

Knowledge, Attitude & Practice assessment regarding Oral Care in Palliative patients among Dental Graduates

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Abstract

Aim : To assess the knowledge, attitude and practices regarding oral care in palliative patients among dental graduates.

Materials and methods : Fifty dental graduates who have not received any specialized training in oral care in palliative care patients were randomly selected to fill out the questionnaire .

Result: Majority of the participants [79.6%] said that they would like to receive specialized training for treatment of palliative care patients and only a few [14.3%] were confident in managing palliative care patients without further training.

Conclusion : The study shows that dental graduates need to be better prepared to manage palliative care patients by providing specialized training to them thereby improving their knowledge, attitudes and practices regarding oral care in palliative care .

Keywords : palliative care, oral care, dental graduates, knowledge, attitude, practice assessment

INTRODUCTION

According to World Health Organization palliative care is the active total care of the patient whose disease is not responsive to curative treatment. The main objective of palliative treatment is to provide best quality of life for the patients as well as their family members(1). The significant problems concerning such patients are control of pain and other symptoms, and psychological, social and spiritual problems (2). The symptoms that indicate terminal phase of life are categorized as : 1) Bed bound 2) Anorexia 3) Marked weakness 4) Dysphagia 5) Xerostomia 6) Weight loss 7) Becoming semi conscious, with lapses into unconsciousness 8) Experiencing day to day deterioration that is not reversible (3). Instead of concentrating on curative treatment, the focus should be on improvement of quality of life. In palliative care , an interdisciplinary approach is necessary and indispensable. The need of dental care is often overlooked since the dentist is not involved as a member of the palliative care team. Disorders and lesions of the oral cavity affect the quality of life of these patients with chronic advanced diseases hugely(4). They have considerable impact on the patients' physical and psychological well being and cause morbidity. The psychological effects come from inability to communicate properly and from feelings of social isolation and exclusion (5). Painful oral conditions result in reduced oral intake and subsequent weight loss.

The dentist has a major role in palliative care treatment and management of terminally ill patients. Oral care in palliative care (OCPC) focuses on the principle that the fundamental for oral integrity is good oral hygiene. The

oral lesions and conditions in the palliative patients should be diagnosed early and appropriate actions should be taken to minimize pain and suffering by means of symptomatic relief (6). Besides the treatment of symptomatic oral lesions, an oral care protocol needs to be undertaken essentially by the dentist, that stresses on routine oral hygiene examination and care of these patients (7).

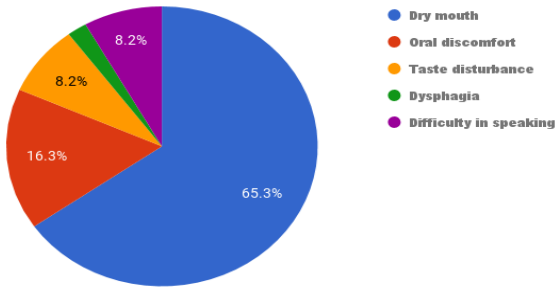
Through this questionnaire study we aim to evaluate if the dental graduates are knowledgeable enough to manage palliative care patients and to join the palliative care team. Also the study will show whether general dentists need to undertake specialized training in oral care in palliative care before they can treat terminally ill patients. This survey assesses the awareness among dental graduates about the various oral disorders seen in palliative care patients, its management and their attitude towards terminally ill patients.

METHODS

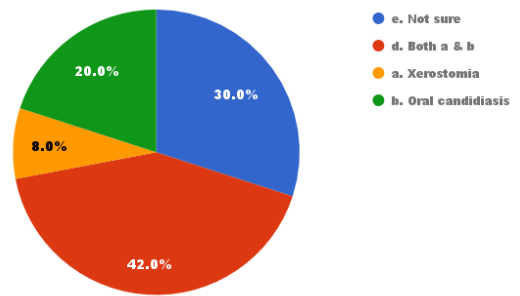
The study was a cross sectional questionnaire based study. The study participants consisted of dental graduates without any specialized training in management of palliative care patients who were selected by simple random sampling method. KAP questionnaire was designed to assess their knowledge on oral care in palliative care patients, their attitude towards such patients and their practice regarding management of palliative patients. Questionnaires were created and shared randomly among fifty dental graduates using Google Forms. The responses were recorded and analyzed.

RESULT

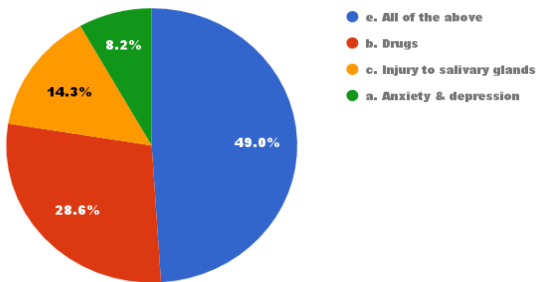
Count of 1. Most prevalent oral symptom in



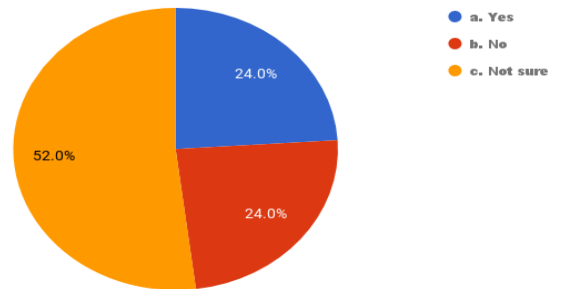
Count of 6. When will you advise 0.2%



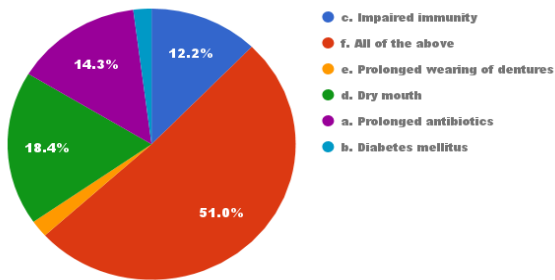
Count of 2. Cause/ causes for xerostomia in



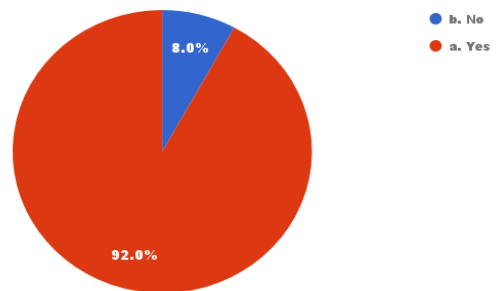
Count of 7. Dry mouth product like biotene can be



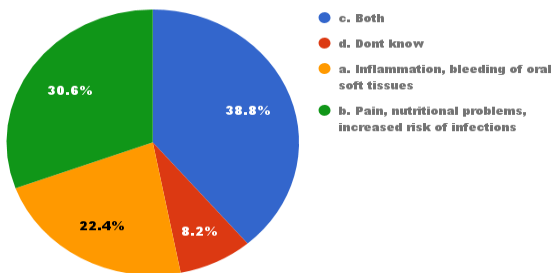
Count of 3. Possible cause/ causes for candidiasis



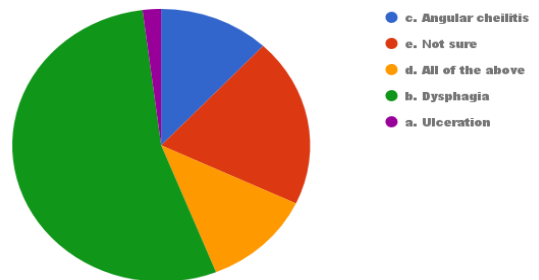
Count of 8. In case of mucositis in a palliative



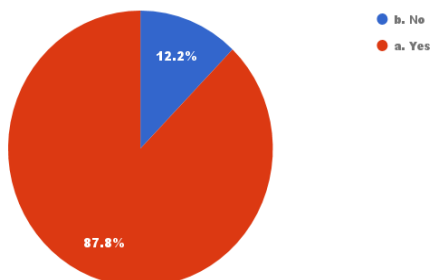
Count of 4. Mucositis in palliative patients



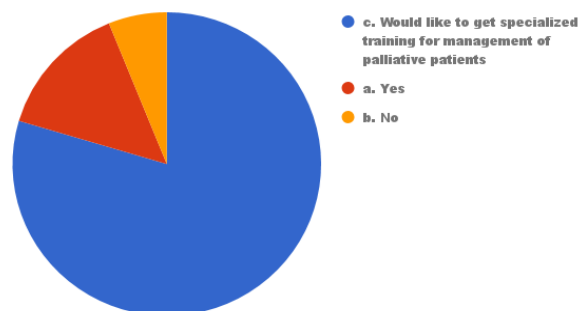
Count of 9. Oral physiotherapy should be advised



Count of 5. Medications for diseases like diabetes ,



Count of 10. Are you confident enough to provide



- a) Figure 1 indicates that 65.3% answered that dry mouth is the most prevalent oral symptom in palliative care patients.
- b) Figure 2 indicates that 49% of the participants felt that anxiety and depression, drugs, injury to salivary glands and dehydration from restricted diet/ fluid intake were all causative factors for xerostomia in palliative care patients.
- c) Figure 3 indicates that 51% of participants marked prolonged antibiotics when questioned about the cause/causes for candidiasis in palliative patients.
- d) Figure 4 indicates that 38.8% of participants feel that inflammation, bleeding of oral soft tissues, pain, nutritional problems and risk of infections were all presenting features of mucositis.
- e) Figure 5 indicates that 87.8% of participants said that medications for diseases like diabetes, depression, parkinsonism, seizures can cause taste alterations.
- f) Figure 6 indicates that 42% of participants said that they will prescribe 0.2% chlorhexidine gluconate mouthwash 10mL twice daily for a palliative patient in case of xerostomia and oral candidiasis.
- g) Figure 7 indicates that 52% of participants were not sure whether biotene can be advised to be placed under dentures in denture stomatitis in palliative patients.
- h) Figure 8 indicates that 92% of participants agreed that in case of mucositis in a palliative patient, his/her dental prosthesis should be removed and thoroughly rectified of any error.
- i) Figure 9 indicates that 54% of participants said that they would advise oral physiotherapy for palliative patients in case of dysphagia.
- j) Figure 10 indicates that 79.6% of participants felt that they needed to get specialized training for management of palliative patients

DISCUSSION

The study shows that majority of the dental graduates [65.3%] who participated in the study were aware that dry mouth is the most prevalent oral symptom in palliative care patients. Previously the studies conducted on hospice inpatients have revealed that dry mouth or xerostomia is the most commonly seen symptom in palliative care patients (8,9,10,11). When asked about the causes for xerostomia in palliative patients 49% of participants correctly answered that all of the given options – anxiety and depression, drugs, injury to salivary glands, dehydration from restricted diet/fluid intake were all contributing factors for xerostomia. Almost half of the participants marked the answer incorrectly which shows that although the participants were aware that dry mouth is the most important symptom in palliative patients they were not sure about the causative factors. Almost half of the participants [51%] were aware of the possible causes of oral candidiasis in palliative patients while less than half of the participant population marked the incorrect answers. This knowledge is important since oral infections are common in palliative care patients and there have been number of studies that have looked at oral candidiasis in this group (12,13,14). When questioned about the presenting features of mucositis in palliative patients the response was mixed with 30.6% of the participants saying that only pain with nutritional problems and increased risk of infections could be the presenting symptom while 38.8% answered correctly that both pain as well as inflammation with bleeding of soft tissues could be presenting symptoms. 80% of patients with head and neck malignancies receiving radiotherapy and chemotherapy are prone to mucositis (15,16) hence knowledge about mucositis is crucial in managing this patient group. Majority of the dentists were aware that taste alterations in palliative patients could be an adverse effect of medications taken for diabetes, depression, parkinsonism and seizures. Assessment of such oral oral problem should be done through careful history, examination, proper investigations, intra oral and extra oral examination (17).

Majority of the dentists who participated said that they would prescribe 0.2% chlorhexidine gluconate mouth wash for palliative patients in cases of xerostomia and oral candidiasis. Most of the participants [52%] said that they were not sure about the use of biotene to be placed under dentures in denture stomatitis for palliative patients. Only 24% were aware of the use of biotene in denture stomatitis in this patient group(2). Majority of the participating dentists agreed correctly that in case of mucositis in palliative patients with dental prostheses, they will thoroughly clean the prosthesis and check for any errors and rectify if any (18) and more than half of the participating dentists responded correctly that when they encounter palliative patients with dysphagia oral physiotherapy will be advised indicating that dental graduates would follow proper treatment regimen when they encounter such cases. Only very few of the participating dental graduates said that they were confident enough to provide oral care in palliative patients while a good number of participants [79.6%] felt the need to undergo a specialized training so that they can attend to oral care needs of palliative care patients more confidently

CONCLUSION

This study reveals that dental graduates need to be given specialized training on oral care in palliative care patients through CDE programmes, seminars and hands on practice since dental professionals are important members of extended palliative team (19,20).

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