

# Patient with sensory handicap

Restorative dentistry – differential diagnosis  
Seminar 1

# Deaf patient

- Clear pronounce – lip reading
- Our face should be illuminated
- Speak slowly
- Simple sentences
- Check if the patient understood – question
- Verbal communication combine with non verbal communication – facial expression, gesture
- Patience, tolerance

# Unseeing (blind) patient

- These patients are normal people, do not commiserate with them
- Speak to the patient not to the escort
- Introduce yourself and inform about the position
- Missing visual perception compensate with verbal description of our work
- Inform about pain or discomfort in advance and give reasons for it
- Minimize disturbing noise

# Unseeing (blind) patient

- Remove obstacles and barriers
- Do not move quietly

# Patient with physical

- Perceive the patient with attention
- Suppose always normal intelligence
- Give the patient enough time
- For communication with the lying patient or the wheelchair user  
always sit down
- Keep all common convention
- Remove barriers

# Inflammation in oral cavity

- Infectious origin or secondary contamination (e.g. traumatic aethiology)
- The most common diseases:
  - dental caries
  - periodontitis

# Mentally handicapped person

- Usually no typical diseases in the orofacial region, but some genetic symptoms can be related to some craniofacial anomalies
- Level of oral hygiene is usually worse – higher plaque accumulation, gingivitis, periodontitis, dental caries and its complications
- Approach to this patient with higher tact and empathy

# Mentally handicapped person

- Communicate mainly with the patient despite the escort is participating
- Adapt the level of information to the ability of the patient, repeat question and instruction how many is necessary
- The mentally handicapped person deserve the same respect as normal person



# Mentally handicapped person

Patients with uncontrolled muscular activity (muscular twitch, clench teeth) must be referred to the special department – the treatment in general anaesthesia is necessary

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# Gerontological patient

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# Gerontological patient

- Biological age do not always correspond to the physical and psychical condition – individual approach

# Three categories of gerontological patients

- Self – sufficient patients
- Patients with poor health
- Physically dependent on the help

# Gerontological patient - polymorbidity

- Arthritis
- Hypertension
- Cardiovascular diseases
- Diabetes mellitus
- Respiratory diseases
- Stp.ictum
- Oncologic diseases

# Gerontological patient - polymorbidity

- Therapy acc to the diseases
- Various and multiple farmacotherapy

# Gerontological patient- polymorbidity

- History (be patient)
- Motivation, confidence in the dentist
- Elderly patients often want to speak about their healthy troubles

# Gerontological patient - approach

- Welcome
- Seating into the chair
- The dentist sit also (the same level of eyes)
- Encourage the patient
- Basic questions of the history – listening and observing
- Complementary questions



# Gerontological patient - history

- Farmacological medication – written
- Contacts of all doctors
- Assure that the patient took the medication before the treatment

# Gerontological patient

- Wide variety of physical and psychical status – individual approach
- Higher accumulation of fat and water
- Worse metabolism of glucose
- Weaker function of endocrinal glands and immune system
- Lungs are loosening their elasticity and ventilation ability

# Gerodontologic patient - polymorbidity

- Arterial elasticity is decreasing
- Cardiovascular diseases are more often (heart insufficiency, disorders of cardiac rhythm, atherosclerosis)
- The function of the liver is decreasing (decreased blood circulation)
- The gastric acidity, intestinal motility and anorectal function is decreasing,

# Gerodontologic patient - polymorbidity

- Renal function is decreasing (the number of glomeruls is lower):  
the conequency can be lower elimination of some medicaments
- The muscular and osteous mass is decreased, risk of  
osteoporosis
- The function of brain athrofy

# Gerodontologic patient – clinical symptoms in orofacial region

- Hydratation of enamel is lower – uptake of fluorides is possible
- The enamel is thinner due to the abrasion and attrition
- Dentin tubules are getting more narrow, can be closed
- The pulp chamber is being reduced and dystrophy occurs

# Gerodontologic patient – clinical symptoms in orofacial region

- Sign of attrition or abrasion – abrasive facets
- Loss of the periodontal elasticity, resorption of alveolar bone
- Production of saliva is lower (hyposialia - medicaments)
- Occlusal disorders – non stable occlusion, postural muscular tonus – disorders of TMJ
- Skin: pigmentation, hyperkeratosis, basalioma
- - Cancer primary or secondary lesions

# Osteoporosis

- Bisphosphonate and similar medicaments
- Always check the effect of the medicament
- Extraction is indicated with atb – before and after the treatment  
(2-3 weeks!)
- It is better to refer the patient to the special department or  
consult with specialist
- High risk of osteonecrosis - osteomyelitis!!!

# Arteficial joint

- Very often
- Eliminate the risk of focal infection before the treatment
- Patients have anticoagulation therapy – time limited
- Invasive treatment atb prophylaxis – chcek the farmacological interactions!



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**Thank you for your attention !**

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