


Oral problems and the participation of dentistry in the palliative care team

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ABSTRACT

This chapter seeks to address, in the format of an integrative review of the literature, the impact of oral problems on the quality of life of terminal patients and the participation of Dentistry in the palliative care team. For the development, the PRISMA recommendation, the health descriptors or MeSH Terms "palliative care", "dentistry" and "oral health", in their versions in Portuguese, English and Spanish, combined with the Boolean operators "AND" and "OR", by the advanced search form, were considered. The records were selected by two independent researchers, based on the reading of the title and the abstract and considering the inclusion and exclusion criteria defined. From 546 records collected, three made up the synthesis table. There was evidence on the negative impact of oral health problems on the quality of life of terminally ill patients; but there are gaps in information about the participation of the dental surgeon in the multidisciplinary care team.

Keywords: Palliative care, Dentistry, Oral health.

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INTRODUCTION

The World Health Organization or WHO recognizes palliative care as a method to improve the quality of life of individuals or terminally ill patients and their families, in situations of diseases with the imminent risk of death. Its approach focuses on the prevention and relief of suffering, in the search for the integration of physical, psychosocial and spiritual aspects. So it's not just about "prolonging life", it's about providing comprehensive comfort and support.^{1,2}

Even with the aging of the world's population, particularly in the most developed countries (where life expectancy is higher), thinking about palliative care still appears as synonymous with "not treating", "not investing", "giving up"... However, it may represent a time when attention needs to be as holistic, active, and comprehensive as possible.

The professionals involved in the multidisciplinary team need to form a therapeutic alliance with the patient, the caregivers and the family, leading to a different look at what the disease is, the sources of anguish and overload generated, in addition to working on the experience of grief, as well as a therapeutic alliance.³

In this context, the work of a multidisciplinary team composed of physicians, nurses, physiotherapists, nutritionists, social workers, speech therapists, pharmacists, caregivers, volunteers and religious people, among others, is recognized⁴ However, some professionals, mainly linked to health specialties, do not seem to be a reference in this type of approach; such as those linked to the Oral Health Team (BS), especially the Dental Surgeon (DC).

Studies report a high incidence of treatable oral diseases among palliative patients; however, it should be taken into account that a large part of this group loses the ability to communicate their suffering; which can lead to an underreporting of oral or oral problems. Xerostomia, oral candidiasis (candidiasis) and dysphagia (difficulty swallowing) are the most prevalent conditions; followed by mucositis, orofacial pain, taste alteration and ulceration, among others.^{5,6,7}

METHODOLOGY

In order to meet the proposed objectives, an integrative literature review was developed, based on the steps of the PRISMA statement or the Main Items for Reporting Systematic Reviews and Meta-analyses.⁸ The guiding question of this review was: - Is there scientific evidence on the impact of oral problems on the quality of life of terminal patients and the participation of dentistry in the palliative care team?

The search strategies were used using the virtual portals PubMed (search platform of the National Library of Medicine or NLM) and VHL (Virtual Health Library), in their MEDLINE, LILACS and SciELO databases.

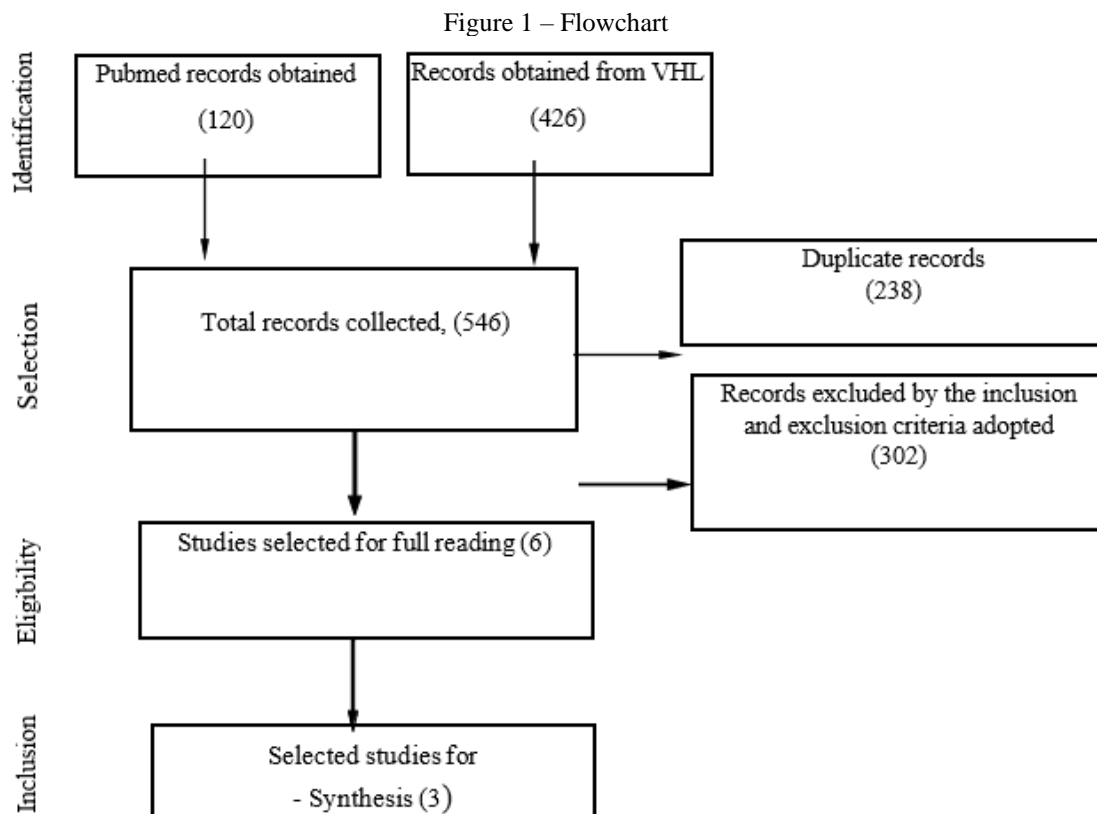
For the exploratory search, the descriptors, alternative terms or MeSH terms "palliative care",

"dentistry" and "oral health" were considered, in their versions in Portuguese and English and Spanish, combined with the Boolean operators "AND" and "OR" and through the advanced search form. The selection process was initiated by reading the title and abstract by two independent researchers. When in doubt among them, the record was included. In case of records cited more than once or duplicated; This was only counted once.

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

- a) Inclusion: papers that could be considered as scientific articles, between the years 2018 and 2023 and with the abstract available.
- b) Exclusion: works not related to the guiding question, literature reviews or in languages other than Portuguese, Spanish or English, and of the qualitative type.

From the records selected for reading in full, there was the stage of including them for the synthesis of the most relevant data in a chart (Chart 1); steps that can be easily visualized in the Flowchart (Figure 1).



RESULTS AND DISCUSSION

Quadro 1 - Registros incluídos na revisão segundo autores, nome dos artigos, periódico, local de estudo e ano de publicação.

| Autoria / Ano | País / Idioma / Base de dados | Periódico | Objetivos |
|--------------------------------|--------------------------------------|---|--|
| Chen <i>et al.</i> , (2020) | EUA / Inglês / PubMed (MEDLINE) | American Journal of Hospice & Palliative Medicine | Avaliar o perfil de saúde bucal de pacientes adultos em cuidados paliativos e identificar suas necessidades de tratamento. |
| Furuya <i>et al.</i> , (2022) | Japão / Inglês / PubMed (MEDLINE) | Supportive Care in Cancer | Avaliar a associação entre a saúde oral e a viabilidade da alimentação oral em pacientes com câncer avançado em cuidados paliativos. |
| Magnani <i>et al.</i> , (2019) | Roma / Inglês / PubMed (MEDLINE) | American Journal of Hospice & Palliative Medicine | Descrever e monitorar as condições da boca em uma amostra de pacientes terminais submetidos a procedimentos diários de cuidados orais e avaliar se os procedimentos padrão para cuidados de higiene oral melhoraram o controle de sintomas orais (xerostomia, disgeusia e dor orofacial) e o conforto percebido pelo paciente. |

Source: Data from this integrative review (2023)

Quadro 2 - Artigos selecionados para a leitura na íntegra, de acordo com o autor, o ano de publicação, o tipo de estudo, a amostra de interesse e os principais resultados ou conclusões.

| Autoria / Ano | Tipo de estudo | Amostra | Principais resultados ou conclusões |
|--------------------------------|---|--|---|
| Chen <i>et al.</i> , (2020) | Estudo piloto com desenho misto (transversal, com entrevista qualitativa) | 49 pacientes adultos (Pessoas) que Recebem Cuidados Paliativos (PRCP). | A maioria desses indivíduos relataram pelo menos um sintoma oral, como xerostomia (boca seca), dor ou comprometimento no desempenho das funções orais. Entre os 31 pacientes dentados, a maioria (52,0%) tinha dentes cariados, quebrados ou não tratados e 33,3% apresentavam lesões nos tecidos moles orais, principalmente entre os usuários de próteses dentárias. Dos PRCP, 40,0% relataram comprometimento da saúde ou da qualidade de vida devido às condições orais. A maioria desses pacientes possuíam seguro odontológico, mas não tinham visitado o dentista nos últimos 12 meses. Os participantes relataram várias barreiras para o acesso ao tratamento odontológico, incluindo falta de transporte, medo e custo. Os autores concluíram que os PRCP têm necessidades significativas de tratamento odontológico e que os profissionais de saúde devem estar cientes dessas necessidades e trabalhar para superar as barreiras ao acesso ao tratamento. |
| Furuya <i>et al.</i> , (2022) | Estudo transversal. | 100 pacientes com câncer avançado em cuidados paliativos. | A saúde oral foi significativamente associada à viabilidade da alimentação oral em pacientes com câncer avançado em cuidados paliativos. Aqueles com melhor saúde oral tiveram maior probabilidade de manter a alimentação oral e apresentaram melhor qualidade de vida. A avaliação da saúde oral deve ser considerada uma parte importante do cuidado paliativo em pacientes com câncer avançado. |
| Magnani <i>et al.</i> , (2019) | Estudo de coorte prospectivo | 75 dos 415 pacientes admitidos no Centro de Cuidado Paliativo de Roma, entre os anos de 2016 e 2017. | Esses pacientes apresentaram alterações frequentes na cavidade oral com perda parcial das funções orais. A disgeusia (alterações no paladar) e a xerostomia diminuíram significativamente após os cuidados orais (procedimentos de higiene bucal). Também houve um elevado nível de conforto desse grupo de indivíduos (86.6%), após esses cuidados. |

Source: Data from this integrative review (2023)

Comparing the data obtained in this integrative review was not simple, particularly with regard to the insertion of the dental surgeon in the multidisciplinary palliative care teams. There was mention of the patients' needs for dental treatment and the benefits achieved, but not of the effective



participation of the HC in the teams in question.

This type of care improves the quality of life not only of patients, but also of their families or caregivers, who face the complexities of life-threatening illnesses. They are most effective early in the course of these diseases, linked to "curative" care. In this way, it is easier to establish a greater and continuous relationship of trust with all those involved in the care of this target population; Especially for empathetic communication with everyone in the environment. ^{12th}

Even with the increasing number of oral symptoms in patients with this condition, dentistry does not appear to be directly related to palliative care. Oral care is often provided inadequately, in particular by family members and carers; but also by the nursing staff. And this seems to be associated with the level of consciousness and autonomy of the individual in the terminal condition. There are reports of lack of access to professionals of the Oral Health team for guidance and necessary interventions, and others directed to fatigue, when considering the demands of prolonged care. ¹³

In addition to what was previously mentioned, it is necessary to reflect on the representation of the oral region, the mouth, and the teeth. Smiling and aesthetics often appear as the highlighted factors for oral care. However, in addition to being a significant representation of emotions and well-being, the mouth represents a "gateway", not only to food, but to pathogenic microorganisms.

If the "social" impact of BS conditions is well reduced, due to the situation in which the patient finds himself, the oral condition is related to the performance of the functions of the Stomatognathic System (ES), such as sucking, chewing, swallowing and phonation. And the maintenance of these functions enables a greater sense of comfort, in addition to better communication of the individual under palliative care, when this is possible, in the form of oral language. And this was well highlighted in the studies by Furuya *et al* (2022) and Magnani *et al* (2019).

Chen *et al* (2021) reinforced the presence of at least one oral symptom in terminally ill patients under palliative care. Most of these individuals, even with access to dental insurance, had not seen a dentist for at least one year. The barriers identified were related to transportation, fear, and cost.

The locomotion of patients under palliative care is usually a challenge. The feeling of fear, which is often directed to the figure of the dentist or to the possibility of more invasive treatments, in this group of people, has a broader meaning, because the weaknesses have reached the "extreme" and moments of complete awareness or lucidity hardly occur. And the concern with expenses enhances a situation that in itself is very delicate.

However, by working together with the other members of the hospital care team, the HC is able to act in a preventive manner, starting with adequate oral hygiene practices. And when it is not



possible to prevent the diseases, the appropriate intervention and treatment reduce or avoid more complex situations, regarding the possibility of infections, pain, discomfort and difficulties in the performance of oral functions; this was well documented in the studies by de Furuya *et al* (2022) and Magnani *et al* (2019).

FINAL THOUGHTS

There is scientific evidence that relates oral problems to the quality of life of patients at imminent risk of death. The records indicated the importance of dental care in the multidisciplinary Palliative Care team; Oral problems such as xerostomia, orofacial pain, decayed, fractured and untreated teeth, soft tissue injuries, changes in taste, difficulty in performing oral functions, among others, exert substantial negative impacts on the systemic health and quality of life of individuals, when in the condition of terminal patients. However, there are still gaps in information on the effective participation of Dentistry in multidisciplinary care teams for this target population.



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