnerabilities of oral care for diverse needs can be openly shared.

The launch concluded with an interactive product experience, allowing attendees to explore the Abledent range firsthand. Healthcare professionals, caregivers, and community members had the opportunity to understand the product features, experience their usability, and provide valuable feedback. The response was overwhelmingly positive, with participants appreciating the thoughtful design, practical functionality, and genuine focus on inclusivity. More importantly, the event left attendees with renewed optimism that accessible oral healthcare is not only possible but essential.

The launch of Abledent and the Able Smile Community represents more than the introduction of a new product range. It marks the beginning of a movement towards recognising that oral healthcare should be accessible to every individual, regardless of age, ability, or level of dependence.

Through innovation, research, collaboration, and compassion, Group Pharmaceuticals is helping redefine what inclusive healthcare can look like, ensuring that every smile truly has the opportunity to be cared for.

Remember to stay tuned for more exciting articles on Dentistry and Beyond Dentistry!

The 'SUNSET AGE' patients...Let's know more about Geriatric patients!

- DR SMITA ATHAVALE

The world is 'Graying' fast & so is India! Currently **10% of the population is more than 60** years old & it will be 22% by 2050. (1) That would mean a large number of Geriatric patients coming to dental clinics for treatment in the near future!

Geriatric patients, due to the age-related physical, physiological, psychosocial & dental problems, need special attention & care. Hence, it is extremely important for all the clinicians to know how to take care of our senior citizens in the dental chair.

What is Geriatric Dentistry?

Like pediatric dentistry, geriatric dentistry is also emerging as a speciality branch of dentistry.

Geriatric Dentistry can be defined as a science, that deals with diagnosis, management & prevention of all types of oral diseases in elderly population.(2)

Scope of Geriatric Dentistry

- Geriatric Dentistry emphasizes on dental care for the elderly population & focuses upon the elderly patients with chronic physical, physiological &/ psychological changes or morbid conditions / diseases.
- It is a speciality in dentistry that involves multi-disciplinary approach in evaluation of oral health, diagnosis, prevention & treatment planning for senior citizens (60 years & above)
- It involves dental treatment for elderly & / or medically compromised patients.
- It deals with providing palliative treatment and symptomatic relief from oral health problems like mucositis, xerostomia, dental caries and chronic periodontal problems.

The Elderly Age Segments

All geriatric patients can be divided into different categories depending on age and physical health status.

Categorization of elderly population according to age:

- The Young Old – 65 to 74 years old
- The Old Old – 75 to 84 years old
- The Oldest Old – 85 years old & above

Categorization of elderly population according to physical health status (3):

- Functionally independent elderly - 70% of the elderly patients. They are able to get to the dentist for treatment.
- Frail elderly – 14% of the elderly patients. They may have chronic conditions with impaired mobility.
- Functionally dependent elderly - 5% & the rest of the elderly patients. They may be homebound/ institutionalized.

Medical Problems of the Geriatric Patients (4)

Geriatric patients are hounded by various different medical health issues, and multiple medical issues in a single patient is also not uncommon. These medical problems include:

- Hypertension
- Ischaemic Heart Disease
- Constipation
- Chronic Obstructive Airway Disease
- Dyspepsia
- Diabetes Mellitus
- Cataract
- Osteo-arthritis
- Benign prostatic Hypertrophy
- Depression
- Cancers
- Parkinson's Disease
- Osteoporosis
- Hearing Loss
- Degenerative Spine Disease
- Recurrent falls and Syncope
- Stroke
- Dementia
- Heart Failure
- Glaucoma
- Incontinence

Oral & peri-oral Problems in Geriatric patients.

Degenerative changes occurring in elderly population may lead to:

- TMJ Problems
- Attrition & Abrasion of teeth
- Root caries V/S Coronal caries
- Periodontal Degeneration
- Loss of Teeth

The 'Giants' of Geriatric Medicine ....(5)

The same medical issue found in the younger population can be more complex to manage in the elderly patient. This is because with increasing age, inherent obstacles block the way to good recovery. These include:

- Multiple Pathologies
- Atypical Presentation of Disease
- Immobility
- Instability (Falls)
- Incontinence
- Intellectual Impairment (Confusion)
- Late Presentation of Disease
- Silent Presentation of Disease
- Polypharmacy

Challenges in Geriatric Dentistry

1) Socioeconomic Challenges –

- Financial inability & physical disabilities/ limitations act as barriers for geriatric patients to undergo dental treatment.
- Older individuals in low socioeconomic strata have severe financial problems, making dental treatment difficult to obtain.
- Primary care-givers of dependent / disabled / vulnerable patients are overloaded with the overall responsibility, hence the dental treatment tends to take a back seat.
- Increase in per capita cost of healthcare has made dental treatment go beyond reach of an average Indian elderly patient.
- Patients who are dependent on social / government healthcare system may sometimes get delayed treatment.

2) Medical issues & Health challenges –

- Various diseases / systemic disorders could pose great difficulties in treating a patient in the dental chair.
- Status of public health & sanitation problems make things further difficult for dental health professionals working for government hospitals.
- Existing diseases / co-morbidities eg. diabetes, hypertension, cancer, cardiovascular diseases, neurological disorders etc. can cause complications during the dental treatment of the elderly.
- Most of these patients have at least one chronic health problem & ongoing medication (causing increased burden on the care givers & health care system)
- Diagnosed, undiagnosed & misdiagnosed health problems further complicate the treatment planning, management & treatment outcome.

3) Oral Health challenges –

a) Diseases of stomatognathic system

- Loss of multiple teeth causing esthetic & functional problems.
- Poor health status of remaining teeth (Increase in DMFT index)
- Increased requirement of dental treatment due to deterioration of oral health.
- Degenerative changes in the oral & peri-oral hard & soft tissues.
- Temporomandibular Joint dysfunction & disorders.

b) Oral manifestations of systemic disorders & diseases.

Some systemic disorders & diseases can have oral manifestations eg.

- Diabetes Mellitus
- HIV
- Anaemia
- Bleeding disorders etc.

We need to keep these in mind during oral examination of the patient & in case of doubt, always consult the patient's general physician.

Checklist for your Geriatric Patient before starting the dental treatment

- Detailed medical history – confirm it with patient's physician
- Socioeconomic history & family background – always call a relative / friend to accompany the patient
- Recent blood / radiological / other investigations – should not be older than 3 months
- Existing medications – Discuss their effects on the dental treatment with the physician

Interdisciplinary Approach for successful outcome of Dental treatment for Geriatric patients.

Since geriatric dental treatment may need involvement of experts from various specialities in dentistry, an interdisciplinary approach in diagnosis, treatment planning & execution is the best way for successful outcome of the treatment. One needs to take into consideration all the following treatment aspects:

1. Preventive treatment
2. Oral surgical treatment
3. Periodontal treatment
4. Restorative & endodontic treatment
5. Prosthodontic treatment
6. Oral hygiene Maintenance
7. Regular Follow-ups & Recalls

Please remember!

- Be thorough with the medical history & records of the patient. In case of doubt, always consult the physician. Take physician's consent during major dental treatments. Take informed written consent from the patient & the care-giver.
- Explain the treatment planning, cost, risks & limitations in details to the patient & the care-giver before starting the treatment. Encourage them to list down their doubts / queries. Address them satisfactorily & only then begin the treatment.
- Considering the age of the geriatric patient & physical limitations, as far as possible, always schedule morning appointments of short durations. Avoid complicated and lengthy treatments for physically &/or mentally compromised patients.
- A responsible accompanying person – care-giver, friend or relative - should always be present during the treatment.
- Emphasize on meticulous oral hygiene maintenance, preventive/prophylactic measures & regular recall appointments.

GERIATRIC PSYCHOLOGY

10 Do's & Don'ts in Handling Geriatric Patients

A Second Childhood

It is often said that a geriatric patient is more difficult to manage on a dental chair than a pediatric patient! It is absolutely true and many of us have been through a tough time treating an elderly patient. Besides the plethora of systemic disorders and diseases, it's understanding the psychology of elderly patients that is a challenge for dental clinicians.

Let's understand our elderly patients going through their second childhood!!

Old age is considered as a second childhood, not only because of the increased dependency of the elderly person on the caregiver, but also the altered state of mind of the patient, which compels us to make such a comparison. Just like a child patient, an elderly patient can be extremely difficult to handle due to:

- his/her stubborn behavior
- difficulty in understanding and following the instructions
- irritability and
- low tolerance.

Inspite of the similarities, there is still a difference in handling the two age groups.

Understanding the Sunset Age-group

Though apparently similar, there is a stark difference in childhood and old age with regards to metabolism. Childhood is all about growth, creativity, energy and 'anabolism' (constructive metabolism). Whereas, old age means lack of energy, lethargy, inability to perform activities and 'catabolism' (destructive metabolism). Various diseases and systemic disorders add to the physical and mental agony of geriatric patients. That's why, it is extremely important to understand geriatric psychology in order to handle our 'Elderly Child-like' patient with care and compassion. As health care providers for our senior citizens, we need to have a thorough understanding of the physical, physiological and psychological challenges that an elderly person faces in day-to-day life. This also will reduce our stress at work and allow us to practice stress-free geriatric dentistry!

According to Dr. Richard Dupee, M.D. (2005), **Ageism** – The system of destructive false beliefs about the elderly is pervasive in our society.

There are some specific **ageist assumptions:**

1. They can't hear
2. They can't remember
3. They can't think for themselves
4. They are depressed & unproductive

In order to treat geriatric patients successfully, we need to get rid of these assumptions completely and keep an open mind towards these elderly patients, who have successfully contributed to our society, in the best of their capacity!

Geriatric Psychology

Geriatric Psychology or Geropsychology is defined as, "the field within psychology that applies the knowledge and methods of psychology to understanding and helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life." - ***American Psychological Association***

Geriatric Psychiatry

"Geriatric Psychiatry emphasizes the biological and psychological aspects of normal aging, the psychiatric effect of acute and chronic physical illness and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances related to old age." - ***American Psychiatric Association***

The Three Ds of Geriatric Psychiatry

The elderly have a lot of physical ailments that are usually already under treatment. But like in all age- groups, mental health of the elderly too is most ignored. In the diagnostic criteria for geriatric psychiatry, the most commonly seen are these three Ds :

1. Delirium
2. Dementia
3. Depression

A geriatric patient entering a dental clinic may have any or all of these symptoms. A dental clinician should be able to identify these and help the patients and their families find solutions for the same.

- Out of these, delirium is quite difficult to diagnose and is an independent risk factor responsible for mortality and morbidity of elderly patients.
- Dementia which may lead to Alzheimer's disease can also be noted in older adults. Dementia can be present with delirium, depression, frailty and failure to thrive.
- Depression is also fairly common in geriatric patients, which may increase with aging and may pose difficulties in clinical management.

These three Ds may occur simultaneously and can increase the severity of each other. Identification of the symptoms and referral to or discussion with physician, psychologist and/or psychiatrist is crucial prior to clinical treatment of such patients. -Journal of Family Medicine & Primary Care

10 Do's & Dont's in Handling Geriatric Patients

As dental clinicians, it is not expected that we should be able to treat these physical and mental health conditions. What we should do is:

1. Take a thorough medical and dental history of the patient. Do contact patient's physician for accurate details for medical history, known allergies and ongoing treatment if necessary. Ask the patient to get the recent (done within last 2 months) medical/ dental reports (blood tests, X rays or any other investigations) and ongoing medicine prescriptions (to understand the existing disease or disorder and to avoid poly-pharmacy and drug interaction).
2. Take an informed consent in the language well-comprehended by the patient and relative. The consent has to be duly signed (or thumb impression of patient in case the patient is debilitated or illiterate) by the patient & also signed by the primary care giver prior to commencing any treatment.
3. Talk to the patient and the primary care giver about the chief oro-dental problem as well as other problems/ailments that the patient is suffering from. Insist on having a responsible accompanying person (close relative or family friend) for every appointment for any necessary information and easy conversation or in case of any dental/medical emergency.
4. Depression, delirium and dementia can also be noted during conversation with the patient and inputs given by the accompanying person. Identify the 'altered behavior, if any and note the clinical changes in physical, physiological and psychological status in geriatric patients during consultation, history taking, general and oral examination.
5. Loneliness and lack of attention to the geriatric patient by family members, could lead to the patient exaggerating the symptoms or making repetitive complaints of a non-existing cause. Sometimes, they just want somebody totalk to them and listen to them. In such cases, try to identify the underlying psychological/emotional issue and speak to them about it gently yet firmly. If necessary, suggest/insist on psychological counseling /psychiatric opinion.
6. Be sympathetic and listen to the patient's complaint PATIENTLY. Make sure that the patient has grasped your question. Repeat the question if necessary and make sure you are clearly audible. In case of hearing deficiency - write down your clinical findings, advice and treatment plan in a clear and legible handwriting/large font size print-out and hand over to the patient & relative.
7. Ask the patient and the primary care giver to "write down" all the complaints at primary consultation or subsequent follow up visits. It makes identification of problem and troubleshooting later satisfactory. It also gives a sense of control to the patient as he can visually see his issues being solved and is assured that he has not 'forgotten' any complaint.
8. Always schedule the geriatric patients during morning sessions - after they finish their morning rituals, breakfast and medicines, if any. The geriatric patients are mentally and physically fresh during morning hours after a restful sleep. Avoid late evening appointments as most of the geriatric patients feel 'low' (lowering of physical & mental energy levels) in the evening (Sundowning Effect).
9. Avoid long appointments, as muscle fatigue sets in early in such patients. If long duration is unavoidable, plan a toilet break and coffee/snack interval during such lengthy appointments. Sometimes, denture adjustments can be done at patient's home for home bound geriatric patients for their comfort Author (left) in action..
10. The dental operatory should be well-lit and well-ventilated. Please ensure soft and pleasant music playing in the background for mood elevation and a receptive mental state. Be gentle and smile often! Encourage your assisting staff to be polite and patient. A comfortable atmosphere always makes the treatment go easy!

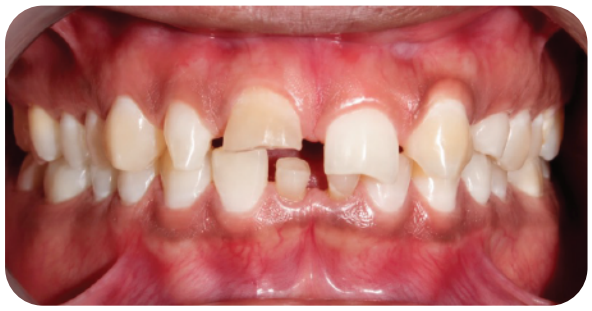
This is a simple and practical guide for understanding geriatric psychology and to have a better clinical approach in treating our geriatric patients. Let's not forget to be kind and respect the aged as even we all are going to be old one day...!

Source- Internet(Author Dr Smita Athavale has shared pictures from her practice with due consent from her patients) Author - Dr Smita Athavale

Smile Makeover Contest Winner

Congratulations to ***Dr. Soma Sindhuja*** for this exceptional smile transformation.

BEFORE



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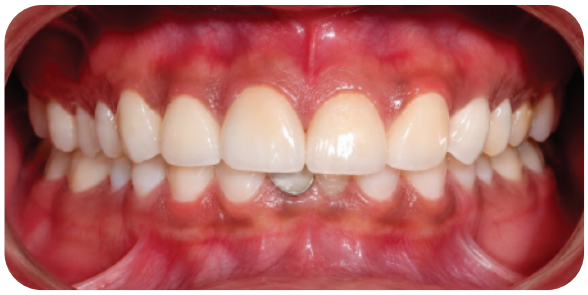
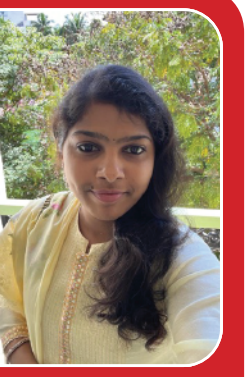




Dr.Soma Sindhuja MDS,
Periodontist,
Apollo Dental Chengalpattu.

SPOT THE SPECIAL CARE MODIFICATIONS

CAN YOU FIND ALL 6?

This clinic includes simple modifications to support special care patients.

Circle the modifications in the image | **Fill in your answers** | **Send your completed entry to participate**

1. Mobility aid for the patient

   Answer: _____

2. Modification done to improve accessibility while entering the clinic

   Answer: _____

3. A place not for the dentist, not the patient but for someone special

   Answer: _____

4. Modification done to reduce visual stimulation & create a calming environment

   Answer: _____

5. Sensory support feature included to improve patient comfort

   Answer: _____

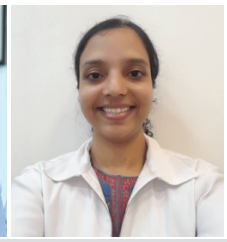
6. Equipment available to support anxiety-managed dental treatment

   Answer: _____

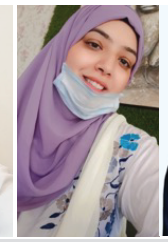
CROSSWORD PUZZLE WINNERS

Congratulations to our winners!

Dr. Manoj Gandhi

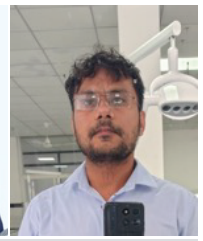


Dr. Neha Singh



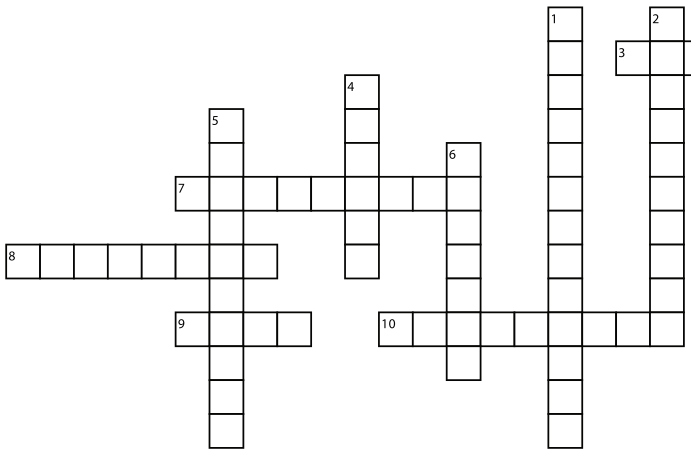
Dr. Shabnam Tyagi

Dr. Suraj Sonawane



Dr. Vikas Dhundhara

DENTAL CROSSWORD



Submit your answers
Scan the QR code to

Across

3. – Healthcare focused on older adults.

7. – Progressive condition causing memory loss.

8. – Neurological disorder causing recurrent seizures.

9. – Genetic condition caused by an extra chromosome 21.

10. – Difficulty in swallowing.

Down

1. – Movement and posture disorder due to early brain damage.

2. – Reduced salivary flow / dry mouth.

4. – Neurodevelopmental condition with sensory and communication differences.

5. – Behaviour guidance method using explanation and demonstration.

6. – Habitual tooth grinding.

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