

The advancement of medicine has reduced the global mortality rate; the older adult population continues to grow and is expected to reach 1 in 6 people by 2050 .Aging is a universal and irreversible biological process characterized by reduced defense mechanisms against the environment, loss of functional reserves, and a tendency for organs and apparatuses to atrophy .Elderly oral health home care may benefit from manual toothbrushes with wide-handle grips, electric toothbrushes, and floss-holding devices; moreover, primary care physicians may aid in educating older patients in maintaining good oral health, assessing risk factors through proper oral examination, and identifying physiological oral age-related changes from abnormal conditions and pathologies at an early stage, as well as referring patients to a dentist if needed. Consequently, the reduced autonomy in daily activities; cognitive impairment and behavioral symptoms interfering with oral hygiene procedures; swallowing and chewing disorders subsequent to neurological vascular and degenerative diseases; and polypharmacotherapy potentially responsible for xerostomia and other side effects affecting the oral cavity, may promote the occurrence of oral diseases in the elderly .Age-related systemic conditions and diseases predisposing to adverse oral outcomes mainly comprise frailty (malnutrition, sarcopenia, osteopenia, disability, balance disorders, falls, etc.); various severe co-morbid states; Alzheimer's and other forms of dementia; Parkinson's disease and other nervous system degenerative disorders; brain stroke sequelae with severe disability and dysphagia; and neoplastic disease states .Furthermore, the COVID-19 pandemic has unfortunately enhanced gaps and disparities in dental care services, conceivably linked to the recognition of older age and age-related co-morbidities, also including periodontitis and medications as major risk factors for COVID-19 onset and severity , and increasing the detection of oral coinfections in SARS-CoV-2 positive adult subjects and oral adverse reactions following vaccination .As a counterpart, some oral diseases--more frequently odontogenic and periodontal acute or chronic infections--may also negatively impact certain systemic disorders, including cardiovascular diseases, diabetes mellitus, inflammatory and degenerative disorders, benign and malignant solid neoplasms, and respiratory infectious diseases .Both dysbiotic diseases are etiologically related to biofilm accumulation and favored by the frequent decrease in salivary secretion, particularly in older adults with polypharmacy and poor oral hygiene practice , often coupled with scarce oral healthcare literacy and reduced dental care. In an elderly person, the co-existence of minor and major disabling diseases, multi-drug therapies, physical infirmities, and mental disorders may induce them to consider dental treatments less relevant, thus, allowing further deterioration of oral, periodontal, and dental conditions, with possible effects also at the systemic level.