

PRELIMINARY STUDY REGARDING THE NECESSITY OF DISPENSING IN THE DENTAL MEDICAL ASSISTANCE OF PUPILS, TEENAGERS AND YOUNG PATIENTS

MIHAI BURLIBAȘA¹, LORELAI GEORGETA BILINSCHI², BOGDAN PAVĂL³, OANA EFTENE⁴,
ILEANA IONESCU⁵, AUGUSTIN MIHAI⁶, VIOREL ȘTEFAN PERIEANU⁷,
MĂDĂLINA VIOLETA PERIEANU⁸, RADU COSTEA⁹, RALUCA COSTEA¹⁰,
GABRIELA TĂNASE¹¹, MĂDĂLINA MALIȚA¹², LILIANA BURLIBAȘA¹³, CAMELIA IONESCU¹⁴

^{1,4,5,6,7,8,9,11,12,14}“Carol Davila” University of Medicine of Pharmacy Bucharest, ²S.C. LIODENT CLINIQUE S.R.L. Sibiu,
³S.C. DENTALMED COM S.R.L. Brașov, ¹⁰S.C. Dentexpert Magic S.R.L. Brașov, ¹³University of Bucharest

Keywords: care, periodic check, rehabilitation, control

Abstract: Care and periodic check of dental health meant an individualized curative-prophylactic active medical method, which supervises, at the doctor's initiative, categories of healthy people - exposed to risk factors - or categories of sick people suffering from certain conditions. In this study we will refer to the theoretical and practical aspects regarding the need to dispensarize children (preschool, school), teenagers and young patients, an operation to be performed by doctors specializing in pediatrics and/or pediatricians, by doctors specializing in orthodontics and dentofacial orthopedics, by school doctors, as well as by simple dental practitioners, performing pedodontics (dentistry pediatrics) with a very high regularity.

INTRODUCTION

We cannot start such a high complexity topic without discussing and explaining some extremely important issues that we will insist on in this interesting material. First of all, dental care means preventing, detecting and treating the oromaxillofacial disorders, which in most cases are a starting point and/or interest in the dento-maxillary system.

By care and periodic check of dental health meant an individualized curative-prophylactic active medical method, which supervises, at the doctor's initiative, categories of healthy people - exposed to risk factors - or categories of sick people suffering from certain conditions. A complex of medical-social measures is applied to them to maintain health, prevent illness, cure diseases, avoid worsening or complications, recover, and reduce the number of avoidable deaths.(1-7) In general, dispensarization is indicated for diseases and disorders with a high frequency in the community and/or diseases which, although not very high frequency, have a high degree of gravity and /or threatens to spread them in the whole community, or whose effects can have serious consequences on the body.(1-7)

Care and periodic check of the dental diseases is indicated by their very high presence among the individuals of the present society in Romania, but also by the important consequences they can have on the general state of health.(1-7) And here we will refer mainly to classical dental problems present in both children and adults, which can be solved by the dentist in dental office.(8-13)

Thus, our study of dispensary in dentistry will include theoretical and practical aspects of the need for dispensarization of children (kindergarten children and pupils), teenagers and young patients, which must be performed by physicians with specialization and /or pedodontics competence, by physicians with specialization in orthodontics and dentofacial orthopedics, by school doctors, as well as by simple dental practitioners, performing pedodontics (pediatric dentistry) maneuvers with a very high regularity.

PURPOSE

In this study, as mentioned above, we will refer to the necessity of care and periodic check of dental health of children (kindergarten children and pupils), teenagers and young patients, which must be performed by physicians with specialization and /or pedodontics competence, by specialists orthodontics and dentofacial orthopedics, by school doctors, as well as by simple dentists, performing pedodontics (pediatric dentistry) work with a very high regularity. As is well known, the frequency of dental affections in a relatively large proportion at the age of deciduous teeth (pre-school age), indicates that dispensarization is useful from this age at which most children are included in nurseries and /or kindergarten, if we consider the effects of these disorders.(1-7)

But, from the dental point of view, the age between 6 and 12 years is the most important age, characterized by the coexistence of temporary teeth, in resorption, with the most important teeth, permanent teeth. At the same time, the impressive frequency of dental decays and of dento-maxillary abnormalities, which occur or are established at this age, and which, untreated in time, have extremely serious consequences on the dentomaxillary system and the health of the whole body.(1-7)

Thus, from the point of view of the dental and general medical interest, as well as the organizational possibilities, the dental dispensary finds the most appropriate application at the school age, and further to the age of adolescence and youth.

Specifically, the purpose of this material is to highlight and implement the need for dispensarization for patients starting with school age, continuing with the age of adolescence and youth.

MATERIALS AND METHODS

The dispensarization action in the case of patients starting with school age, then continuing with teenagers and youth, takes place in several stages, these being in an absolute

³Corresponding author: Ileana Ionescu, B-dul. Mărășești, Nr. 2B, Bl. A, Sc. 2, Ap. 18, Sect. 4, București, România, E-mail: mburlibasa@gmail.com, Phone: +040723 472632

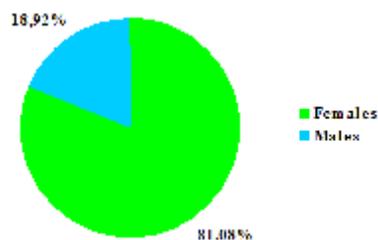
Article received on 20.12.2018 and accepted for publication on 10.01.2018
ACTA MEDICA TRANSILVANICA March 2018;23(1):96-98

CLINICAL ASPECTS

succession, the absence of one stage ending the dispensarization action. These stages are the following: detection, rehabilitation of the oral cavity, control and second rehabilitation of the oral cavity.(1-7)

Starting from these clear phases of dispensarization, and for making a very succinct study, we compiled a questionnaire made up of 6 questions. We have applied the questionnaire to a number of 37 dental practitioners (specialists in orthodontics, pedodontics and /or with pedodontics competence, school dental doctors and /or simple dentists, holders of a graduation diploma from dental schools approved or recognized in Romania). Doctors included in the program are active in major cities from Romania: Bucharest, Brasov, Pitești, Galați, Ploiești, Constanța, Tulcea, Alexandria, Craiova and Turnu-Severin. All subjects work in the private environment and are aged between 30 and 60 years. 30 dentists were female (81.08%) and 7 dentists were males (18.91%) (figure no. 1).

Figure no. 1. Gender distribution of dental practitioners involved in the study



Next, we present the questionnaire applied:

1. Care and periodic check of dental health in the case of school-age patients, teenagers and youth, comprises the following steps: a. detection; b. involvement; c. rehabilitation of the oral cavity; d. conditioning; e. control; f. second rehabilitation of the oral cavity; g. recording. **Correct answers: a, c, e, f.**

2. The detection of dental affections of school-age patients, teenagers and youth, are: a. the first stage of care and periodic check; b. the second stage of care and periodic check; c. the third stage of care and periodic check. **Correct answer: a.**

3. Detecting dental conditions of the school-age patients, teenagers and youth, is done: a. Through a summary examination of the oral cavity, without proper instruments and without the minimum necessary conditions (without dental unit, medical instruments and sterile treatment, sufficient light etc.); b. through a very thorough objective examination, which requires the presence of the patient in a perfectly equipped dental office (dental unit, sterling station, appropriate consultation and treatment instruments etc.). **Correct answer: b.**

4. Rehabilitation of oral cavity (dental treatments) must be planned with great precision and accuracy and includes several stages, as follows: a. Efficiency (patients will be planned for complete therapies performed in session); b. Prophylaxis (priority will be given to simpler diseases, which are likely to become complicated by evolution, thus decreasing the chances of effective therapy); c. Efficiency in activity (priority will be given to cases that, by simple means and fewer sessions, lead to the harmonious development of the dento-maxillary apparatus); d. the traumatic effects of therapy on the patient's psyche; e. balance sheet. **Correct answers: a, b, c, d, e.**

5. By control, it is understood the work done by the dentist involved in the dispensary as follows: a. The initial clinical examination to establish diagnosis and treatment plan b. After certain predetermined time periods from the first specialized treatments, the dentist performs a new in-depth

examination of the dentomaxillary system. **Correct answer: b.**

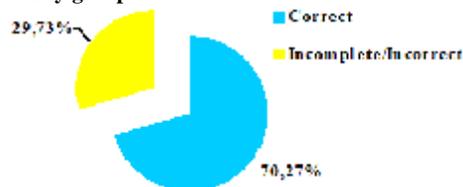
6. Second rehabilitation of the oral cavity means: a. The dental treatments resumption for patients undergoing a new mechanism for the detection of buccal dental conditions; b. Removing factors favouring dental diseases of any kind; c. Removal of predisposing factors of dental diseases of any kind. **Correct answer: a.**

RESULTS AND DISCUSSIONS

After studying the answers for the 6 questions, the following results were accounted:

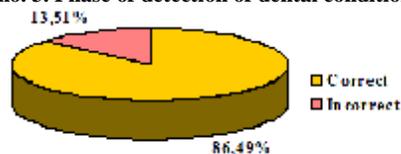
In the first question about the stages of dispensarization in the case of school-age patients, teenagers and youth, 26 of the subjects, representing 70.27% of the respondents, answered correctly (**answers a, c, e and f**) while 11 subjects, representing 29.73%, provided incomplete or incorrect answers (figure no. 2).

Figure no. 2. Knowing the stages of care and periodic check by the study group



For the second question regarding the time when the dental diseases of the school-age patients, teenagers and youth should be detected, 32 of the practitioners answered correctly (**answer a**), representing 86.49%, while 5 subjects, representing 13.51%, provided inaccurate responses (figure no. 3).

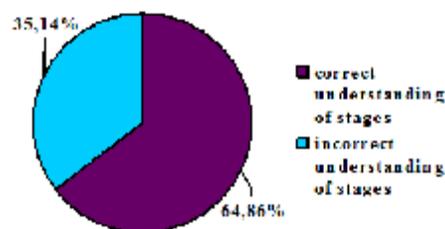
Figure no. 3. Phase of detection of dental conditions.



Regarding the manner and conditions for detecting dental conditions, all practitioners agreed that this should be done through a very thorough objective examination, requiring the presence of the patient in a perfectly equipped dental office (with dental unit, sterilization station, appropriate consultation and treatment tools etc.)

24 of the subjects (64.86%) correctly assessed the stages of oral cavity rehabilitation (the 4th question of the questionnaire) while only 13 practitioners, representing 35.14% of the study group, provided incorrect answers (figure no. 4).

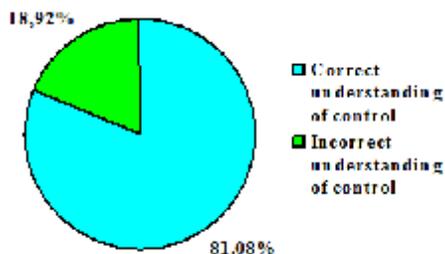
Figure no. 4. Understanding the stages of the oral cavity rehabilitation



CLINICAL ASPECTS

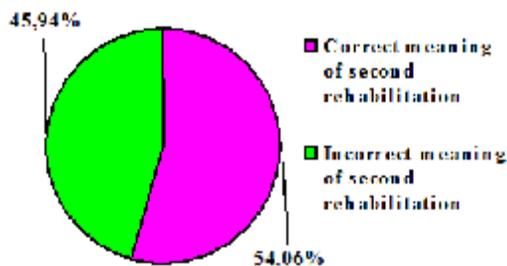
The purpose of question no. 5 was to establish the degree of understanding of the control term among subjects included in the study. Thus, 30 of them, representing **81.08%**, showed that they correctly assume the term of control, while 7 subjects, representing **18.92%**, responded incorrectly (figure no. 5).

Figure no. 5. Understanding the term of dental control



In the 6th question, the last of the questionnaire, it was desired to check the understanding of the term: second rehabilitation of the oral cavity. Only 20 of the practitioners, representing **54.05%** responded correctly, while 17 subjects, representing **45.95%**, provided inaccurate responses (figure no. 6).

Figure no. 6. Proper understanding by the study group of the term: second rehabilitation of the oral cavity



CONCLUSIONS

After studying the answers to the 6 questions from this questionnaire, we can conclude on several aspects, some extremely interesting, as follows:

Dental practitioners who practice pedodontics (dentistry) and orthodontics and dentofacial orthopedics, although considered to be excellent practitioners in terms of theoretical training, regarding care and periodic check, are deficient, that we consider being very important.

As we can see, dentists who deal with dentistry treatments applied to school-aged patients, teenagers and youth, are usually females, which is not only a much greater patience from these dentists, a better understanding and training on this segment, probably due to a very strong maternal component present in this category of dentists. At the same time, following a quick survey of the presentation sites of the main Dentistry Faculties in Romania, it was found that the majority of pedagogical staff working in the Pedodontic Disciplines in the above-mentioned medical units is female.

The action of care and periodic check of school-age patients, teenagers and youth, requires intensive education work, seriousness from the dental team in pursuing the problem at all stages, and seriousness and interest from patients for oro-dental care, completing the treatments started and maintaining their results.

When discussing dental problems with a very large spread (dental caries, dento-maxillary abnormalities), dispensarization becomes a mass action whose efficiency is related to the whole society.

The effectiveness of dispensary actions is based on the ability of inclusion of all individuals from the community in which it applies.

The organization of these dispensation actions is facilitated by the existence of stable collectives, which can be tracked over much longer time.

REFERENCES

- Gall I. Asistența stomatologică. Editura Didactică și Pedagogică, București; 1971.
- Dicționar Romedic (2017). Retrieved 15.02.2017, from Romedic: <http://www.dictionar.romedic.ro/dispensarizare>;
- Clinici Implant dentar (2017). Retrieved 15.02.2017, from Cliniciimplantdentar: <http://www.cliniciimplantdentar.ro/noutati/tags/dispensariz-aria-in-perioada-de-osteointegrare-a-implantului/>
- Bratu D, Ciosescu D, Romînu M, Leretter M, Uram-Țuculescu S. Materiale dentare. Editura Helicon, Timișoara; 1998.
- Rosenstiel SF, Land MF, Fujimoto J. Contemporary fixed prosthodontics. Fourth Edition. Mosby Elsevier; 2006. p. 431-466.
- Anusavive KJ. Dental materials. Philips' Science. Saunders Elsevier; 2003. p. 205-253.
- Pătrașcu I. și colab. Materiale dentare. Editura Horanda Press, București; 2002. p. 43-100.
- Cristache CM, Burlibașa M, Tănase G, Nițescu M, Neamțu R. Titanium as dental implant material. Metalurgia International. 2009;14:14-16.
- Ștețiu AA, Oleksik M, Oleksik V, Ștețiu M, Burlibașa M. Mechanical behavior of composite materials for dental obturations. Romanian Biotechnological Letters. 2013;18(4):8528-8538.
- Bodnar DC, Pantea M, Bodnar T, Burlibașa M, Dumitru SG, Cristache CM. Patologia mucoasei orale la pacienții vârstnici – studiu clinico-statistic. Acta Medica Transilvanica. 2012;2(2):56-60.
- Bodnar DC, Dimova C, Bodnar T, Cristache CM, Burlibașa M, Sfeatcu R. Dental management of patient with psychiatric disorders. Modern Medicine. 2010;17(10):538-543.
- Mocuța D, Popovici LR, Dumitriu AS, Burlibașa L, Ionescu CA, Sfeatcu R. Life quality-condition of social welfare. Metalurgia International. 2009;14:62-64.
- Burlibașa M, Burlibașa L, Gavrilă LB, Gavrilă VR, Gavrilă L. microRNA a macro Revolution in Medical Biotechnologies. Romanian Biotechnological Letters. 2008;13(6):3977-3983.