

Impact of Orofacial Problems and the Participation of Dentistry in the Palliative Care Team

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Received date: February 12, 2024: Accepted date: February 28, 2024: Published date: March 13, 2024

Citation: Luciana de Barros Correia, Rushika Patel, Shashikant A. Pol, Shreeya Kulkarni, Nirmala Yamagar (2024). Impact of orofacial problems and the participation of dentistry in the palliative care team, *Journal of Clinical Otorhinolaryngology*, 6(3); DOI:10.31579/2692-9562/110

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Abstract

There is growing interest in the subject of palliative care. Palliative care aims to improve the quality of life of terminally ill individuals, particularly in terms of reducing pain and discomfort and promoting dignity at a time when they are actually approaching death. Oral or orofacial problems are common at this stage. The aim of this study was to evaluate the scientific evidence on the impact of oral problems on individuals at risk of death, as well as the participation of the dental surgeon in the palliative care team. An integrative review of the literature was carried out based on the stages of the PRISMA statement, Preferred Reporting Items for Systematic Reviews and Meta-Analyses. The search strategies used were the virtual portals Pubmed, the National Library of Medicine and the VHL or Virtual Health Library. The descriptors "palliative care", "dentistry" and "oral health" were used, in Portuguese, English and Spanish, combined with the Boolean operators "AND" and "OR". The advanced search form and the eligibility criteria adopted were taken into account. From 546 records, three studies were selected for synthesis. Oral symptoms were reported, with discomfort and implications for the performance of related functions; but with gaps in information about the benefits of the participation of dentistry in this care.

Keywords: autism; cerebrolysin; cures

Introduction

Studies have shown that integrated palliative care improves the quality of life in the individual's terminal phase, when there is an imminent risk of death and no alternative health treatments, in terms of the likelihood of recovery or a positive evolution in the patient's condition. Initially aimed more at cancer patients, this care has become more widely implemented, by a multidisciplinary team of caregivers and also in the patient's home, in the midst of a joint decision to start it. [1,2]

There are reports of a high incidence of oral diseases among palliative patients, either as a direct or indirect primary cause, such as salivary gland dysfunction in non-Hodgkin's lymphoma or fatigue, which can affect the individual's ability to perform oral hygiene. In addition, patients undergoing myeloablative chemotherapy often develop oral complications. [3,4]

It is recognized that early diagnosis and treatment of oral problems in palliative patients could minimize their pain and suffering. However, there is also the realization that almost half of these patients lose the ability to communicate their needs and complaints, here particularly in relation to the orofacial complex. [2,3,4]

In view of the above, the general aim of this study is to evaluate the scientific evidence on the impact of oral problems on individuals at risk of death, as well as the participation of dentistry in the palliative care team.

Method

An integrative literature review was developed based on the PRISMA 2020 Statement and its guidelines, [5] to identify, select, evaluate and synthesize the studies. The guiding question was: - Is there scientific evidence on oral problems and the participation of dentistry in the palliative care team?

The search strategies used were the virtual portals PubMed and VHL and their databases. The descriptors, alternative terms or Mesh Terms (Medical Subject Headings) were used: "palliative care", "dentistry" and "oral health"; in their Portuguese, English and Spanish versions, combined by the Boolean operators "AND" and "OR".

The survey was carried out using the advanced search form. The selection process began by having the title and abstract read by two independent researchers. If there was any doubt between them, the record was included.

The data collection process took place between August and September and between November and December 2023, adopting the following eligibility criteria:

Inclusion: papers that could be considered as scientific articles, between the years 2018 to 2023 and with the abstract available.

Exclusion: papers not related to the guiding question, literature reviews or in languages other than Portuguese, Spanish or English. In the case of duplicate records, these were only counted once.

Results and Discussion

From 546 records, 426 from the VHL and 120 from PubMed, three records were included in the summary table.

The selected records belonged to three different continents: American, Asian and European. When referring to the level of evidence of the studies, it was found that only one of the studies had an epidemiological design, the quality of evidence being at level 4, where well-designed longitudinal and case-control studies are found.⁹

Maintaining oral health is vital for every individual's quality of life. Little consideration, to sensitivities over research ethics. There is a paucity of high-quality research in relation to oral health at end-of-life. The existing literature suggests that oral health and oral health however, has been given to the oral health of patients approaching end-of-life, perhaps due related quality of life are poor and professional support and care for this population is needed. [10]

Author, country and year of publication	General objective	Type of study and sample	Main results or conclusions
Furuya et al, Japão, 2022 ⁶	The association between oral health and the feasibility of oral feeding in patients with advanced cancer and under palliative care.	Cross-sectional study with 103 elderly terminal patients of both genders.	Oral health status was significantly associated with the viability of oral feeding and better quality of life.
Chen et al., USA, 2021 ⁷	Assess the oral health profile of adult palliative care patients and identify their treatment needs	Pilot (cross-sectional), with a mixed design: qualitative and quantitative. Sample of 49 adult patients of both genders in palliative care.	Most of these individuals had at least one oral symptom such as xerostomia or impaired oral function. Among the 31 dentate patients, most had decayed, fractured and untreated teeth. There were lesions in the oral soft tissues, especially in patients who wore dentures. Several barriers to accessing dental treatment were reported, such as transportation, cost and fear.
Magnani et al., Itália, 2021	To describe and monitor the condition of the mouth of a sample of terminally ill patients undergoing daily oral care procedures and to assess whether standard oral hygiene care procedures improved the control of oral symptoms such as xerostomia, dysgeusia and orofacial pain, as well as providing a feeling of greater comfort for the patient.	Prospective cohort study of 75 adult patients of both genders admitted to a Palliative Care Center in Rome.	These patients often presented changes in the oral cavity, with loss of oral functions. Dysgeusia (altered taste) and xerostomia decreased significantly after oral care (oral hygiene), and comfort was reported after these procedures.

Figure 1. Distribution of included records according to authorship, country and year of publication, general objective, type of study, sample and main results or conclusions.

Final considerations

There is scientific evidence linking oral problems to the quality of life of patients at imminent risk of death. The evidence gathered indicates the

importance of dental care in the palliative team; because oral problems such as xerostomia, dysgeusia, dental caries and orofacial pain have a substantial impact on quality of life and systemic health on the quality of life and systemic health of terminally ill patients.

There are still gaps in information about the effective participation of dentistry in multidisciplinary care teams for this target population.

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DOI:[10.31579/2692-9562/110](https://doi.org/10.31579/2692-9562/110)

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