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Research Article

PROFILE OF DENTAL CARE FOR PEOPLE WITH DISABILITIES IN A CENTER OF REFERENCE OF MATO GROSSO

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ABSTRACT

This study aims to delineate the profile of dental care performed in the Center for Dental Care to Patients with disabilities. Through epidemiological, and descriptive research, analyzed the information available in the patients Reports Events (ROA's) completed by dentists in the type and amount of dental procedures performed between: January 2006 to December 2008. Data were collected and stratified quantitatively by a single observer in relation to preventive and curative procedures performed at the Center each year studied, according to specialty. Results showed 44,679 procedures done, 32.4% preventive and 67.6% curative procedures. In the group of preventive procedures the therapeutic application of fluoride was the most done (46.6%) and in the group of curative procedures was periodontal treatment (55.1%), followed by restorative treatment (26.3%). During the three years surveyed there was an increase in total production of the Center, both preventive as curative procedures, which are 39.8% from 2006 to 2007 and 25.1% from 2007 to 2008. The number of curative procedures exceeded twice the number of preventive procedures, showing that the profile of dental care offered by the center investigated still follows the surgical-restorative model.

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INTRODUCTION

The World Health Organization (WHO) estimates that 10% of the population of any country is made up of people with some type of disability, a rate that has been recognized worldwide as the best reference for the implementation of public policies to equate opportunities to these people. Of this total, more than two-thirds do not receive any kind of dental care, which differs when considering the general health and rehabilitation of these clients, who are covered by services and programs developed by medicine (1,2). In the dental area, we noticed a shortage of services and professionals specialized in care for the disabled, and when it is there, it is a surgical-restorative type (2). As a result of this reality, besides the repressed demand, the patients that obtain access to the services usually present precarious oral

health condition. Dentistry for special patients is a specialty that has been emphasizing and improving in recent years. With the advances of science there has been a significant improvement in the quality of life of these people. The diseases became more amenable to cure and the most effective therapeutic means, promoting a higher average life span for the population (3,4). The Brazilian Institute of Geography and Statistics (IBGE) in the census (2000) investigated for the first time about people with disabilities, aiming to know the degrees of severity of disability and not only if the person had a disability or not. Of the people surveyed, 14.5% declared themselves to be disabled, and in the Center-West region of Brazil, 13.9% reported having a disability (5).

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Knowing these data, the Government of the State of MatoGrosso, through the State Department of Health of MatoGrosso (SES-MT), created a Center dedicated to the exclusive dental care of people with disabilities that cannot be met in the attention basic. It is a decentralized unit of SES-MT, which was created through Law No. 8,344, of June 30, 2005, with the mission of promoting dental care for people with special needs with equity, efficiency and social responsibility (6). The center has a multidisciplinary team composed of dentists, doctors, nurses, physiotherapist, oral health technician (TSB), oral health assistant (ASB), nursing technicians, social workers, psychologist, art educator, among others, administrative area; for outpatient dental care, under sedation and general anesthesia. It offers a wide physical space, being equipped with 08 offices for outpatient care and 1 surgical center for care in patients who require sedation and / or general anesthesia. The Center has a capacity of 80 patients per day and in the dental area it offers the specialties of periodontics, endodontics, restorative dentistry, pediatric dentistry, prosthesis, oral and maxillofacial surgery, stomatology, oral pathology, dental care under sedation and general anesthesia. In addition, blood and electrocardiogram tests under sedation, cardiologic evaluation (surgical risk) and preanesthetic evaluation are performed in non-cooperative patients (7).

With four years of operation, it was instigated to know the profile of dental care offered by the Center, from January 2006 to December 2008, identifying data for the improvement of public policies in the attention to dental care to the special patient, because the literature is and the need to solidify the work developed in the Institution, as well as to use the data obtained from the research to solicit funding from the development agencies and the Ministry of Health for the expansion and improvement of services.

The objective of this study was to identify the preventive and curative procedures performed at the Center, from January 2006 to December 2008, comparing them to each other in each year surveyed.

METHODOLOGY

In this study, an epidemiological, documentary, descriptive and cross-sectional study was carried out through a quantitative approach in the database of the Special Patient Dental Center. Data were collected after approval of the Research Ethics Committee under protocol number 444/09.

The information available in the Reports of Outpatient Surgeries (ROAs) filled out by the Dental Surgeons regarding the type and quantity of dental procedures performed between January 2006 and December 2008 was analyzed. Data were collected and stratified quantitatively by a single observer, in relation to the preventive and curative procedures performed in the Center each year researched. Preventive procedures were considered: oral hygiene orientation; therapeutic application of fluoride; cariostatic application; application of sealant and plaque control. As curative procedures: restoration of deciduous and permanent teeth; scraping, smoothing and polishing by supragingival hemi-arch, subgingival curettage and hemi-arch polishing; endodontic treatment of single, bi and tri-root deciduous teeth; endodontic treatment of uni, bi and tri-root permanent teeth; extraction of deciduous teeth; permanent tooth extraction and partial removable prosthesis and maxillary

and mandibular total prosthesis. ROA'S data was tabulated in the Microsoft Office Excel 2007 Program and analyzed quantitatively.

RESULTS

In the period from January 2006 to December 2008, 5.693 patients were enrolled in the Center and 44.679 procedures were performed, with 30.216 (67.6%) and 14,463 (32.4%) preventive procedures being the predominant ones.

In the group of preventive procedures the most accomplished was the therapeutic application of fluoride - per session (46.6%) (Figure 1),

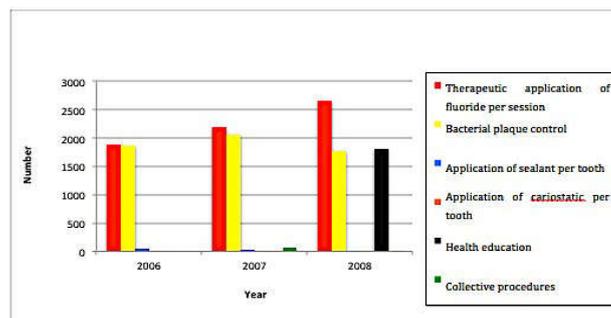


Figure 1 Number of preventive procedures performed per year surveyed at CEOPE (2006-2008).

Source: CEOPE database

(55.1%), followed by restorative (26.3%), surgical (12.4%), endodontic (4.5%) and prosthetic treatment (1.7%) (Figure 2).

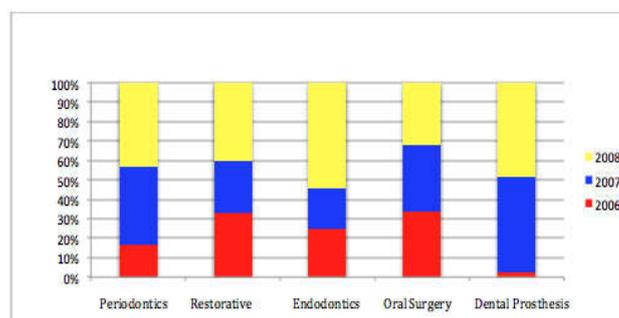


Figure 2 Number of curative procedures performed at CEOPE surveyed per year and specialty.

Source: CEOPE database.

In the Dentistry group, the most prevalent restorative treatment was light-curing restoration of two or more faces (22.8%), followed by restoration with glass ionomer of two or more faces (16.4%) and restoration with amalgam one face (15.7%). Of the surgical procedures analyzed, permanent tooth extraction prevailed (61%). In endodontics, root canal permanent root canal treatment was the most performed (41.2%), and among the procedures included in the periodontal specialty, the hemi-arcade scraping, smoothing and polishing procedure was the most performed (90.3%).

During the three years surveyed, there was an increase in the total production of the Center, both curative and preventive, from 39.8% from 2006 to 2007 and from 25.1% from 2007 to 2008 (Figure 3)

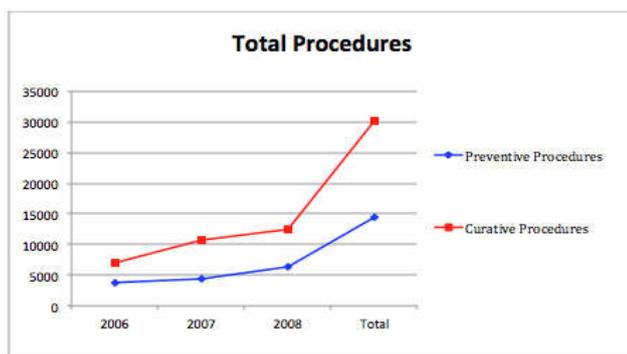


Figure 3 Comparison between the total of preventive and curative procedures, per year, researched at CEOPE (2006-2008). Source: CEOPE database

DISCUSSION

The prevalence of curative procedures in relation to the preventive ones coincided with the results of other researches on dental treatments performed in people with disabilities. These results are due to the fact that these patients present greater need for curative procedures (8) and most of the evidence suggests that these individuals have more untreated carious lesions than the general population; as well as problems related to poor oral hygiene, dental and orofacial traumas are related to the difficulty of this population to receive treatment (9-11).

Another crucial factor is the shortage of professionals serving people with disabilities, which occurs due to the fact that the educational centers present a very small workload in theoretical and practical teaching for their treatment, resulting in a lack of knowledge and insecurity for the care of these patients (10-16). The pathophysiological condition of the person with the disability often generates dependency on a relative to perform his or her oral hygiene, which usually implies in precarious oral conditions which, together with the historical difficulty of access to specialized dental services, (19).

With only four years of existence, the Center absorbed a repressed demand from the State of MatoGrosso, which probably brought with it the historical record of years of discreet dental care for this population, which may have determined the prevalence of the curative care profile in these first years.

In a study carried out in 2002 (20), in which they analyzed the dental care profile of people with disabilities at the Center for the Advancement of Dental Care (CAOE) in Araçatuba, they concluded that there was a predominance of preventive procedures in the CAOÉ care model, however, analyzed that due to the small number of professionals in the special patients specialty, there are many accumulated needs leading to the execution of a large number of curative procedures. It is important to note that CAOÉ has 25 years of dental care to this population.

In the dental care offered by the Center in the years studied, we could observe that there was an increase in endodontic procedures, and it was maintained from the surgery, which probably shows the increased access of this demand to the specialized dental health services, allowing the restoration and maintenance of teeth.

The data of the prosthesis appear to be discrete, but it has to be considered that the Center has a monthly maximum limit of 20 prostheses / month, since 2007. Thus, according to the presented production, all available prostheses were made.

In this research, the supragingival rasping procedure was considered as a curative procedure, however, we could say that it is preventive, since in the monthly returns of some patients this procedure has always been performed aiming at the adequacy and maintenance of oral hygiene. If it were not for this procedure, the Center would present a preventive dental care profile. As evidence of this, there was a gradual increase in preventive procedures because patients attended in the first years of existence of the Center were returning to perform preventive procedures aimed at maintaining oral health.

As for collective procedures, such as oral hygiene orientation and supervised brushing, little has been done, which raises the question of whether these procedures are not being performed or if some professionals are failing to register them. It is known that the Institution has oral health education projects carried out in institutions that attend people with disabilities, where educational lectures are held with parents and caregivers, in addition to supervised brushing and referral to the Center for individuals who need treatment dental; However, there is no record of this production in ROA which would add to the production of preventive actions.

The Ministry of Health's SIA / SUS (Outpatient Information System / Unified Health System) table does not contemplate the classification of preventive and curative procedures. These are divided into only two groups, one of basic care procedures (basic actions in dentistry and its subgroups) and the other of specialized procedures (specialized dentistry actions and their subgroups), which does not consider the reality of dental care. special patient who performs, as in the case of this Center, in a specialized outpatient clinic, basic care procedures. In addition, procedures are performed that do not have codes included in this table, such as dental procedures performed under physical restraint, sedation or general anesthesia, in addition to the patient's conditioning (conditioning) appointments. Soon, the finished production ends up being officially sub-notified.

It is worth mentioning that in relation to the marking of the procedures in the ROA, in October 2008 there was a change in the SIA / SUS table where the periodontal procedures were no longer marked by hemi-arch and were marked by sextant, which generated a significant increase in number of periodontal procedures. It is worth remembering that the periodontal procedures found in this study present a high value because of this, since each patient attended, where periodontal treatment is performed, has from 4 to 12 procedures performed in only one patient, as a result of which each procedure of scaling, for example, is equivalent to 4 to 6 plaque control procedures or fluoride application, since periodontal procedures are counted by hemi-arch and posteriorly by sextant (after October 2008), while plaque control and application of Fluoride is per individual.

During the execution of the research it was observed difficulties in relation to the filling of ROA's. Although counseling meetings were held with Dental Surgeons on the marking of dental procedures in this report, there were still errors in marking registration. The awareness of the

professionals as to the importance of correct marking of the procedures performed in each patient attended is fundamental, since through the dissemination of these data, we will have the consolidation of the work carried out by the Center, and consequently, the improvements of the public policies of attention to the patients dental care to the disabled person.

CONCLUSION

- It was observed that in the period studied the curative procedures prevailed;
- The emphasis of actions still follows the surgical-restorative model;
- Collective actions such as supervised brushing and oral hygiene orientation do not appear to be relevant in the procedures performed.
- The need for constant controls and evaluations of the activities carried out at the center for the care of patients with special needs is essential, with a broader scope in the care of these patients, promoting health and improvements in their quality of life.

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