

Original Research Article

Accessibility to dental care for patients with special needs

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Abstract

Introduction and objective: The aim of this study was to verify the professionals' perception about the accessibility to dental care establishments for three types of patients with special needs: Diabetes, AIDS, and Cerebral Paralysis patients, in the city of São Paulo. **Material and methods:** This was a descriptive, cross-sectional study with a non probabilistic sample. For the analysis, 107 dental care establishments were selected and divided into two categories (private and insurance). Each one of the establishments was randomly selected from a list containing a total of 3,234 private and 2,015 insurance establishments. The information for the study was based on phone conversations, when a semi-structured interview was accomplished to verify the accessibility for AIDS, Diabetes, and Cerebral Paralysis special need patients. The analysis of the interviews' content was executed according to the methodology of Lefèvre and Lefèvre (2000) and in agreement with the central idea. **Results:** From the total of participants, 55.14% were female and 53.27% worked at a private clinic. In relation to the patients' accessibility, 96.26% had already treated Diabetes patients, 55.14% AIDS patients, and 28.97% Cerebral Paralysis patients. **Conclusion:** It can be concluded that concerning to Diabetes patients, the main difficulty is the clinical practice, mainly related to problems in blood coagulation. For Cerebral Paralysis patients, the difficulties were related to personnel training, establishment structure, and also clinical practice. For AIDS patients, although difficulties in clinical practice were mentioned, prejudice still seemed to be the major difficulty.

Introduction

The patient with special needs may be described as that subject who is not adapted physically, intellectually, or emotionally to the normal parameters, considering the patterns of growth, mental development, and emotional controlling, as well as those related to health maintenance [17].

World Health Organization (WHO) estimates that the prevalence ratio of deficiency in the world would be 1:10 subjects. WHO still states that from this total of patients with special needs, more than two thirds do not receive any type of dental care [13, 16].

Cerebral palsy is defined as a group of non-progressive motor disorders (tonus and posture), but showing changeable frequency, secondary to a lesion of the developing brain. The damaging effect may occur at the pre-, peri-, or post-natal period [4]. The disease's severity is variable. Therefore, its incidence rate is controversy, reaching 7:1,000 live-born infants when all its levels of damaging are taking into account [9].

Acquired immunodeficiency syndrome (AIDS) is a contagious lethal disease caused by the human immunodeficiency virus (HIV) whose action is to destroy the lymphocytes, the cells responsible for the body's defense. The virus makes the person susceptible to opportunistic infections and diseases. Since the disease onset, the constant development of medicaments has been significantly lengthening the life of HIV carriers, because they act interfering in the virus multiplication. Consequently, the disease's signs and symptoms onset is postponed and the reduction rate of the immunologic system's protection cells is diminished [1]. Depending on its severity, HIV-carrier/AIDS patients may present oral manifestations, such as periapical lesions, candidiasis, oral cancer, periodontal diseases, caries, other correlated factors [6, 7].

Diabetes mellitus has been recognized worldwide as a public health problem, due to the morbidity and mortality indexes associated to the disease as well as the high costs involved in its control and treatment of its complications. Diabetes has been considered one of the main chronic diseases affecting the contemporary human being and it attacks the populations at all economical-social development stages [7, 15]. The projections for the first decade of this century indicate that there will be 239 million of diabetic people worldwide, mainly due to the progressive longevity of the populations and to the social-cultural transformations caused by urbanization [19].

Patients with special needs demand specific care because they suffer from multiple disabilities [3]. Due to the increasing socialization of patients with special needs, it is essential that environments, buildings, and public spaces be more suitable for them, mainly places that offer health services [2, 14].

The aim of this present study was to verify the professionals' perception about the accessibility to dental care establishments for three types of patients with special needs: Diabetes, AIDS, and Cerebral Paralysis patients, in the city of Sao Paulo.

Material and methods

This is a descriptive, cross-sectional study with a non probabilistic sample. For the analysis, 107 dental care establishments were selected and divided into two categories: private and insurance. Each one of the establishments was randomly selected from a list containing a total of 3,234 private and 2,015 insurance establishments.

The information for the study was based on phone conversations, when a semi-structured interview was accomplished to verify the accessibility of AIDS, Diabetes, and Cerebral Paralysis special need patients.

The study's participant was a dental professional, represented by a dentist or the technical responsible person of the establishment. Each establishment was represented by one person.

At the beginning of the phone call, the researcher identified himself and explained the research character. An explicative consent form was read and the participant verbally accepted to participate in the research.

This study was analysed and approved by the Ethical Committee of the School of Dentistry of the University of Sao Paulo, under protocol number #142/2008.

The analysis of the interviews' content was executed according to the methodology of Lefèvre and Lefèvre (2000) [10]. Its aim is to generate, in relation to the given responses, a discourse or a discursive thought on the issue. This set constituted the social representation of the examined issue.

The construction of such method was performed according to the central idea, understood as the statement or statements which disclose the essence of the discursive content made explicit by the participants in their responses.

Results

One hundred and seven interviews were performed. From the total number of participants, 59 (55.14%) were female and 48 (44.86%) male. Fifty-seven (53.27%) participants worked at a private and 50 (46.73%) at dental insurance office. Seventy-eight (72.89%) participants were dentists and 29 (27.11%) auxiliary personnel (table I).

Table I - Description of the study's participants (Sao Paulo, 2009)

| Variables | n | % |
|---------------------------|----------|----------|
| Gender | | |
| Male | 48 | 44.86 |
| Female | 59 | 55.14 |
| Participants | | |
| Dentists | 78 | 72.89 |
| Auxiliary personnel | 29 | 27.11 |
| Establishment type | | |
| Private | 57 | 53.27 |
| Insurance | 50 | 46.73 |

Concerning to the accessibility to patients, 96.26% of the participants had already treated diabetic patients; 55.14% AIDS patients; and 28.97% cerebral palsy patients (table II).

Table II - Description of the study's participants regarding to the accessibility to treatment of patients with special needs (Sao Paulo, 2009)

| Variable | n | % |
|---|----------|----------|
| Have you treated a diabetic patient? | | |
| Yes | 103 | 96.26 |
| No | 4 | 3.74 |
| Have you treated a HIV-carrier/AIDS patient? | | |
| Yes | 59 | 55.14 |
| No | 48 | 44.86 |
| Have you treated a cerebral palsy patient? | | |
| Yes | 31 | 28.97 |
| No | 76 | 71.03 |

The main difficulties and the positive points with regards to the treatment of patients with special needs were described in tables III, IV, and V. The complications were divided into training, structure and clinical practice.

Table III - Description of the participants regarding to the difficulties and positive points related to the treatment of cerebral palsy patients (Sao Paulo, 2009)

| Main idea | Statement |
|--------------------------------|---|
| Difficulty (training) | "I would not be capable of treating the patient. I would refer to a specialist." "The treatment demands a trained team." "I am not trained for this type of patient." |
| Difficulty (structure) | "The room is small and uncomfortable for the patient and the professional." "There is a need of trained team and locomotion." "No support for wheelchair." |
| Difficulty (clinical practice) | "The patient presents a very strong force in maxilla and mandible." "Due to spasms, the patient needs to be secured by the parents or accessories." "The treatment demands a longer chairtime, more talking and attention." "Risk of choking. No support." "It depends on the patient's receptivity." "Patient demands more patience, calm. At somedays, the patient does not want to talk." |
| Positive points | "The satisfaction is doubled!" "It's exciting!!" "Help others." "To give more value to life." |

Table IV - Description of the participants regarding to the difficulties and positive points related to the treatment of AIDS patients (Sao Paulo, 2009)

| Main idea | Statement |
|--------------------------------|---|
| Difficulty (training) | <i>"I would refer. I'd be not able to treat due to lack of knowledge." "I'm not able to treat, I would refer to USP [University of Sao Paulo]."</i> |
| Difficulty (structure) | <i>"Care with sterilization and biosecurity." "None. Treatment similar to any other patient."</i> |
| Difficulty (clinical practice) | <i>"The most difficulty is that the patient does not warn about the disease." "Low immunity." "Patient is very apprehensive due to prejudice and there is no connection with the dentist." "Use of two gloves, masks, and glass. All used material is separated to be well sterilized." "I'm not willing to treat this patient due to risk of contamination." "Treatment protocol. Patient scheduled at the last appointment hour."</i> |
| Positive points | <i>"Personal and professional satisfaction." "Patient's gratitude."</i> |

Table V - Description of the participants regarding to the difficulties and positive points related to the treatment of diabetic patients (Sao Paulo, 2009)

| Main idea | Statement |
|--------------------------------|--|
| Difficulty (training) | <i>"I would not be capable of treating the patient. I would refer to a specialist." "It demands a trained team." "I'm not trained for this type of treatment."</i> |
| Difficulty (structure) | <i>"None."</i> |
| Difficulty (clinical practice) | <i>"In many times patient presents no metabolic compensation." "Higher bleeding, gingival inflammation. Elderly patient mostly have addictions. Diabetic patient does not follow the dentist's recommendations." "To convince the patient to properly control the diabetes."</i> |
| Positive points | <i>"Personnel satisfaction." "Frequent dental appointments."</i> |

Discussion

Currently, the dentist is challenged to rethink the aspects of clinical practice: adequate examination, control of biosecurity, and patient's humanization. In this context, the treatment of patients with special needs is a technical, formative and conceptive challenge.

Each pathology demands a specific treatment and present difficulties inherent to each case. Patients with special needs require specific care because they are affected by multiple disabilities [3]. Due to the increasing socialization of patients with special needs, it is essential that environments, buildings, and public spaces be more suitable for them, mainly the places that offer health services [2, 14].

In this present study, 96.26% of the participants had already treated diabetic patients, 55.14% AIDS patients, 28.97% cerebral palsy patients.

According to the participants' reports, the technical difficulty in treating cerebral palsy patients is clear. Although AIDS and Diabetes are systemic diseases, the diabetic patient had more accessibility than HIV-carrier/AIDS patient. This difference has been described by the excessive concern about biosecurity, e.g., the use of two gloves, among others concerns. Such problematization has already been reported by literature [8, 12, 20] and reassures that the adequate assessment about the occupational risk of HIV is a key factor in the dentist's willingness to treat HIV-carrier patients. The correct health-area team's knowledge on HIV infection favors the treatment of such patients. Accordingly, permanent education programs for the dental team on issues related to HIV virus epidemic constitutes an important strategy to increase the access and to improve the dental treatment quality for HIV-carrier patients [18].

Conclusion

It can be concluded that concerning to the diabetic patient, the main difficulty is the clinical practice, mainly with regards to bleeding problems. The treatment of cerebral palsy patients presents problems of training, structure, and clinical practice. Although clinical difficulties were cited in the treatment of HIV-carrier/AIDS patients, we find that prejudice is already the main one.

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