

THE ROLE OF DENTAL MEDICINE IN SCHOOLS TODAY. THE CASE OF THE DENTIST'S OFFICE IN "AUREL LAZAR" THEORETICAL HIGH-SCHOOL, ORADEA

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Abstract: The activity of dentists activating in schools should be centered on the adequate and constant information of pupils about the importance of preventing dental caries and dental-maxillary affections. The prevention of dental affections, alongside the early detection and curative treatments in early stages not only reduce the risk of complications, but also diminish the physician's effort and the work of other factors involved in the health care system. Medical (and dental) assistance of students is free, as it is insured from the national health insurance fund.

Cuvinte cheie: medicină școlară, comunicare, prevenție, activități curative

Rezumat: În activitatea sa, medicul de medicină dentară școlară trebuie să se bazeze pe o informare corespunzătoare și constantă despre importanța profilaxiei cariei dentare și a afecțiunilor dento-maxilare. Prevenirea îmbolnăvirilor, sau depistarea precoce și tratamentul curativ în faze incipiente, scade riscul complicațiilor, dar ușurează și efortul deșu de medic și de factorii angrenați în sistem. Asistența medicală și stomatologică a elevilor este gratuită, fiind asigurată prin finanțare de la bugetul de stat, din fondul de asigurări de asigurări sociale de sănătate.

INTRODUCTION

Until recently, school medicine was perceived as a domain placed at the periphery of other medical specializations, especially as regards dental medicine. Even today there are voices that advocate for ceasing the activity of medical cabinets in schools. The inefficiency of the system, as well as the insufficient involvement of doctors working in schools, are often used as arguments in supporting the idea referred to before.

The first part of this study emphasizes, starting from the competences and attributions of medical school dentists, their role in the prevention of specific oral cavity diseases and in curative care. The second part presents a study that aims to point out at: (1) the importance of school dentists in supervising the oral health of school pupils and in applying methods of prevention and cure, (2) the central function of communication, not only between doctors and patients, but also between physicians and teachers, or physicians and the local authorities (3) the importance of doctors' commitment to provide quality health care. Given the context in which school medicine faces the challenge of decentralization, we believe that those working within the system must bring into question both the need for a better management of both human resources and investments in this area, and to highlight the role of their activity in society.

PURPOSE OF THE STUDY

The purpose of this article is not simply to contradict those who criticize school medicine. We all know that the changing of a system for the better can not occur overnight, while professional integrity is a matter that concerns each individual in particular. Rather, we intend to bring into focus the need to support primary medicine in schools, which is an important factor in maintaining people's health, both on average and long-term.

MATERIAL AND METHOD

The present study is based on the evaluation of 400 subjects, from the 530 students of "Aurel Lazar" High School in Oradea. Their observation sheets were completed at the request of

the school dentist, with patients' consent to be consulted, between January 2008 and July 2010.

RESULTS

In accordance with the current legislation (1), both prevention and dental treatments are provided free to the pupils from the primary, secondary and the high-school system of education in Romania.

Of course, prevention of diseases represents a central element of the school physicians' activity, who should give priority to pupil's relevant and consistent information about the dangers of overlooking dental hygiene measures. At the same time, the prophylaxis of dental caries and oral-dental diseases represents another important aspect of their work in schools. In this way, the periodic examinations of pupil's oral-dental apparatus becomes compulsory at every six months, as well as their registration, with the aim of maintaining their oral health, and educating students to achieve the prevention of dental caries, and to detect the onset of clinical signs of dental problems. Early diagnosis and curative treatments diminish the risk of complications and, not ultimately, facilitates efforts of both doctors and the factors involved in the health care system.

The cases beyond the competence of medical school dentists are sent to specialists, such collaboration being absolutely necessary and normal.

The medical and stomathologic assistance of pupils is provided through funding from the state budget, namely the health insurance fund (2).

In Romania, school dentists' offices are struggling to regain credibility as, for many years, they encountered problems related to the lack of materials, old equipment, requiring frequent repairs, mostly paid for by the physician. Cost standards for the activity of the cabinet would be reasonable, and materials can be purchased at fair prices, as the offer is very rich and diverse.

A real help in the successful carrying out of doctor's duties is the effective doctor-patient communication, which might draw pupil's attention upon the importance of medical acts, of

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prevention and prophylaxis in maintaining personal health. The confidence of young patients, once gained both by doctor's patience (the result of the medical staff's experience in dealing with pupils) and given the certain facility in achieving prevention (this medical act is not painful for the patient), will probably increase the number of pupils seeking medical advice in school medical cabinets. Equally important in this respect is, as indicated above, the information of patients, the collaboration with principals and head-teachers.

In general, students are informed with regards to the appropriate use of toothbrush and toothpaste (the correct way and the time needed for a proper brushing of teeth) but also of other elements necessary to maintain dental hygiene, such as flossing or mouthwash. They are also informed about the crucial role of nutrition, as certain types of food have cario-protective role, due to chemical constituents which models the effect of the cariogen hidrocarbonates (e.g. phosphates from unrefined cereals, or chewing gum, cheese, milk, certain fats, oligoelements such as fluorine or cocoa from chocolate or glicirizine from licorice). (3)

The supervision of children at a school medical office is easy, given students' easy access to the dentist.

We should point out here that the examination of each student takes place twice a year, the school we refer to here having 530 students. In agreement with principals and head-teachers, pupils are sent, by rotation, during classes, until all those that give their consent are registered (on average 75% -80%, as reflected by the consultation register). At the first consultation, the observation sheet of the student is opened, on which all medical consultations the child will attend during school are subsequently recorded. The pupil is informed of any dental problems he/she might have.

Emergencies are also solved at the school's dentist's office, if these occur during school hours.

It is worth mentioning here that approximately 25% of students with dental problems, learning in the school this study has focused on, choose to solve these problems in the school's medical office (caries lesions and sometimes even extractions). This confirms Rodica Luca's observation, that, between 5 and 17 years, 83% of the caries are placed on the vestibular and oral surfaces (4), therefore these can be solved by simple fillings or sealing. As a particularity, with children, dentists should use the conservation techniques of the dental pulp, as formative body, especially as its potential for healing remarkable at such ages. Because of this, and due to the increased reactivity of the young organism, favorable results are widely expected. (5) There are also emergencies that have been solved (about one case per week).

The vast majority of students that are treated in school come from rural areas (they commute or live in boarding school), as they rarely have access to dental surgeries in the village where they live, or have limited financial possibilities. There are also pupils that live in urban areas, who may be included in this last category (social cases). Due to the current economic context of our country, there is a tendency towards the equalization of the two categories referred to above. As mentioned, an important advantage for students is the fact that the treatment is free of charge, which benefits both the family budget, and the National Health Insurance system, which should otherwise spend more money if students were treated at various private dentist offices, who signed contracts with the Health Insurance system.

In what follows we shall present some relevant cases that may help doctors better understand the psychology student and the way they perceive the role of oral hygiene, as related to personal health.

Case 1. DT, pupil, 11 year old, living in urban areas, comes at the dentist's office of "Aurel Lazar" high-school, for a first examination, in March. 2009. Multiple lateral carious lesions are observed and recorded; the four "six years" molars appear as

root debris. The pupil does not accept treatment. Examination 2, 09. 2009: the same situation is observed, but dental pain is present, as a result of carious processes development. Emergency treatment is provided, calming dressing on 2.4. However, the patient does not accept further treatment. Examination 3, 04. 2010: on the occasion of the periodic consultation, the doctor observes that the student began dental treatment, molar debris was extracted and carious lesions were treated. The pupil expresses the wish to continue treatment until the eradication of all dental problems, but in a private dentist office, where s/he was taken by parents. The treatment was free, as the private cabinet had contract with Health Insurance system.

Case 2. T.I., student, lives in rural areas, 11 year old. Examination 1 - 03. 2009. Carious lesions are observed on 1.6., 3.6., 4.6. The pupil does not want treatment in the school dentist's office. Examination 2, 09. 2009. The doctor observes that carious lesions were treated properly, with fillings.

Case 3. D.S., lives in rural areas, 15 years old. Examination 1, 01. 2008. Multiple carious lesions on the first examination. The pupil presents regularly for treatment and within three months all the problems of oral health are solved in the school dentist's office.

Case 4. P.C. lives in rural areas, 16 year old. Examination 1, 10. 2008. Multiple small lateral cavities. Examination 2, 04.2009. Similar situation to the one observed on the occasion of the first consultation. Examination 3, 01. 2010. Following consultation in the school dentist's office, the subject decides to begin treatment, which lasts until 3/25/2010, according to records. Treatment on 4.6., 4.6, 4.7., 3.6., 3.7., 2.7., with complete filling and intermediate treatments.

Case 5. P.C., living in urban areas, students, grade 12. Examination 1, 03. 2010, lateral carious lesions. Decides to begin treatment at the school dentist's office, which lasts until 28.05.2010, according to the observation form. Receives treatment for gangrene on 3.5, 3.6., 2.6., 1.5., with the corresponding final restorations, but also intermediate treatments, cementing Coronet 1.4., scaling.

CONCLUSIONS

These are just some examples to illustrate the fact that students decided to treat their teeth (most of them in the school dentist's office, but also in private dentist's offices), after having been consulted and kept informed about their oral health problems by the school dentist, which eventually lead to the improvement of their oral health. Such actions may contribute to improving the oral health of the population at large, on both medium and long term. It is true that receptivity increases with age, but problems detected earlier are easier to be solved, which again draws attention upon the crucial role of prophylaxis, which raises primary medicine at the level of necessity.

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