Dr. Wyatt is a Canadian board certified specialist in Prosthodontics. He graduated from the University of British Columbia Dental School in 1986, and practiced general dentistry for seven years before pursuing advanced training in prosthodontics at the University of Toronto.

Dr. Wyatt completed the three year program in 1996 and received a Diploma in Prosthodontics and an MSc in Dentistry. His research thesis analyzed the long-term success of dental implants, and charted the bone health adjacent to implants over time.

While still at the University of Toronto, Dr. Wyatt was asked to join the Department of Oral Health Sciences at the Faculty of Dentistry, UBC, and was appointed as an Assistant Professor in January of 1996. This position allowed him to perform a multipurpose role of clinical and didactic instructor, dental researcher, and private practice prosthodontist. In 2003, Dr Wyatt was appointed Associate Professor, and in September 2004, Dr. Wyatt became head of the Division of Prosthodontics at the Faculty of Dentistry at UBC. In 2008 he was promoted to full Professor, and in 2010 he developed the clinical specialty program in prosthodontics for UBC and graduated the first students in 2013.

His present research interests include dental caries (decay) prevention in the elderly, dental health promotion, and developing oral health strategies for the province. He is also director of the UBC Geriatric Dentistry Program which serves over 1,500 elderly residents in 13 long term care facilities in Vancouver.

COURSE SYNOPSIS: The North American population are aging, and an increasing number of people are presenting to our dental offices with the positive and negative effects of old age. A growing number of older adults are successfully aging at home, and living active lifestyles. The prevalence of chronic conditions and disabilities has declined over the past seventy years due to improvements in diet, an increase in physical activity, and reduction in smoking. In addition medical advances in orthopedics, transplants, and cardiac pacemakers have helped people live longer and healthier. However many older adults suffer chronic disease and disabilities including cardiovascular disease, cancer, arthritis, senile dementia, and Parkinson’s disease. In addition, the provision of dental care for older adults is affected by polypharmacy and xerostomic side effects of medications.

Older adults are retaining teeth longer and have experienced sophisticated dental care over their lifetime, and expect to maintain their teeth and dental prostheses. These individuals have invested a considerable amount of time and money in their mouths and expect to retain their teeth, implants and dental prostheses for a lifetime. However, for many older adults, poor oral hygiene predisposes them to gingivitis, periodontitis, denture stomatitis, and especially dental caries. Oral health is directly related to chewing ability and nutrient uptake. Poor oral health and tooth loss often results in discomfort, poor aesthetics, bad breath, compromised mastication, and combined decrease quality of life.
The consequences of missing teeth are compromised aesthetics, phonetics, mastication, and occlusion. The loss of a maxillary incisor is just as much an aesthetic concern for an older adult as a younger adult. The options for replacement of teeth is no different from those who are younger. However, frailty (physical and cognitive) pose significant limitation on a patient’s ability to undergo a complex treatment, prosthetic design, and professional maintenance. The provision of dental services for older adults sometimes involves consent for treatment from others (family, guardians, or power of attorney), determining the best environment to provide services, and the support of family for daily oral hygiene, and maintenance of the dental prostheses. Increasingly, dental professionals must work with fellow health care providers (physicians, social workers, and community nurses) to better serve their elderly patients.

**TOPIC – AM**  
**Treatment Planning for Older Adults in the Dental Office**

- Be aware of the impact of aging on general health, mobility, cognitive ability, and oral health.
- Be able to apply a systematic approach to diagnosing oral disease and developing appropriate treatment plans to restore dentitions affected by tooth loss, dental caries and periodontal disease for older adults.
- Understand the need and have the skills to obtain appropriate levels of consent for dental care, and communicating with relatives of patients and other health care providers

**PM**  
**Dental Caries and the Older Adult**

- Be aware of the differences in the prevalence, incidence, and impact of dental caries affecting younger adults, older adults, and frail older adults
- Understand the advantages and disadvantages of various dental materials to restore carious teeth and root surfaces.

Have a better understanding of the efficacy and effectiveness of various behavioural, dietary, and chemotherapeutic measures to manage chronic dental caries.