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REVIEW ARTICLE

Interdisciplinarity from a comprehensive approach in oral prosthetic rehabilitation of the elderly

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ABSTRACT

Introduction: oral prosthetic rehabilitation in the elderly represents a clinical and social challenge that requires a comprehensive vision of health.
Objective: to describe the importance of interdisciplinarity from a comprehensive approach in oral prosthetic rehabilitation of the elderly.
Methods: a review of scientific and academic literature focused on interdisciplinarity in comprehensive health and its application in oral prosthetic rehabilitation of the elderly was conducted. The review was carried out between January 2024 and January 2025, using recognized databases such as PubMed, SciELO, Dialnet, Medigraphic, and Google Scholar. Articles published between 2020 and 2025 were selected.
Results: the importance of interdisciplinarity in addressing the prosthetic needs of this population is demonstrated, considering not only dental aspects but also medical, psychological, nutritional, and social factors that affect their well-being. A patient-centered care model is proposed, supported by collaboration among professionals from different disciplines, with the aim of improving the quality of life and oral functionality of the elderly.
Conclusions: interdisciplinarity, framed within a comprehensive health approach, enables more humane, efficient, and effective care. Promoting collaboration among disciplines not only improves clinical outcomes but also dignifies the aging process, recognizing the elderly as active and complex subjects in their care.

Keywords: integral healthcare practice; mouth rehabilitation; aged; dental prosthesis.

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INTRODUCTION

Population aging is a demographic reality that has transformed health care paradigms. According to the World Health Organization (WHO), by the year 2050 the global population of older adults is expected to double, reaching more than 2 billion people over the age of 60. This phenomenon entails an increase in the prevalence of chronic diseases, functional disabilities, and deterioration of oral health, particularly tooth loss, which affects nutrition, communication, and self-esteem in older adults.(1)

Oral prosthetic rehabilitation, understood as the process of restoring masticatory, phonetic, and aesthetic functions through dental prostheses, is a key intervention in promoting quality of life in this population. Recent studies have shown that prosthetic rehabilitation significantly improves oral health-related quality of life by reducing pain, enhancing eating ability, and fostering social interaction.(2)

However, addressing these needs cannot be limited to an exclusively dental perspective. Interdisciplinarity in health, understood as active collaboration among professionals from different disciplines, has become an essential approach to comprehensively care for older adults. In the field of oral rehabilitation, this collaboration may include dentists, geriatricians, nutritionists, psychologists, speech therapists, and social workers, who contribute complementary perspectives that allow for a holistic understanding and treatment of the patient.(3)

The comprehensive health approach recognizes that biological, psychological, and social factors are interrelated. For example, an older adult with poorly adapted prostheses may experience nutritional difficulties, social isolation, and depressive symptoms, requiring coordinated intervention. Interdisciplinary management not only improves clinical outcomes but also promotes autonomy, dignity, and overall well-being of the patient.(4)

This article aims to describe the importance of interdisciplinarity from a comprehensive approach in oral prosthetic rehabilitation for older adults.

METHODS

To carry out this article, a review of scientific literature was conducted focusing on interdisciplinarity in comprehensive health and its application in oral prosthetic rehabilitation for older adults. The review was performed between January 2024 and January 2025, using recognized databases such as PubMed, SciELO, Dialnet, Medigraphic, and Google Scholar. Articles published between 2020 and 2025 in Spanish and English were selected, prioritizing those addressing topics such as geriatric care, oral health in older adults, oral rehabilitation, interdisciplinary care models, and comprehensive health approaches.

Inclusion criteria were: original studies, systematic reviews, and reflection articles with scientific support; publications integrating at least two disciplines in the approach to oral rehabilitation; and documents including older adults as the study or reference population. Exclusion criteria were: articles without peer review, publications with an exclusively technical focus lacking interdisciplinary context, and studies centered on pediatric or young populations.

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The information collected was thematically organized into four axes: comprehensive health in geriatrics, oral prosthetic rehabilitation, interdisciplinary health teams, and clinical and psychosocial benefits of integrated care. This structure allowed for the development of a reflective analysis on the importance of professional collaboration in prosthetic treatment for older adults.
Artificial Intelligence was not used for source selection, critical analysis of the literature, or interpretation of results; these tasks were carried out exclusively by the authors.

RESULTS

Comprehensive health approach and its application in Dentistry The comprehensive health approach recognizes the human being as a bio-psycho-social unit. In the case of older adults, this approach involves considering the multiple dimensions that affect their health: chronic diseases, functional decline, social isolation, and cognitive and emotional changes. Dental care, therefore, must be integrated into a broader care plan that takes these variables into account.[5] In this regard, Jiménez Quintana et al.[6] state that aging is a dynamic, progressive, and irreversible process in which morphological, functional, and biochemical alterations progressively modify the state of the organism, and therefore old age should be considered a special stage of life. A study conducted in Colombia highlighted that oral health has gained notable relevance in academic and political spheres; however, there is still no vision of human integrality with oral health and holistic health practice.[7]

Oral prosthetic rehabilitation: beyond the prosthesis In prosthetic rehabilitation, a dental prosthesis is defined as one that aims to adequately replace the coronal portions of teeth, their substitution, and associated parts when lost or absent, through artificial means capable of restoring masticatory, aesthetic, and phonetic functions. The placement of a prosthesis entails a series of changes and an adaptation process. Once this period is overcome, patients may still experience difficulties in using the prosthesis due to various causes related to chewing problems, prosthesis misfit, or lesions in the oral mucosa, among others. This is particularly common in those who have used prostheses for long periods—more than five years—requiring replacement.[8]

The placement of a dental prosthesis should not be seen as an end in itself, but rather as part of a rehabilitation process that requires prior medical evaluation, nutritional adaptation, psychological support, and functional follow-up. The success of rehabilitation depends both on the technical quality of the prosthesis and on the patient's ability to adapt to and maintain it.[9]

The progress of dental prostheses from antiquity to the modern era is remarkable. From primitive animal-derived teeth and gold bands to advanced digital and acrylic resin prostheses, evolution has brought incredible advances in form, function, and aesthetics. Thanks to ongoing research and technological innovations, the future of dental prostheses is even more promising for those seeking effective tooth replacement solutions.

It is essential to note that, despite the remarkable progress achieved, proper care and regular dental visits remain vital to maintaining the longevity and functionality of dental prostheses.[10,11]

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Promoting oral health as part of active aging involves designing prostheses that are accessible, comfortable, and adapted to the patient's capacities, as well as fostering specialized training in geriatric dentistry and care bioethics. In this scenario, patient-centered models supported by scientific evidence become key tools to ensure dignified, safe, and humanized care.[13]

Recent studies indicate that prosthetic care in older adults requires an approach that goes beyond technical aspects and considers patient functionality and environment, showing that current clinical practice does not always take into account cognitive, motor, or emotional limitations that affect adaptation and effective use of prostheses.[14]

Likewise, studies point out that lack of follow-up, limited caregiver involvement, and absence of interprofessional coordination contribute to prosthetic abandonment in institutionalized geriatric patients. This reality highlights that prosthetic rehabilitation, when approached from a fragmented paradigm, does not meet the real needs of older adults.[15]

Prosthetic rehabilitation in older adults cannot be addressed as an isolated technical procedure. This population presents particular characteristics: physiological changes, chronic diseases, frequent use of medications, partial or total dependence on caregivers, and emotional needs that influence their adaptation to prostheses. Therefore, a broader approach is required, one that considers not only the prosthesis as the final product but the entire process surrounding it.

The WHO has emphasized in its *Healthy Aging Report* that care models must be person-centered, integrating physical, mental, and social dimensions to ensure functionality and well-being in old age. In this sense, prosthetic rehabilitation should be articulated with other components of geriatric care, incorporating multidimensional evaluation, interdisciplinary work, and design adapted to the patient's capacities.[16]

Interdisciplinarity in prosthetic dental care for older adults Traditional dental care has been centered on the professional as the main figure in the therapeutic process. However, in the geriatric context, this vision proves insufficient. Older adults present complex clinical conditions, partial or total dependence, and multiple needs that go beyond the exclusively dental field.[17]

Comprehensive care models are based on active collaboration among all actors involved: the patient, the caregiver, the dentist, and the dental technician. This approach recognizes that prosthetic rehabilitation is not only a clinical intervention but a process involving shared decisions, continuous follow-up, and effective communication.[16,17]

Multidisciplinary management in the diagnosis, treatment, and follow-up of older adults is a premise for success, and prosthetic dental rehabilitation is no exception. The clinical, emotional, and social conditions that characterize this stage require the articulation of knowledge and practices among different health professionals. Interdisciplinary communication thus becomes a pillar of the comprehensive model, enabling safer, more effective, and patient-centered care.[15]

Interdisciplinary teams in geriatric dentistry Interdisciplinary teams in geriatric dentistry may include: a dentist responsible for diagnosis, planning, and execution of prosthetic treatment; a dental technician in charge of personalized prosthesis fabrication in constant dialogue with the clinician; the primary care physician, who provides information on comorbidities, medications, and systemic risks; the geriatrician, who guides the assessment of the patient's functional, cognitive, and emotional status; and the caregiver, a key source of daily observation, emotional support, and therapeutic follow-up.[14,17]

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The interaction among these actors allows for shared decision-making, anticipation of complications, and adaptation of treatment to the patient's real needs. This approach also strengthens professional ethics by promoting mutual respect, active listening, and shared responsibility in care; strategies must be flexible and adapted to the institutional or community context in which care is provided.[11,16]

An interdisciplinary team in oral prosthetic rehabilitation may include:

- **Prosthodontist**: responsible for diagnosis and prosthesis design.
- **Geriatrician**: evaluates general health status and comorbidities.
- **Nutritionist**: adapts diet to new masticatory conditions.
- **Psychologist**: supports emotional adaptation and self-esteem.
- **Speech therapist**: intervenes in cases of speech or swallowing disorders.
- **Social worker**: manages support networks and community resources.[18]

The authors also propose the inclusion of the family physician and nurse as members of the basic work group.

Functions of the family physician in prosthetic rehabilitation

- Performs a comprehensive assessment of the older adult, considering physical, psychological, social, and functional status, as well as medication use that may influence prosthetic rehabilitation.
- Evaluates systemic conditions such as diabetes, osteoporosis, or cardiovascular diseases that may affect rehabilitation.
- Involves the family in the educational and follow-up process.
- Monitors patient progress after prosthesis placement and detects problems such as pain, rejection, functional or emotional difficulties, allowing timely adjustments and preventing treatment abandonment.

Functions of the prosthodontist

- Responsible for clinical planning, functional evaluation, and therapeutic indication.
- Conducts a detailed diagnosis of oral status, masticatory function, facial aesthetics, and specific patient needs, including radiographic exams, occlusal analysis, and soft tissue review.
- Develops a personalized comprehensive treatment plan, which may include complete or partial removable prostheses.
- Works alongside family physicians, psychologists, and dental technicians to ensure rehabilitation adapts to systemic, emotional, and social conditions.
- Educates and guides the patient on prosthesis use, care, and maintenance.
- Prepares the patient for the adaptation process, addressing expectations and possible difficulties.
- Monitors progress after prosthesis placement and makes adjustments to improve comfort, functionality, and aesthetics.

Functions of the dental technician

- Responsible for construction, adjustment, and technical quality of the prosthesis, in close collaboration with the specialist.
- Works with the prosthodontist to adapt designs and ensure proper fit for the patient.

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Functions of the psychologist

- Identifies disorders such as anxiety, depression, or low self-esteem that may interfere with prosthesis adaptation.
- Evaluates patient expectations regarding treatment, helping prevent frustration or dissatisfaction.
- Addresses the emotional impact of tooth loss, grief, self-esteem, and adaptation to treatment.
- Facilitates treatment adherence through motivational and behavioral modification techniques.
- Reduces treatment abandonment by strengthening the therapeutic bond and motivation.

Functions of the community nurse

- Conducts home visits to assess patient adaptation to the prosthesis.
- Monitors oral hygiene and proper prosthesis use.
- Identifies social or family factors that may interfere with treatment.
- Participates in interdisciplinary meetings to evaluate patient progress.
- Facilitates communication between the patient, family, and medical team.

The coordinated participation of these disciplines enables person-centered rehabilitation, not limited to the oral cavity. This comprehensive approach improves functionality, quality of life, and dignity of older adults, aligning with the principles of contemporary geriatric care.[17,18]

Benefits of interdisciplinarity The implementation of an interdisciplinary approach in oral prosthetic rehabilitation for older adults allows for:

- Better treatment adherence.
- Reduction of medical and functional complications.
- Improvement in self-esteem and social interaction.
- Greater satisfaction for the patient and their family environment.[19]

Foundations of interdisciplinarity and comprehensiveness in oral prosthetic rehabilitation for older adults Comprehensive prosthetic rehabilitation cannot be understood solely as a clinical act, but as an intervention that transforms the social life of older adults. Edentulism affects self-esteem, communication ability, and participation in community spaces, generating isolation and dependence.[9,10]

The dental prosthesis, beyond its mechanical function, represents a tool for social reintegration. It allows patients to regain their role within the family, improve body image, and strengthen emotional bonds. Moreover, the environment—family, caregivers, institutions—plays a crucial role in treatment success.[11,16]

This approach makes it clear that oral health in old age is a collective phenomenon, influenced by cultural, economic, and relational factors. Therefore, the interdisciplinary and comprehensive care model promotes inclusion, active participation of older adults, and recognition of their rights as social subjects.[8,12]

Comprehensive care is based on the principle of person-centered care, which involves recognizing older adults as active subjects in their rehabilitation process. Participation in decision-making, respect for their values and preferences, and consideration of their life history are key elements for therapeutic success.[18,20]

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DISCUSSION

Interdisciplinarity in dentistry has been reaffirmed in recent years as a fundamental axis to ensure the quality of care and the relevance of professional training. In this regard, a study conducted in Ecuador,[21] highlights that comprehensive dentistry requires a patient-centered interdisciplinary approach, where clinical, pharmacological, psychological, and social knowledge converge. This review shows that interdisciplinary intervention improves therapeutic efficacy and strengthens the professional–patient relationship. Furthermore, from the perspective of medical education, the need to integrate pharmacology with clinical subjects in dentistry programs has also been considered. This approach not only optimizes the rational prescription of medications but also fosters professional competencies, demonstrating that interdisciplinarity is necessary both in clinical practice and academic training.[22]

The WHO,[23] for its part, insists that oral health cannot be addressed in isolation, but rather as part of a comprehensive system that integrates community care and interdisciplinary clinical care. Comprehensiveness, understood as considering the patient in their biological, psychological, and social dimensions, is an important aspect of prosthetic practice. Authors,[24,25] agree that interdisciplinarity is essential to achieve successful prosthetic rehabilitation, especially in older adults, where success depends not only on prosthesis stability but also on psychosocial adaptation. The results of this review confirm that oral prosthetic rehabilitation in older adults is a multidimensional process that goes far beyond the strictly dental field. The convergence of evidence from multiple geographic and cultural contexts reinforces the need to adopt interdisciplinary models as the standard of care for this population. This finding is consistent with WHO recommendations within the framework of the *Decade of Healthy Aging 2020–2030*.[16]

The findings of this research suggest that traditional care models in prosthetic rehabilitation for older adults must evolve toward interdisciplinary models with comprehensive approaches as a future perspective. Further development of models evaluating oral health-related quality of life indicators as criteria for success in rehabilitation—beyond biomechanical parameters—is needed.

In the reviewed literature, no negative results are reported regarding interdisciplinary work and communication. However, in some cases, the terms *interdisciplinarity* and *comprehensiveness* are not uniformly defined, which constitutes a limitation of the research and may be considered a bias. Despite this, the review provides an updated synthesis of scientific evidence on the subject, guiding future research.

CONCLUSIONS

Oral prosthetic rehabilitation in older adults cannot be approached in isolation or exclusively from dentistry. Interdisciplinarity, framed within a comprehensive health approach, enables more humane, efficient, and effective care. Promoting collaboration among disciplines not only improves clinical outcomes but also dignifies the aging process, recognizing older adults as active and complex subjects in their own care.

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Conflict of Interest
The authors declare no conflict of interest.

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Authors' Contributions
YDC: conceptualization; data curation; formal analysis; methodology design; original draft writing; review and editing.
TPG: contributions to methodology; theoretical analysis; writing, review, and editing.
YPP: research; data curation; formal analysis.
YDC: resources; supervision; validation; original draft writing.
NTR: validation; visualization; information resources (bibliographic management).

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