

Review Article**Palliative Care in Oral Medicine****Pragati B Hebbar¹, Shesha Prasad R^{2*}, Anuradha Pai³**¹Advocacy Officer, Institute of Public Health, 1148, Flat No 2, Oasis Apartment, 35th Main, Poornaprajna layout, Uttarahalli, Bangalore- 560061, Karnataka, India²Senior Lecturer, Department of Oral Medicine & Radiology, The Oxford Dental College, Bommanahalli, Hosur Road, Bangalore 560068, Karnataka, India³Professor, Department of Oral Medicine & Radiology, The Oxford Dental College, Bommanahalli, Hosur Road, Bangalore 560068, Karnataka, India***Corresponding author**

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Abstract: Palliative care dentistry has been defined as the study and management of patients with active, progressive, far-advanced disease in whom the oral cavity has been compromised either by the disease directly or by its treatment; the focus of care is quality of life. The major concerns in patients needing palliative care include mucositis/stomatitis, xerostomia, pain, nausea and vomiting, depression and anxiety, candidial infection and nutritional issues. It is ideal that palliative care team should include specialists from various fields to provide comprehensive overall care to the patient. The dental or oral medicine specialist who can help in treating mucositis which is considered as a dose and rate limiting factor in cancer therapy and also in conditions like xerostomia and candidiasis form an integral part of this team.**Keywords:** Palliative care, mucositis/stomatitis, teeth

INTRODUCTION

WHO defines palliative care as the active total care of patients whose disease is not responding to curative treatment [1]. It is an approach, improving the quality of life of patients and their families facing problems associated with life-threatening illness [2]. It involves both prevention and relief of suffering due to symptoms, pain, and stress associated with a serious illness. Palliative care dentistry has been defined as the study and management of patients with active, progressive, far-advanced disease in whom the oral cavity has been compromised either by the disease directly or by its treatment; the focus of care is quality of life [3].

Palliative care is an extra layer of support and can be provided as adjuvant to curative treatment [4]. It is estimated that in 2003, there were 1,334,100 new patients' diagnosed with cancer in United States alone [5]. The enormity of the situation and importance of palliative care can only be understood when the statistics is compiled pertaining to all the incurable diseases globally. These include and are not limited to chronic obstructive pulmonary disease, kidney failure, Alzheimer's, and many more.

DISEASES WITH ORAL MANIFESTATIONS

Oral cavity can be compromised as a result of the disease itself or due to the various therapeutic

modalities that are adopted. The quality of patient's life would have deteriorated and the prime focus of palliative care would be to improve quality of life. There are several diseases and conditions where oral cavity is involved. Oral cancer is the sixth most common cancer in the world with annual incidence of 275,000 for oral and 130,000 for pharyngeal cancers [6]. South and Southeast Asia fall in high incidence geographical regions. Oral manifestations of the cancer may be in the form of tumor mass, or ulceration of the epithelial lining of the oral cavity. Pain may be uncommon in the initial stages and it occurs once the tumor invades deeper vital structures. Certain non-neoplastic but terminal illness like acquired immunodeficiency syndrome, end-stage renal diseases also present with oral manifestations. Treating these conditions with medications may lead to mucositis/stomatitis, xerostomia, pain, nausea and vomiting, depression and anxiety, candida infection and nutritional issues [1]. Other conditions demanding palliative care include hematological deficiencies, geriatric mucositis and orofacial pain [7].

Mucositis results due to adverse action of chemotherapy and radiotherapy on tissues with higher mitotic activity. Mucositis further may lead to many direct as well as indirect side-effects such as pain, bleeding, compromised oral function and nutritional deficiencies. This may be due to inadequate oral intake

of diet, increased risk of local and systemic infections, and compromised masticatory function [8].

Xerostomia results due to adverse affect on the salivary glands as they are usually affected either by medications or irradiation. The lack of saliva can severely impede the quality of life as the patient is unable to have pursue with his/her regular diet, compounded by taste alterations, difficulty in swallowing ultimately leading to nutritional deficiencies [1].

Candidiasis affects 70 to 85% of patients under palliative care. The probable causes include xerostomia, poor oral hygiene, therapy with broad spectrum antibiotics, and immunosuppressant therapy [3].

ROLE OF ORAL PHYSICIAN

Oral physician plays a pivotal role in the diagnosis, treatment, and management of diseases which need palliative care [9]. Oral cavity may be compromised either due to disease itself or the treatment modalities adopted. The proximity of vital anatomical structures in the head and neck region and presentation in the form of swelling, ulcers, dysphagia provides an opportunity to the dentist to diagnose the onset of disease at a earlier stage of the disease. Oral physicians can also play a significant role in the management of conditions like xerostomia, mucositis, and candidiasis. Prescribing of medications can increase salivary secretion and help reduce xerostomia, and candidiasis can be better managed by employing anti-fungal medications [9]. Management of pain is an important step towards improving quality of life. Only 10% of the physical pain are uncontrolled by application of WHO analgesic ladder. Oral physician can also contribute substantially post treatment. Surgical treatment of oral cancer may lead to difficulties in phonetics, nutritional intake, and aesthetics. Oral physician can guide in restoration of aesthetics and functionality through prosthetic appliances. Significant advances in dentistry with deployment of various aggressive interventional and management modalities of oral care have only contributed towards oral physician play a central role in palliative care.

CONCLUSION

The WHO reports estimates that around three-fourth of cancer patients are in terminal stages of their lives. Simultaneously, the global approach towards palliative care has also taken a positive outlook especially in the last two decades [10]. Palliative care has become a multidisciplinary approach and it has been understood among the healthcare professionals that it cannot be complete without the participation of oral physician. Palliative care team should include specialists from various fields to provide comprehensive overall care to the patient. Oral physicians are better equipped to interact with patients at their terminal stage of life as they can contribute with utmost care and empathy.

Oral physicians can help in filling the void for the need of healthcare professionals in palliative care. It is safe to conclude that oral physicians have a pivotal role to play in palliative care.

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