rate with increasing life expectancy and the need to treat the tooth loss in this group of patients. Type 2 diabetes mellitus may be a risk factor for the treatment with dental implants. It is important to assess the characteristics of the host considering disorders that can produce the disease in the patient affect the osseointegration of the implant. Some studies demonstrate that there are no significant differences between the older patients with or without diabetes II, and can observed a slower growth in osteoblasts but morphology and similar characteristics in diabetic patients, without the need to modify the surface of implants to improve implant stability. In fact, is possible to treat this large group of patients in clinic with a high rate of success and a high predictability.

- Poster 16

TITLE: ¿Is it enough to treat edentulism for improving the nutritional status of older adults?

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Aging is a natural and complex process involving cellular, physiological and psychological changes that may affect or be affected by the nutritional status of the individual. Edentulism is the most common cause of masticatory deficiency. People with impaired masticatory function can not cope with adequate food, leading to a gradual deterioration of their eating habits. Knowing how to detect inadequate nutritional status competence of the dentist in order to refer the patient to a specialist in nutrition or dietetics. The oral rehabilitation of edentulous older adults improves chewing ability and expands its narrow spectrum of food choices, but to improve their nutritional status is necessary advice from professionals nutrition and dietetics.

- Poster 17

TITLE: Success of short dental implants supporting overdentures in atrophic jaws in geriatric patients

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Edentulism, as a result of the atrophy of the alveolar processes, implies for geriatric patients a limiting condition in mastication, which is one of the main functions of the stomatognathic system, such as swallowing, phonetics, esthetics and social life. Before the advent of bone-integrated implants, the only option for rehabilitation of the completely edentulous patient was a mucosa-supported complete denture. This meant for the patient several problems regarding the retention and lack of stability of the prosthesis, especially in mandible. To solve these problems, oral rehabilitation with endosseous implants comes up, and therefore, the appearance of overdentures. Overdentures represent an implant treatment in patients with a long period of edentulism. However, on different occasions the maxilla and mandible bone level can involve an impediment to the placement of conventional dental implants (> 8mm), due to its length. As an alternative to the surgical techniques, such as sinus lift or transposition of the inferior alveolar nerve, short implants (< 8 mm) arises. The procedure was found to be appropriate, less expensive and faster on the rehabilitation of atrophic edentulous maxilla. Over a long period of time, it should be carried out monitoring and evaluation of the results obtained.

- Poster 18

TITLE: Prosthetic rehabilitation in elderly patients and its effect on masticatory performance and nutrition

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Introduction: Teeth loss leads to changes on masticatory performance and dietetic habits. This is especially important in elderly patients who present comorbidities that can lead to severe malnutrition. Oral rehabilitation with implant-retained complete dentures seem to be an