



UNLOCKING BARRIERS TO CARE

Breaking through the Pain Barrier - Advances in the Diagnosis and Treatment of Pain and Anxiety in Special Care Dentistry

Disability and Oral Care – Experiences from Mun-H-Center

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Aims

To identify the goals set in Sweden for providing good health for patients with disability.
To describe the preventative programme for those with severe disabilities and their means of accessing good dental care.

Outcomes

To provide us with a framework of oral care that may influence the treatment modalities that we offer our patients.

Abstract

The process of developing oral care for people with special needs in Sweden has been a long and hard process. In 1998 the Swedish Parliament decided to increase the financial support for services given to people with disabilities. The new goal for the Swedish Dental Act is “Good oral health for all persons on equal terms, with the focus on prevention in order to reduce oral diseases. Special attention should be given to those with disabilities so they may have equally good oral health”.

People with severe disabilities have the right to a preventative programme, “domiciliary oral health visits” and these persons also have the right to receive “necessary dental care” at a very reduced cost. It is also possible to receive “dental care as a part of medical treatment for a limited period of time”.

This legislation also finances Mun-H-Center, the National Orofacial Resource Centre for rare disorders, orofacial aids and appliances. Information, education, consultation, treatment and research are important parts to fulfil the vision “Good Oral Health and Good Orofacial Function for all persons with disabilities.” More information can be found on the Mun-H-Center web-page (www.mun-h-center.com)

Science and Clinical Practice in Chronic Facial Pain

Dr Alexander Crighton, Consultant Oral Medicine, Glasgow Dental Hospital and School

Aim

To review the current understanding of the mechanisms of chronic facial pain and discuss how this translates into the treatment options offered to patients.

Outcome

This presentation should update the delegates in the current theory and best practice in managing common forms of chronic facial pain.

Abstract

In this presentation the current understanding of the mechanisms behind the development of chronic pain will be reviewed from early ideas such as the stimulus-response model to neural plasticity in the generation and maintenance of pain. Improvements in the understanding of ion channel involvement in nerve conduction have led to the discovery of an enhance predisposition to pain in patients where genes coding for a particular channel variant are found. This is important not only in somatic nerves, but also in autonomic nerves and the features of Chronic Regional Pain Syndrome will be reviewed as it affects the head and neck. New drug treatments based upon this new understanding will be explained and future therapy possibilities discussed.

Improving our communication with patients with pain

Joanna Zakrzewska

Barts and the London, Queen Mary's School of Medicine and Dentistry, University of London

Aim

Change your perception about how you communicate with a patient in pain.

Outcomes

At the end of the presentation you should:

- Understand the need for good communication and how this can be improved
- Recognise different ways of communicating and analyse their effectiveness
- Be able to define pain in a holistic way
- Recall the main features of pain and factors that affect it
- Be aware of the different measures used to measure pain and understand their limitations
- Recognise the value of art and narrative in communicating with patients in pain

Abstract

The IASP definition of pain stresses that pain is multidimensional: pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Patients with pain must feel able to communicate with their clinicians who need to adopt a bio psychosocial approach to their management. In order to take a meaningful history you need to establish the right environment and show empathy, respect, support, organisation and a non-judgmental attitude. This will lead to the formation of an alliance and partnership with the patient. Not all patients can communicate through speech and non-verbal methods can be highly effective which can include special non-verbal pain diary for use by carers.

All patients with pain should have the following features recorded: character, severity, site, radiation, duration, periodicity, and provoking, relieving and associated factors. Family and social histories are essential as well as an understanding of the factors that might affect the pain such as fear, anxiety, lack of coping strategies. It is important to measure pain and this can be done using measures such as verbal rating scales, visual analogue scales, and the McGill pain questionnaire. Other scales, which measure depression and quality of life, are important.

Narrative provides meaning, context, and perspective for the patients and listening to the patients' stories is crucial as it addresses existential qualities such as inner hurt, despair and hope. Art is another medium that can be used effectively.

"We must all die. But that I can save (a person) from days of torture, that is what I feel as my great and ever new privilege. Pain is a more terrible lord of mankind than even death himself". (Schweitzer 1953).

Principles of Intervention for people unable to comply with routine oral care - A BSDH Policy Document

Dr Sue Greening, Chairperson, BSDH working group

Aims

To describe the background to the development of the most recent BSDH Policy

To describe the main principles of the policy.

Outcome

Increase awareness of BSDH policy document on the principles of intervention for people unable to comply with routine dental care.

Abstract

The presentation describes the background and reasoning behind the development of the BSDH Policy on the Principles of Intervention for people unable to comply with routine oral care. It starts with the guiding principles behind, and the rationale for the development of such a policy. It goes on to describe the key issues that need to be considered when planning any intervention for oral care.

These issues include the legal and ethical principles by which we work, including the 'duty of care' and 'best interest' concepts and the law on consent, particularly for those without the capacity to give consent. Risk assessment is a crucial part of the process described in the policy and the importance of planned interventions that have been fully discussed with anyone involved in the patient's care is stressed. The guiding principles of physical intervention are emphasised and the policy explains how any interventions will be very individual and specific to each patient and thus it is impossible to be prescriptive. Definitions and practical examples of Physical Interventions are described and the issues for carers providing oral care at home are considered.

It is hoped that this policy will help dental teams to create local policies appropriate to their own workplaces and the policy emphasises the management responsibilities and the importance of staff training.

Practical Local Anaesthesia for Special Care Patients

Dr John Meechan,
Senior Lecturer and Honorary Consultant in Oral Maxillofacial Surgery, Newcastle Dental School,
University of Newcastle

Aims

To describe techniques of local anaesthesia which overcome pre and post-injection problems and the systemic effects of local anaesthetics and vasoconstrictors.

Outcome

To update the delegates in the safe use of local anaesthetic techniques to overcome difficulties in access in medically compromised patients

Abstract

This presentation will illustrate techniques of local anaesthesia that overcome difficulties in access. Methods, which reduce the possibility of post-injection soft tissue anaesthesia, will also be described. The importance of an understanding of safe doses of local anaesthesia will be stressed. The systemic effects of epinephrine in fit and medically compromised patients will be examined and Drug interactions with epinephrine will be discussed

Benzodiazepines: A Novel "route" to Sedation for the Anxious Adolescent

Dr Kathy Wilson, Senior Dental Officer / Honorary Staff Grade, South Tyneside PCT.

Aim

To present current evidence-based practice, in the field of benzodiazepine sedation, for anxious adolescent dental patients.

Outcomes

At the end of the presentation the participants will be able to:

1. Identify the most recent and important guidelines relating to sedation for dental patients.
2. Explain the need for sedation among anxious adolescent dental patients and the importance of seeking additional methods to relative analgesia sedation.
3. Discuss issues relating to current research being carried out into the use of transmucosal (buccal) benzodiazepine sedation for orthodontic extractions.

Abstract

The use of local anaesthesia alone or with conscious sedation should be the first choice for pain and anxiety control for dental patients. It is the responsibility of the dental profession to provide conscious sedation in line with current guidelines developed from evidence-based practice.

Relative analgesia sedation with nitrous oxide and oxygen is the mainstay of conscious sedation for adolescent dental patients in the UK. However some patients cannot manage with this technique and there are health and safety issues for clinical personnel relating to chronic exposure to nitrous oxide.

Benzodiazepine sedation is used extensively in the UK for adult dental patients but has received little attention in the field of research for those under the age of 16 years. A study based in the Sedation Unit at Newcastle upon Tyne School of Dental Sciences aims to investigate the safety, effectiveness and acceptance of benzodiazepines for dental extractions in anxious adolescents. Midazolam has been chosen as the benzodiazepine with the most favourable pharmacology and is being compared with the use of nitrous oxide/oxygen relative analgesia sedation.

The study involves three separate clinical trials to consider:

1. Oral midazolam
2. Intravenous midazolam
3. Transmucosal midazolam

The initial two trials have been completed and both routes appear to be as safe, effective and acceptable to the patient as relative analgesia sedation.

The third trial involves the use of transmucosal sedation by the buccal route. The results to date indicate that the rapid absorption of a concentrated midazolam syrup, placed in the buccal sulcus, produces a satisfactory level of sedation within 15 minutes of administration. The vital signs have been found to be within acceptable clinical limits. Of the 18 patients treated to date 62.5% would be prepared to receive this form of sedation again if required. The trial is currently ongoing.