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Geriatric dentistry in brazilian dental education

Odontogeriatria no ensino odontológico brasileiro

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Resumo

Introdução: O aumento da expectativa de vida no Brasil gerou mudanças na pirâmide populacional. Considerando os diferentes ciclos de vida e as especificidades das condições odontológicas nesse grupo, é necessária a adequação da formação nos cursos de Odontologia. **Objetivo:** O objetivo neste estudo foi analisar os conteúdos de "Odontogeriatria" nas matrizes curriculares dos cursos de graduação em Odontologia brasileiros reconhecidos pelo Ministério da Educação (MEC). **Material e método:** Trata-se de um estuo descritivo, de análise documental, com dados secundários de acesso público, realizado nas plataformas digitais do MEC e das instituições de ensino superior. A partir da lista obtida no sítio eletrônico "e-MEC" (n=646), foram incluídos na pesquisa cursos com turma formada (n=454) e informações das estruturas curriculares ou projetos políticos pedagógicos (PPP) disponíveis. Variáveis analisadas: nomenclatura, período (semestre letivo), carga horária, característica das aulas (teórica/prática) e categoria (obrigatória/optativa). As variáveis foram analisadas de forma descritiva, conforme as informações disponibilizadas pelas próprias instituições. **Resultado:** Do total, 395 disponibilizaram informações curriculares para consulta e 260 apresentaram disciplinas específicas ou algum conteúdo de Odontogeriatria em disciplinas afins. A carga horária variou de 20h a 300h, com média 87,243h (dp=66,12). Aproximadamente 90% das disciplinas eram obrigatórias, com predominância do semestre ofertado na parcela final da graduação. Há grande variabilidade na nomenclatura e casos de mais de uma disciplina por curso. Observou-se ausência de informações completas para todas as variáveis em parte dos cursos avaliados. **Conclusão:** Conclui-se que o ensino relacionado à saúde bucal do idoso, nos cursos de Odontologia no Brasil, apresenta ampla variabilidade quanto à sua presença e organização.

Descritores: Odontologia geriátrica; Faculdades de Odontologia; universidades; currículo; educação em odontologia.

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Abstract

Introduction: The increase in life expectancy in Brazil has led to significant changes in the population pyramid. Considering the different stages of life and the specific oral health conditions associated with older adults, adaptations in dental education curricula have become necessary. **Objective:** The aim of this study was to analyze the "Geriatric Dentistry" content included in the curricula of undergraduate dental programs in Brazil accredited by the Ministry of Education (MEC). **Material and method:** This descriptive documentary analysis study used publicly available secondary data collected from the digital platforms of the MEC and higher education institutions. Based on the list obtained from the "e-MEC" website (n = 646), programs with at least one graduated class (n = 454) and available curricular structures or Pedagogical Political Projects (PPP) were included. The analyzed variables were course title, academic semester, workload, course characteristics (theoretical/practical), and classification (mandatory/elective). Variables were descriptively analyzed according to the information provided by the institutions. **Result:** Of the total, 395 institutions provided curricular information for consultation, and 260 included either specific disciplines or geriatric dentistry content within related courses. Workload ranged from 20 to 300 hours, with a mean of 87.243 hours (SD = 66.12). Approximately 90% of the disciplines were mandatory, predominantly offered during the final semesters of the undergraduate program. Considerable variability was observed in course nomenclature, including cases of more than one discipline per program. Incomplete information for some variables was identified in part of the evaluated programs. **Conclusion:** It was concluded that education related to oral health care for older adults in Brazilian dental schools demonstrates wide variability regarding both its inclusion and organization.

Descriptors: Geriatric dentistry; dental schools; universities; curriculum; dental education.

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INTRODUCTION

According to the Brazilian Statute of the Elderly, individuals aged 60 years or older are legally recognized as older adults in Brazil[1]. Based on data from the Brazilian Institute of Geography and Statistics (IBGE), in 2010 the older adult population represented 10.8% of the Brazilian population, totaling 20,590,597 individuals[2]. By 2022, this group accounted for 15.8% of the total Brazilian population, corresponding to 32,113,490 inhabitants, including 17,887,737 women and 14,225,753 men. This represents a 56% increase in this age group. Furthermore, in 1940, life expectancy at birth was estimated at 45.5 years, whereas in 2022 it reached 75.5 years[2,3].

This demographic transition has generated both advances and challenges for healthcare professions, including Dentistry, as it increases the need for adequate care for older adults[4]. The Brazilian population pyramid illustrates this transition: in 1991, Brazil displayed a broad-based and narrow-topped pyramid, representing a young population with high birth rates and low life expectancy at birth[5]. Advances in healthcare and improvements in quality of life resulted in increased population longevity and life expectancy at birth, as well as a growing proportion of older adults[6]. Accordingly, the 2022 Census revealed a population pyramid with different characteristics, including a broader middle and upper section and a narrowing base, representing an aging population[3].

Due to the growth of the older adult population, undergraduate dental programs must adapt to the current Brazilian demographic reality by training professionals who are better prepared to meet this population demand[7].

Through the "National Registry of Higher Education Courses and Institutions – e-MEC Registry" website of the Ministry of Education (MEC), 646 undergraduate dental programs accredited by the Ministry were identified in 2024[8]. To illustrate the expansion in the number

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of dental programs in Brazil, in 2018 there were 242 undergraduate dental programs recognized by the Federal Council of Dentistry (CFO)[9]. Due to the large number of undergraduate programs in the country, as of June 14, 2024, the CFO reported a total of 416,137 active dentists in Brazil[10].

Given the need to improve dental education in Brazil[11], the 2021 National Curriculum Guidelines recommend training focused on comprehensive healthcare, encompassing different stages of life within the population[12]. Addressing the various life stages in dental education is essential because oral conditions and treatment needs vary according to individuals' biological, functional, and social characteristics, becoming particularly complex during aging[13]. However, the specialty of "Geriatric Dentistry" was only officially recognized by the CFO in 2000[14]. Despite more than 20 years since this recognition, only slightly more than 270 dentists specialized in Geriatric Dentistry are currently registered in Brazil[15].

In this context, undergraduate dental programs may include disciplines related to oral healthcare for older adults in their curricula as an attempt to improve future professionals' knowledge in this field and facilitate their integration into the labor market[4].

Therefore, the aim of this study was to analyze the "Geriatric Dentistry" content included in the curricula and course syllabi of undergraduate dental programs in Brazil accredited by the Ministry of Education (MEC) in 2024.

MATERIAL AND METHOD

This descriptive documentary analysis study was conducted through searches on the digital platforms of the Ministry of Education (MEC) and Brazilian higher education institutions. The list of dental programs accredited by the MEC was obtained through consultation of the "National Registry of Higher Education Courses and Institutions – e-MEC Registry" website[8]. Dental programs with at least one graduating class and available websites

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containing curricular structures or Pedagogical Political Projects (PPP) were included. Each university website was accessed to retrieve these data.

In 2024, 646 dental programs officially accredited by the MEC were identified on the e-MEC digital platform[8]. The exclusion criteria included inactive programs and programs without graduated classes. Thus, 192 (29.72%) programs were excluded: 30 (4.65%) because they were classified on the platform as “extinct” or “being phased out,” and 162 (25.00%) because they were listed as “not initiated” in the e-MEC system or because no records of graduating classes were found on the corresponding institutional websites. Therefore, 454 (70.28%) programs were included in the analysis.

The studied variables were course nomenclature, academic semester in which the discipline was offered, workload (in hours), course characteristics (theoretical/practical), and classification (mandatory/elective).

The classification of variables followed the information provided by the higher education institutions themselves.

The collected variables were descriptively analyzed. Course nomenclature was recorded as described by the institutions and subsequently categorized into specific Geriatric Dentistry disciplines and disciplines containing content related to oral healthcare for older adults. The academic semester in which the discipline was offered was identified according to the curriculum of each program. Standardization regarding total program duration was not possible because this information was not systematically available in the consulted sources. Workload was recorded in total hours, as reported in institutional documents. Course characteristics were classified as theoretical, practical, or theoretical-practical according to the descriptions provided in the curriculum or teaching plans. Disciplines were classified as mandatory or elective according to institutional information. Based on the syllabi available on the websites of Brazilian undergraduate dental programs, all disciplines specifically related to oral

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healthcare for older adults, as well as related disciplines, were fully analyzed to understand how and which content on this topic was taught and whether it was addressed transversally.

After data collection, the results were tabulated and correlated. Descriptive analyses were performed and presented in tables generated using Excel 365 software.

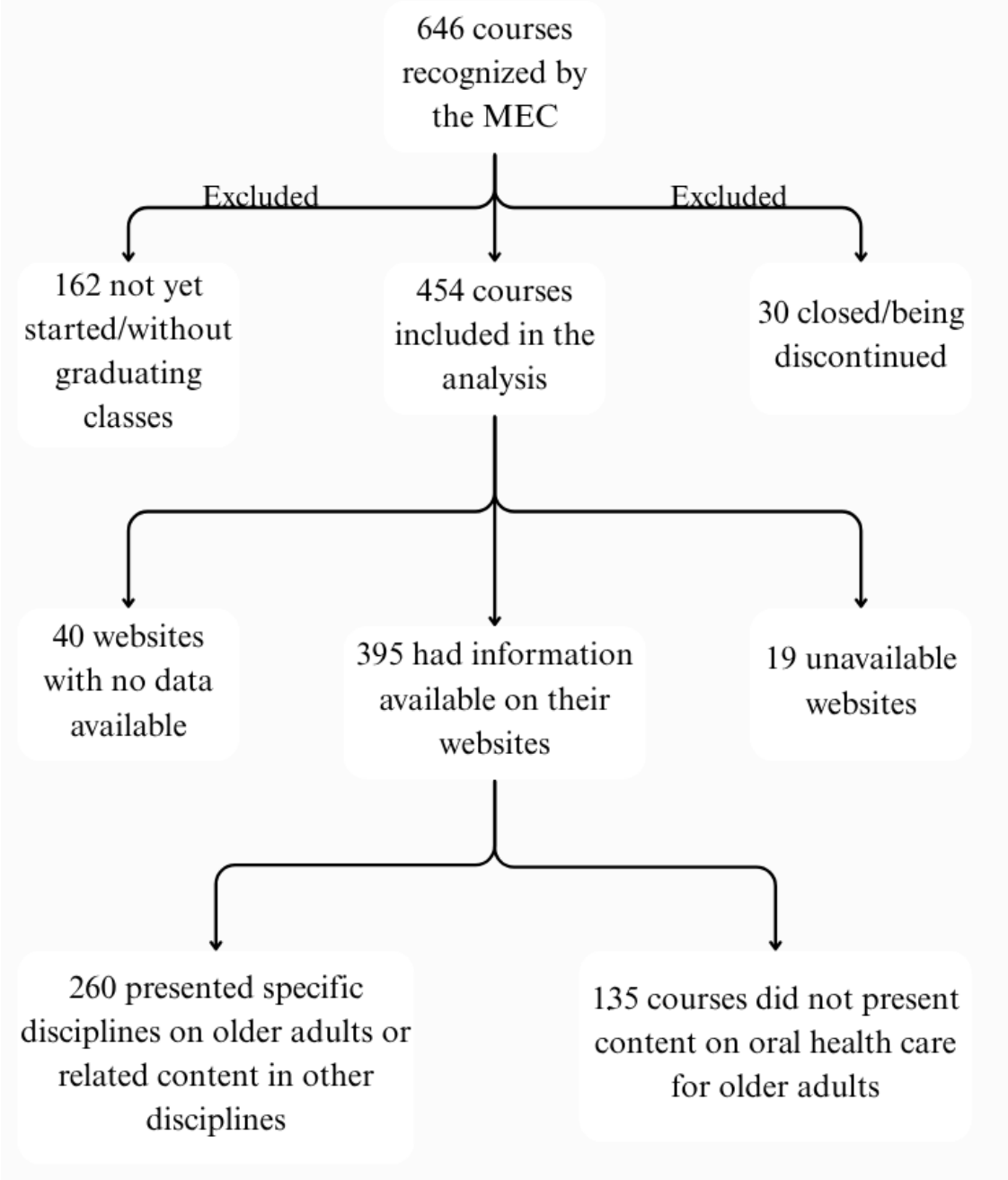
As this study used publicly available secondary data, approval by a Research Ethics Committee was waived, in accordance with Resolution No. 466/2012 of the Brazilian National Health Council.

RESULT

During the analysis of curricular components available on the websites of Brazilian undergraduate dental programs, not all studied variables were identified for data collection, and in some cases only partial information was available. Additionally, some programs offered more than one discipline simultaneously. See Figure 1.

Figure 1. Flowchart describing the research strategy and the results throughout the inclusion stages. Brazil, 2024.

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Of the 646 Dentistry programs registered on the Ministry of Education (MEC) website, only 57 (8.82%) belonged to public universities. After applying the inclusion criteria, 192 (29.78%) programs were excluded from the sample, and 454 (70.28%) were included in the analysis.

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At this stage of the study, the 454 websites corresponding to the remaining programs were analyzed. However, access to the corresponding website was not possible for 19 of them (3.00%), and another 40 (6.20%) did not provide data regarding curriculum structure, teaching plans, or the Pedagogical Political Project (PPP). Therefore, it was possible to analyze the curricular structure of 395 (61.15%) programs.

Considering only the programs with available curricular structures, 135 (20.90%) did not include any content related to oral healthcare for older adults, whereas 260 (40.25%) presented at least one discipline focused on oral health care for older adults or included related content within curricular components during undergraduate training. However, only 111 programs made their pedagogical projects available, an essential document for a more in-depth analysis.

Among the 260 programs that included some curricular component related to older adults, 223 (34.52%) offered only one discipline, 29 (4.49%) offered two, 6 (0.93%) included three, and only 2 (0.31%) contained four disciplines in their curricula, totaling 307 disciplines.

During the detailed analysis of the 111 (100.00%) available PPPs, it was observed that 33 (29.73%) did not present any discipline related to oral healthcare for older adults, 16 (14.42%) included at least one discipline but without syllabus availability, and 3 (2.70%) provided a corresponding website link to access the PPPs; however, access was not possible. The remaining 59 (53.15%) programs contained at least one specific or related discipline with accessible syllabi for detailed analysis.

Based on the information available on the analyzed websites, the predefined variables were evaluated. The obtained results are detailed below.

Among the 260 programs that included at least one curricular component specifically related to oral healthcare for older adults or integrated into other disciplines, data regarding the semester of course offering were obtained for 246 disciplines. The highest frequency was

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observed in the 8th semester, corresponding to 38.60% (n = 95) of cases, followed by the 9th semester with 19.92% (n = 49) and the 7th semester with 17.08% (n = 42). Thus, these contents are predominantly addressed during the final stages of Dentistry programs in Brazil. However, inconsistencies in information regarding the total duration of the analyzed programs should be noted.

Regarding workload, 214 disciplines were identified in the analyzed curricular structures, ranging from 20 hours (n = 2; Geriatric Dentistry) to 300 hours (n = 2; Integrated Adult and Older Adult Clinic I and II). The most frequent workload was 60 hours, identified in 37 disciplines. The overall mean workload was 87.243 hours (SD = 66.12). For better visualization, Table 1 presents these values divided into three groups: 20–60 hours, 35.51% (n = 76); 61–100 hours, 41.59% (n = 89); and 101 hours or more, 22.90% (n = 49).

Regarding course characteristics (theoretical/practical), three formats were identified: theoretical, practical, and theoretical/practical. Information regarding this variable was available for 64 programs, revealing a relatively balanced distribution among the identified formats: 25 (39.06%) disciplines were theoretical/practical, 20 (31.25%) were exclusively practical, and 19 (29.69%) were exclusively theoretical.

Concerning the classification of disciplines as mandatory or elective, 195 (88.64%) were offered as mandatory, 22 (10.00%) as elective, and the remaining 3 (1.36%) offered their content in both mandatory and elective formats simultaneously.

Based on the data summarized in Table 1, substantial diversity was observed among the analyzed variables. Regarding the semester of course offering, content related to oral healthcare for older adults was taught from the 3rd to the 10th semester, with predominance in the 8th semester. Workload also showed considerable variability, ranging from only 20 hours to 300 hours. Regarding classification, approximately 90.00% of the disciplines were mandatory. Only the course characteristics variable (theoretical and/or practical) demonstrated a balanced

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distribution among the identified data: 29.69% exclusively theoretical, 31.25% practical, and 39.06% both theoretical and practical, including cases of two or more disciplines per program or fragmented content distributed throughout undergraduate training.

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Table 1. Absolute and percentage distribution of workload, classification, semester, and characteristics of the disciplines identified on institutional websites. Brazil, 2024

Variables	n	%
Semester offered		
10th	32	13.01
9th	49	19.92
8th	95	38.62
7th	42	17.07
6th	14	5.69
5th	3	1.22
4th	6	2.44
3rd	5	2.03
Workload		
20–60 hours	76	35.51
71–100 hours	89	41.59
101+ hours	49	22.90
Course format		
Theoretical/practical	25	39.06
Practical	20	31.25
Theoretical	19	29.69
Category		
Mandatory	195	88.64
Elective	22	10.00
Mandatory/elective	3	1.36

Upon analyzing the 59 syllabi that included a specific discipline or content related to oral health care for older adults, the nomenclature of these specific or related disciplines was identified. Disciplines mentioning clinical practice in their titles were found, such as “Elderly Clinic/Gerodontology,” “Adult and Elderly Clinic,” and “Integrated Clinic for Elderly Care,” in addition to “Gerodontology,” “Geriatric Patient,” and internship-related disciplines such as “Internship with Older Adults.”

Five disciplines related to Public Health were identified as including content on aging through lectures addressing “life cycles.” In another 19 disciplines entitled “Gerodontology,” one entitled “Quality of Life in Old Age,” and three entitled “Gerontology,” the topic was approached from both collective and individual perspectives, addressing population aging,

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medications, approaches to this population, pathological conditions, and aspects related to edentulism, as well as multidisciplinary care. In addition, two of these 19 disciplines simultaneously addressed adolescent oral health during the course. Two other disciplines had titles related to "care for older adults" and included the study of aging and oral health conditions among their programmatic contents. Three disciplines related to "care for people with special needs" were also identified, one of them including the term "clinic" and another "community interaction." Their syllabi included concepts related to people with disabilities, treatment approaches, methods of communication, psychological and systemic considerations, concepts of aging, and clinical care for these patients. Three disciplines entitled "Humanities and Health" were also identified, in which elderly care was taught alongside other subjects such as professional training and patient-provider relationships, marketing, and care for children, adolescents, adults, and older adults.

A total of 17 internship-related disciplines were also identified, some of which included the term "clinic" in their titles, one entitled "Gerodontology" and another "Public Health." These disciplines presented various planned contents aimed at providing knowledge about the condition of older adults, their age-related specificities, and approaches to treatment and care. It is noteworthy that although internship disciplines were identified, they were not analyzed as a specific variable in this study, since their descriptions in institutional documents are variable and frequently do not systematically detail Gerodontology-related contents.

In addition, clinical disciplines aimed at providing general knowledge regarding adult and elderly patients were evaluated, focusing on comprehensive patient care, ranging from low-complexity treatments to more specialized interventions.

It should also be noted that some programs offered more than one discipline with the same title throughout the course, distinguished by sequential numbering, such as "Gerodontology I" and "Gerodontology II."

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DISCUSSION

The present study sought to analyze the presence of education on oral health care for older adults in Dentistry programs in Brazil. It was found that 65.82% of the Dentistry programs included in the analysis provided some indication that Gerodontology-related content was offered at some point during undergraduate dental education. This percentage is considerably low, as approximately half of the Dentistry programs in Brazil do not provide training for the care of this age group.

Gerodontology was officially recognized as a specialty in Brazil only in 2000 by the Brazilian Federal Council of Dentistry (CFO), making it a relatively recent specialty with a considerably small number of specialists.[14,15] In addition, several Brazilian Dentistry programs do not offer a specific discipline entitled "Gerodontology"; however, curricular content related to oral health care for older adults may be incorporated into other disciplines throughout undergraduate education.[16] Among the 454 programs included in the analysis, specific and related disciplines associated with Gerodontology were identified in only 260 programs. In some cases, the same program offered more than one related discipline.

Despite the advances achieved through remote education and improvements in digital platforms during the pandemic,[17,18] the online availability of data remains insufficient, as a large proportion of the analyzed programs displayed incomplete information or no information at all. In some cases, only the name and semester of the discipline were available, while in others only the discipline title was provided. Some programs lacked all of the variables investigated. This lack of information alone represents a challenge and hinders the development of new disciplines by other institutions. Another aggravating factor identified was the discrepancy between information available on institutional websites and the lack of agreement among Brazilian universities regarding how oral health care for older adults should be taught.[9] Based on the available pedagogical projects analyzed, the topic of oral health care for older adults was taught

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in different ways, considering both the nomenclature of the disciplines and the methods through which the planned contents were delivered to students.

The inclusion of content related to the health of older adults in health curricula should also be understood from the perspective of interprofessional education, since the care of this population requires integrated action among different professional areas.[19,20] Interprofessional education has been recognized as a fundamental strategy for developing collaborative competencies and improving teamwork in health care, especially within the context of Primary Health Care.[21] In Dentistry, interprofessional initiatives may broaden the understanding of individuals' health needs and promote comprehensive care.[20,22]

When comparing the teaching of Gerodontology in Brazil with studies from other countries, some differences can be observed. In India, the Dental Council of India has not yet included a specific discipline on oral health care for older adults in undergraduate programs, but rather incorporated aging-related topics into other areas such as periodontics and prosthodontics.[23] In Australia, Gerodontology education is not highly developed. Until 2016, most programs did not teach the specialty, and among those that did, the content was not offered as a specific discipline.[23] In South Korea, 9 out of the 11 Dentistry programs in the country offered some discipline related to the topic. However, there was no standardized approach to presenting this content, and none of the programs provided clinical Gerodontology training or had faculty members with complete specialization in this field.[24]

Regarding the European context, the European College of Gerodontology recommends that Gerodontology education be mandatory, with a specific discipline and department dedicated to this purpose.[23] One study demonstrated that 86% of programs included content related to elderly health; 52% of the disciplines were mandatory, and only 23% of professors had received formal training programs.[24] In the United States, both specific and related disciplines include Gerodontology education, and some programs address the topic through

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lectures.[24,25] Gerodontology is taught in all U.S. dental schools, with nearly 95% of these programs offering it as a mandatory subject.[25]

According to the literature, approximately one-third of the programs that include oral health care for older adults are located in Europe, while another third are found in North and South America.[23] This demonstrates that Gerodontology education has developed more strongly in European and American regions. In the rest of the world, dental schools generally teach Gerodontology in conjunction with other disciplines such as special needs care, periodontics, and prosthodontics.[23]

As a limitation of this study, it should be emphasized that data collection was conducted based on information available on higher education institutions' websites. Therefore, the presence of content related to oral health care for older adults may have been underestimated. Finally, the importance of providing updated academic information on institutional digital platforms should be highlighted, since its absence may limit comparative analyses and the planning of educational strategies in Gerodontology.

CONCLUSION

It can be concluded that education related to oral health care for older adults in undergraduate Dentistry programs in Brazil demonstrates wide variability regarding both its presence and organization within curricular structures. Among the programs that address this topic, there is a predominance of offerings concentrated in the final years of undergraduate education, mainly through a single discipline with variable workload. Furthermore, the diversity of nomenclatures, formats, and approaches suggests a lack of standardization in teaching within this field. These findings indicate the need for greater integration and strengthening of content related to oral health care for older adults in dental education, considering the context of population aging and the specific needs presented by older adults.

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AUTHORS' CONTRIBUTIONS

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Conceptualization, Methodology, Formal Analysis, Investigation, Writing – Review & Editing.

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Conceptualization, Data Curation, Formal Analysis, Investigation, Writing – Original Draft.

Ronald Jefferson MARTINS

Formal Analysis, Investigation.

Tânia Adas SALIBA

Conceptualization, Formal Analysis, Investigation, Writing – Review & Editing.

REFERENCES

1. Brazil. Law No. 10,741, October 1, 2003. Provides for the Statute of the Older Person and other provisions. 2003 [cited 2024 Jun 1]. Available from: https://www.planalto.gov.br/ccivil_03/LEIS/2003/L10.741.html
2. Brazilian Institute of Geography and Statistics. 2010 Demographic Census. 2010 [cited 2024 Jun 1]. Available from: https://censo2010.ibge.gov.br
3. Brazilian Institute of Geography and Statistics. 2022 Demographic Census. 2022 [cited 2024 Jun 1]. Available from: https://censo2022.ibge.gov.br

SciELO Preprints - This document is a preprint and its current status is available at: https://doi.org/10.1590/SciELOPreprints.16466

4. Marchini L. Educating dental students to provide compassionate age friendly care for older adults. J Dent Educ. 2023;87:1153–1160. https://doi.org/10.1002/jdd.13227.

5. Brazilian Institute of Geography and Statistics. 1991 Demographic Census. 1991 [cited 2024 Jun 1]. Available from: https://www.ibge.gov.br/estatisticas/sociais/populacao/25089-censo-1991-6.html

6. Araújo ILS, Gonçalves VB. Oral health care for older adults: an overview and its current challenges – a literature review. Revista Ibero-Americana de Humanidades, Ciências e Educação. 2023;9(10):6236-52. https://doi.org/10.51891/rease.v9i10.12247.

7. Nilsson A, Young L, Evans R, Jennings E, Lee A. Stakeholder perceptions of gerodontology education for final year Australian dental school curricula. J Dent Educ. 2024 Oct;88(10):1373-1379. https://doi.org/10.1002/jdd.13583. Epub 2024 May 16. PMid: 38757382.

8. Brazil. Ministry of Education. National Registry of Higher Education Courses and Institutions – e-MEC [cited 2026 Mar 24]. Available from: https://emec.mec.gov.br/emec/nova.

9. Moimaz SAS, Gomes AMP, Saliba TA, Garbin AJI, Garbin CAS. Professional guidance in Brazilian dental education. Revista da ABENO. 2019;19(3):50-7. https://doi.org/10.30979/rev.abeno.v19i3.733.

10. Brazil. Federal Council of Dentistry. General number of specialist dentists. 2024 [cited 2024 Jun 1]. Available from: https://website.cfo.org.br/estatisticas/quantidade-geral-de-cirurgioes-dentistas-especialistas

11. Conceição ABS, Santos IT, Silva AM, Prado Júnior RR, Mendes RF. Dentistry for patients with special needs in undergraduate education: perceptions of students and professors in an institution in Piauí and a Brazilian overview. Revista da ABENO. 2021;21(1):1608. https://doi.org/10.30979/revabeno.v21i1.1608.

SciELO Preprints - This document is a preprint and its current status is available at: https://doi.org/10.1590/SciELOPreprints.16466

12. National Council of Education. Chamber of Higher Education. Resolution CNE/CES No. 3, February 19, 2002. Establishes the national curricular guidelines for undergraduate Dentistry programs. 2002 [cited 2024 Jun 1]. Available from: http://portal.mec.gov.br/cne/arquivos/pdf/CES032002.pdf

13. Brazil. Ministry of Health. Secretariat of Health Care. Department of Primary Care. Oral health. Brasília: Ministry of Health; 2008 [cited 2026 Apr 1]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/saude_bucal.pdf

14. Brazil. Federal Council of Dentistry. Grandparents' Day: Gerodontology is a specialty with market potential for dentists. 2022 [cited 2024 May 14]. Available from: https://website.cfo.org.br/dia-dos-avos-Odontogeriatria-e-especialidade-com-potencial-de-mercado-para-cirurgioes-dentistas

15. Brazil. Federal Council of Dentistry. General number of active professionals and entities. 2024 [cited 2024 Jun 14]. Available from: https://website.cfo.org.br/estatisticas/quantidade-geral-de-entidades-e-profissionais-ativos

16. Brandt AC, Abbas A, Dong CS. Exploring the acceptance of geriatric dentistry programming for undergraduate dental students through stakeholder interviews. J Dent Educ. 2024;88:573–586. https://doi.org/10.1002/jdd.13461.

17. Vargo D, Zhu L, Benwell B, Zheng Y. Digital technology use during the COVID-19 pandemic: a rapid review. Hum Behav Emerg Tech. 2021;3(1):13-24. https://doi.org/10.1002/hbe2.242.

18. Rodrigues IF, Sena TRR, Lima Júnior J, Amaral RC. The impact of social isolation on distance learning in health-related courses. Revista de Odontologia da UNESP. 2023;52:e20230025. https://doi.org/10.1590/1807-2577.02523.

SciELO Preprints - This document is a preprint and its current status is available at: https://doi.org/10.1590/SciELOPreprints.16466

19. Mara M. Interdisciplinary education and health care in geriatric dental medicine. Dental Clin North America. 2021 Apr;65(2):377-391. https://doi.org/10.1016/j.cden.2020.11.001.

20. Mestriner TLA. Interprofessional education in health training within the context of Primary Health Care [thesis]. Ribeirão Preto: University of São Paulo, Ribeirão Preto Medical School; 2023. Available from: https://www.teses.usp.br/teses/disponiveis/17/17139/tde-05062023-113851/publico/TATIANALEMOSDEALMEIDAMESTRINER.pdf

21. Toassi RFC, Olsson TO. Interprofessional learning in undergraduate Dentistry during the pandemic context of remote teaching. Interface - Comunicação, Saúde, Educação. 2023;27:e220696. https://doi.org/10.1590/Interface.180540.

22. Haresaku S, Naito T, Aoki H, Miyoshi M, Monji M, Umezaki Y. Development of interprofessional education programmes in nursing care and oral healthcare for dental and nursing students. BMC Med Educ. 2024;24(1):381. https://doi.org/10.1186/s12909-024-05227-2

23. Shigli K, Nayak SS, Jirge V, Srinagesh J, Murthy V, Gali S. Current status of gerodontology curriculum in India and other parts of the world: A narrative review. Gerodontology. 2020;37:110–131. https://doi.org/10.1111/ger.12461.

24. Ettinger RL, Goettsche ZS, Qian F. Curriculum content in geriatric dentistry in USA dental schools. Gerodontology. 2018;35(1):11-7. https://doi.org/10.1111/ger.12305.

25. Kang KL, Kang MS, So JS, Ko S-M, Ha S-R, Hwang J-Y, et al. The teaching of geriatric dentistry in South Korean dental schools. Gerodontology. 2023;40(2):238-43. https://doi.org/10.1111/ger.12647.

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CONFLICTS OF INTERESTS

The authors declare no conflicts of interest.

DATA AVAILABILITY

The contents underlying the research text are included in the manuscript

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