

ASSESSMENT OF EDENTATION STATUS IN MENTALLY DISABLED PATIENTS

ALEXANDRU CRĂCIUN, MAGDA ECATERINA ANTOHE and NORINA CONSUELA FORNA

University of Medicine and Pharmacy “Gr. T. Popa” Iasi, Dental Medicine Faculty,
Discipline “Clinics and Therapy of Partial Extended Edentation”
Corresponding author: Alexandru Craciun

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Pathological state of partial extended edentation represents a clinical reality frequently encountered in dental practice which encompasses complex alterations at the level of the whole organism. There are debates that show the low interest granted in the last years to the doctor-patient relation from a psychological point of view, the major concern being focused mainly on solving the organic suffering. In this study, we have proposed ourselves the pursuing of the impact of alterations generated by the partial extended edentation state on the behaviour of the edentate mentally disabled patient. The study samples have comprised 139 patients in need of dental treatment, from which 82 institutionalized patients, from two medical-social units from Iasi, and 57 patients institutionalized in Medical Centre “Grajduri”. Majority of patients perceive the state of partial extended edentation as a significant health problem, but they don't treat it with the necessary consideration. From a psychological point of view, the process of losing teeth affects areas of sensorial perception and of psycho-motor processes, cognitive processes, although of personality and social life, with negative effects on the quality of life.

Key words: Mental disabilities; Edentation; Psychological impact.

INTRODUCTION

The problem-matter of mutual influences between anxiety, mental disorders, edentation status and fixed prosthetic treatment is highly complex, but, while in the common experience context there is a large diversity of descriptions, more or less subjective, specialty literature is relatively scarce in specific studies, engaged on the basis of well-established methodologies, and with results that could be implemented in dental prosthetic domain¹.

OBJECTIVES (AIM)

In this study, we proposed to pursue ourselves the impact generated by the extended partial edentation (functional masticatory insufficiency, physiognomic influence, phonetic function insuffi-

ciency, deglutition function insufficiency) on the behaviour of the edentate mentally disabled patient.

In order to accomplish our aim, the research has focused on the accomplishment of the following specific objectives:

- Evaluation of psychological alterations, determined by the edentation status;
- Psychological impact of the influence on the dental-facial aesthetic appearance;
- Psychological impact of fixed prosthetic treatment.

MATERIAL AND METHOD

The study samples comprised a total of 139 patients which required dental treatment, from which 82 institutionalized patients came from two medical-social units from Iasi (The “Saints Constantine and Helen” Centre; The “Pious Saint Parascheva” Centre) and 57 institutionalized patients from Medical Centre “Grajduri”.

Method: The methodology of *the case control study* permits the selection of the number of patients required by the study, the comparative and simultaneous evaluation of a number of factors, and offers the advantage of a low cost, the patients being assigned to two samples (study sample — mentally disabled patients and control sample — institutionalized patients).

The clinical study, complex approached in systemic context.

The technological study was approached from the point of view of the study model analyse methodology and from the perspective of finite prosthetic devices and their congruence with the prosthetic field tissues.

Variable under investigation:

- *Social and demographical data:* Family status; Gender; Age; Civil status; Level of instruction.
- *Clinical form of edentation*
- *Prosthetic status.*

RESULTS

Dental treatments in mentally disabled patients must take into consideration a series of well-established criteria regarding the psychological alterations generated by the present affection, but also the alterations enacted by the edentulous state that influences the local reactivity, with the result of triggering difficulties in patient approach and in the initiation, guiding and accomplishment of prosthetic therapy.

In this category of patients, the intellectual capacity is diminished, with the incidence of temporal-spatial disorientation, difficulties in focusing, emotional lability, susceptibility, all of which make the activity of dental doctor more difficult.

Grounded on these reasons, before initiating any kind of therapeutic manoeuvre, after establishing the biological balance based on complex and complete clinical examination, the psychological characteristics of every patient must be identified; the patient must be monitored along the clinical examination, and subsequently, during the enacting of the fixed prosthetic treatment.

The emphasizing of significant correlations between psychic factors and the pathological ones, determined by the state of edentation, represents the first stage, the importance of which is prominent in the current practice.

Subject perception on the way in which extended partial edentation can be perceived as a maiming, is different between the two samples

studied, and allows us to ascertain that the majority of patients perceive the state of extended partial edentation as an important health issue, but they do not confer the proper attention to this problem.

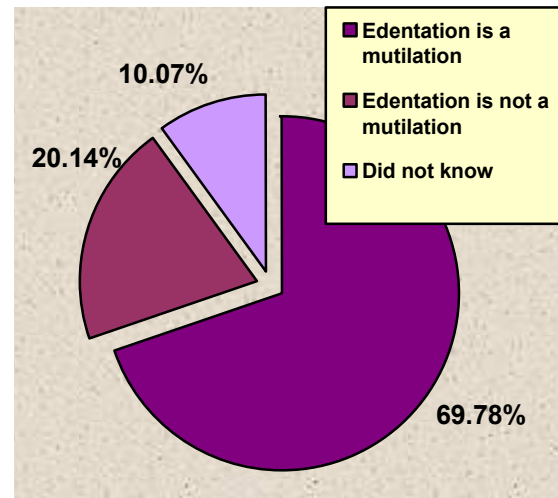


Fig. 1. The perception on the edentulous state. The distribution of subject answers in overall total.

Given the fact that this issue is very strongly perceived by the patients in our study, we can ascertain that the presence/absence of teeth is highly valued by the majority of patients.

The hygiene status is unsatisfactory in 100% of the samples studied.

This study is important not only because it investigates the fear of treatment, but also because it brings into debate a neglected problem, that of the anxiogenous potential of dental therapy on patients with different problems of psychological nature. Although the prosthetic treatment as a stage in dental treatment was evaluated as accepted by the patient, data obtained from the studies performed evince a relatively high frequency of patient which claim to suffer, in varying degrees, from anxiety facing the medical act and hesitation in taking a decision regarding the dental treatment. These patients present conditions with psychosomatic uncharacteristic symptomatology; consequently, the interventions of dental specialist must be quick and, sometimes, complex.

CONCLUSIONS

Following the statistical processing of data, we have noticed that a large number of our patients are exhibiting a restrain regarding the initiation of a

dental (prosthetic) treatment, as a result of fear, anxiety and stress. As a result, the knowledge on stress management strategy is imperious, by acting directly upon the stressing elements, or indirectly, by means of consciously minimising their effect, rationalization of stressing situation, diverting the attention from the stress effects by “commuting on another event, real or imaginary”, because the human organism does not need of unpleasant events, but of beneficial effect of tranquillity and satisfactions accomplished on a psychological plan.

The attitude that patients exhibit facing the prosthetic treatment and, implicit, the dentist, is different, being imposed by the personality of the actors involved, by the degree of knowledge and medical cognition and by the prior professional experience of those doctors.

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