

**DENTAL CARE FOR PEOPLE WITH SICKLE CELL DISEASE: EXPERIENCE
REPORT OF THE TUTORIAL EDUCATION PROGRAM OF A UNIVERSITY IN
THE INTERIOR OF BAHIA**

**CUIDADO ODONTOLÓGICO A PESSOAS COM DOENÇA FALCIFORME:
RELATO DE EXPERIÊNCIA DO PROGRAMA DE EDUCAÇÃO TUTORIAL DE
UMA UNIVERSIDADE DO INTERIOR DA BAHIA**

**ATENCIÓN DENTAL PARA PERSONAS CON ENFERMEDAD DE CÉLULAS
FALCIFORMES: INFORME DE EXPERIENCIA DEL PROGRAMA DE
EDUCACIÓN TUTORIAL DE UNA UNIVERSIDAD DEL INTERIOR DE BAHÍA**



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ABSTRACT

Introduction: Sickle Cell Disease (SCD) is an emerging public health problem. Considering this and the inadequacy of dental services offered to this population, the Tutorial Education Program (PET) of the Dentistry program at UEFS developed PET Clínica, a comprehensive care program for patients with special needs. This program partners with AFADFAL and the Municipal Support Program for People with Sickle Cell Disease for patient referrals. **Objective:** To report the experience of PET Odontologia UEFS regarding the oral health care offered to people with SCD. **Experience report:** Dental care at PET Clínica is based on humanization through welcoming and qualified listening, thus promoting comprehensive care for patients. This model begins in the waiting room, where topics relevant to public health are discussed. Patients are then invited to complete a qualified listening form developed by the group. Subsequently, clinical-dental care begins, where procedures across various specialties are performed. **Outcome:** In this sense, PET Clínica presents itself as an invaluable tool for providing care through prevention, curative, and rehabilitative practices.

Keywords: Embracement. Oral Health. Sickle Cell Anemia.

RESUMO

Introdução: A Doença Falciforme (DF) é um emergente problema de saúde pública. Considerando esse fato e a insuficiência dos serviços odontológicos ofertados a essa população, o Programa de Educação Tutorial (PET) do curso de Odontologia da UEFS desenvolveu o PET Clínica, programa de atendimento integral a pacientes com necessidades especiais que conta com a parceria da AFADFAL e do Programa Municipal de Apoio à Pessoa com Doença Falciforme para encaminhamento dos pacientes. **Objetivo:** Relatar a experiência do PET Odontologia UEFS acerca dos cuidados de saúde bucal ofertados às pessoas com DF. **Relato experiência:** O atendimento odontológico realizado no PET Clínica está pautado na humanização por meio do acolhimento e da escuta qualificada, promovendo, dessa forma, o cuidado integral dos usuários. Esse modelo inicia-se nas salas de espera onde são abordados temas relevantes à saúde do público, em seguida o usuário é convidado a responder a ficha de escuta qualificada desenvolvida pelo grupo. Posteriormente, é iniciado o atendimento clínico-odontológico, no qual são realizados procedimentos de diversas especialidades. **Desfecho:** Nesse sentido, o PET Clínica se apresenta como uma ferramenta de produção de cuidado de inestimável valor, por meio da prevenção e de práticas curativas e reabilitadoras.

Palavras-chave: Acolhimento. Saúde Bucal. Anemia Falciforme.

RESUMEN

Introducción: La anemia falciforme (ECF) es un problema emergente de salud pública. Considerando esto y la insuficiencia de los servicios odontológicos ofrecidos a esta población, el Programa de Educación Tutorial (PET) del programa de Odontología de la UEFS desarrolló PET Clínica, un programa de atención integral para pacientes con necesidades especiales. Este programa colabora con AFADFAL y el Programa Municipal de Apoyo a Personas con ECF para la derivación de pacientes. **Objetivo:** Reportar la experiencia de PET Odontologia UEFS en la atención de la salud bucodental a personas con ECF. **Informe de experiencia:** La atención odontológica en PET Clínica se basa en la humanización mediante una escucha acogedora y cualificada, promoviendo así la atención integral del paciente. Este modelo comienza en la sala de espera, donde se abordan temas relevantes para la salud pública. Posteriormente, se invita a los pacientes a completar un formulario de escucha cualificada desarrollado por el grupo. Posteriormente, se inicia la atención clínico-odontológica, donde se realizan procedimientos de diversas especialidades. **Resultado:** En este sentido, PET Clínica se presenta como una herramienta invaluable para brindar atención mediante prácticas preventivas, curativas y reabilitadoras.



Palabras clave: Acogida. Salud Bucodental. Anemia de Células Falciformes.

1 INTRODUCTION

The Tutorial Education Program (PET) of the Dentistry course at the State University of Feira de Santana (UEFS) was institutionalized in 2007 and is characterized as a group that seeks to stimulate critical reflections, discussions on public policies and health promotion at different levels of complexity and to stimulate a more humanistic and socially engaged academic education. Among its activities, the PET Clinic stands out, a project aimed at the assistance and care of individuals with special needs, especially those with sickle cell disease (SCD) for whom public health services are insufficient.

SCD is characterized as a genetic and hereditary disease resulting from a mutation in the gene that produces hemoglobin (HbA), giving rise to an HbS subtype, of recessive inheritance (Brasil, 2015), with the HbSS genotype being responsible for the most severe form of the disease, Sickle Cell Anemia (Spira, et al., 2020). Hemoglobin S is rigid and fragile, with an elongated shape, similar to sickles, these cells can adhere to the vascular endothelium and form thrombi, causing a blockage of blood flow, preventing oxygen from circulating correctly (Zago et al., 2007). Obstruction of blood vessels (vaso-occlusive crisis) can lead to a series of complications and systemic manifestations, such as pain crises, inflammation, infection, anemia (aplastic crisis), priapism, cerebrovascular accident (CVA), splenic sequestration, acute chest syndrome, injury or even organ failure (Linhares; Silva; Araújo, 2022; Souza et al., 2016).

Considered an emerging public health problem, SCD has a higher incidence in the black population and has historically been neglected in terms of public policies and health care measures. That said, SCD has become the agenda of this population's struggle, aiming at better care and access to health services (Werneck, 2016). Therefore, these problems aroused in the PET Dentistry-UEFS the need to create a program that would offer welcoming, listening, and specialized care for these patients.

Due to the pathophysiology of SCD and the anatomical characteristics of the stomatognathic region, the maxillofacial complex can also be affected by the disease, these changes have great relevance in the oral and general health of people with SCD and, therefore, represent particular interest in Dentistry (Javed et al., 2013). The literature describes pallor in the oral mucosa; delayed tooth eruption; smooth, discolored and depapillated tongue; hypomaturation or hypomineralization of enamel and dentin; asymptomatic pulp necrosis, hypercementosis, mouth ulcers, and craniofacial bone abnormalities such as maxillary protrusion and consequent dental malocclusion. There are also reports of unusual periodontal disease in childhood (Rodrigues; Mark; Luna, 2013; Costa

et al., 2012). Paraizo et al., (2013) points to changes in vascular microcirculation and consequent hypoxia and tissue injury as etiological factors to trigger such changes.

Two studies by Rodrigues, Menezes, and Luna (2013) and Assis et al., (2020), pointed to changes in the formation and calcification of enamel and dentin, frequent use of medications containing sucrose, high frequency of hospital admissions associated with poor oral hygiene, and the socioeconomic conditions of this population as predisposing factors to oral diseases such as caries in these individuals.

In addition, these patients are more susceptible to infections and these can be intensified due to oral health conditions. The absence of dental treatment, or even inadequate dental management, can trigger sickle cell crises. Therefore, specialized dental care is extremely relevant to the health of people with SCD, however, to minimize the risks of infections, strict asepsis of care, the possibility of bleeding and, when necessary, the need for prophylactic antibiotic therapy to prevent infections and secondary sickle cell crises must be adhered to (Cunha, 2022).

In addition, preventive measures are essential to minimize the aggravation of anemia, sickling seizures and dental infections. The integration of dental care into comprehensive health care strategies for people with SCD contributes significantly to the promotion of well-being and prevention of complications associated with the pathophysiology of the disease. Thus, oral health education is a strong ally to reduce the chances of crises triggered by oral disorders, being essential for a better quality of life for people with the disease (Rodrigues, Menezes and Luna, 2013).

Another important factor is the reception and humanization of care during dental consultations. In order to ensure comprehensive care, it is necessary to understand the contexts, vulnerabilities, and subjectivities in which people with SCD live, since such actions not only positively impact clinical care, but also the patient's emotional well-being (Silva et al., 2021). In this sense, the application of the expanded clinic, the one that considers the subject in its totality, incorporates the social context into dental practice, ensuring health care capable of guaranteeing dignity, self-knowledge, autonomy and co-responsibility, in addition to allowing the development of a professional-patient bond capable of strengthening the continuity of care and adherence to the proposed therapies (Botazzo, 2011).

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aroused in the PET Dentistry-UEFS the need to create a program that would offer welcoming, listening, and specialized care for these patients.

The extension activity developed aims to improve the knowledge of students linked to PET, in order to offer society professionals with social commitment to overcome the obstacles created due to the lack of information about SCD, in addition to developing clinical capacities and skills in order to prepare students to routinely deal with the pathology in question. In this context, this study aims to report the group's experience about dental care provided to people with SCD in the municipality of Feira de Santana, sharing experiences built in the promotion and protection of the health of these subjects.

2 EXPERIENCE REPORT

The PET Clinic is an extension project located at the Dr. Joildo Guimarães Santos Clinic at UEFS that offers outpatient dental care of low and medium complexity to children, young people and the elderly with SCD. Patients are referred to the outpatient clinic through the Feirense Association of People with Sickle Cell Disease (AFADFAL) and the Municipal Support Program for People with Sickle Cell Disease. In addition to free and quality dental treatment, patients and/or their families are also instructed about the care necessary to maintain oral health, as well as the identification and prevention of diseases that can lead to sickle cell crises, impacting the quality of life of these patients.

In order to promote specialized care, training workshops and debate on oral health issues, reception and qualified listening are prepared for students who are part of the PET group. With this, topics such as the pathophysiology of sickle cell disease, clinical and oral manifestations, are put on the agenda and debated thinking about the appropriate management of patients. In this way, it is possible for students to know the profile of the people they are treating, the needs and how to deal with possible complications throughout the treatment.

The production of care is constituted from the possibility of understanding the needs of the other beyond what is physically observed. In this perspective, aiming at the practice of an expanded clinic, the reception and qualified listening in the care that takes place at the PET Clinic was gradually implemented, in order to provide a better experience to users, students and employees of the program. In addition, training is carried out with the clinic's employees so that, sensitized, they could, together with the patients, establish a welcoming environment for the public.

The welcoming process begins in the waiting room, where the children use the space to discuss topics that impact the general and oral health of the assisted public. This moment

provides a productive exchange of information and knowledge. Subsequently, the patient is invited to answer the qualified listening form, carried out while he is sitting on the owl, before being accommodated in the dental chair. Only after this careful process, which aims to avoid a purely technical approach, is the patient directed to start the planned procedures.

The qualified listening form was implemented in all patients' dental records. In it, there is space for the user to report on their social aspects, family aspects, habits, conditions of access to health and socioeconomic aspects, on the relationship with general health, self-care and perception of health, and on the relationship with oral health and what are the expectations for/with the treatment. At the end of the form, there is a space for the individual to evaluate the service, questioning his vision about starting the care outside the dental chair.

Health reception, together with qualified listening, allows the transmutation of the techno-care paradigm in Dentistry, providing autonomy to the service user, valuing integrality, humanization and bonding, in addition to ensuring students a more humanistic education. During the consultations, it is perceived that attentive listening to the needs and experiences of the patients strengthens the therapeutic bond and contributes to treatment adherence. Often, it is in spontaneous speeches and informal reports that important information for therapeutic planning emerges, such as difficulties in accessing health services, negative experiences with previous care or insecurities about the use of certain medications. Such reports not only enrich the clinical approach, but also reinforce the importance of the subjective dimension in care.

In addition to the clinical aspect, the experience lived by the patients at the PET Clinic enables a training that is more sensitive to social inequalities in health. From direct contact with patients and systematized reflections in group meetings, students develop communicational, ethical and empathetic skills that are fundamental for the exercise of the profession. The involvement with the project also strengthens the understanding of the social role of the dental surgeon and the importance of intersectoral and multiprofessional action in ensuring comprehensive care.

3 CONCLUSION

In view of the dilemmas and challenges experienced by people with SCD, notably those related to access and scarcity of qualified services to care for them, the PET Clinic presents itself as a tool for the production of care of inestimable value. Using soft, light-hard and hard technologies in its care routine, this extension project welcomes and enables health care, especially oral health, for these individuals. In the context of the political-sanitary issues that are interposed in the current health scenario of the municipality of Feira de Santana,

Bahia, the PET Clinic is also configured as a promoter of social rights, especially the right to health.

The insertion of students from different semesters in the SCD care context, that is, their participation from the careful planning to the execution of the required dental procedures, under the direct supervision of advisors, has been shown to be favorable to the development of skills in the management of people with SCD. These skills end up giving a differential to the former president, given the scarcity of dentists qualified to assertively and comprehensively conduct the needs of this public. Emphasis should be given to the reception provided, as sensitive and humanistic as possible, aiming to see the service user holistically, while reinforcing in the patients the ethical, citizen and scientific values inherent to oral health.

The strengthening of projects such as the PET Clinic is important not only to fill care gaps, but also to foster academic training that dialogues with the real needs of the population. By integrating teaching and extension in an articulated way, the project contributes to the training of more aware professionals, committed to social transformation and the promotion of equity in health. Such a proposal demonstrates that it is indeed possible to build a more inclusive, ethical dentistry committed to social justice.

Therefore, the results achieved by the PET Clinic reaffirm the importance of initiatives that value listening, welcoming, and the collective construction of care. In view of the complexity of the challenges imposed by SCD, the need to expand public policies aimed at the oral health of this population is reaffirmed, as well as to consolidate training spaces like this, which prepare future professionals not only for the job market, but for the ethical commitment to human dignity. In this sense, it is emphatically and opportunely suggested that this strategy be adopted by other PET groups, especially those implemented in the health course and that have the possibility of direct care for patients with a view to the individual and collective gains that may be obtained.

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