

The Role of the Dentist in Home Care for the Older People: A Narrative Review of the Literature

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Abstract: *Objective;* This study aimed to discuss the role of dentists in providing home care to older people.

Methodology; Studies on the role of the dentist in the oral health of older people living at home were reviewed. The search terms used included: home care, domiciliary care, older people, and oral health. Inclusion criteria comprised articles published in Scielo and Google Scholar databases. The article was categorized to provide a clear exposition of the information.

Results; Home Care (HC) in Brazil evolved from an informal practice initiated by sanitary agents in the early 20th century to a structured service with the creation of the Unified Health System (UHS) in 1988. The UHS established programs such as the Family Health Program, which integrated home visits by doctors and nurses, and later incorporated HC in three levels (HC1, HC2, HC3) to address different care complexities. The role of dentists in HC includes promoting oral health, treating urgencies, guiding caregivers, and performing clinical procedures, which are essential for the quality of life of the older people. This approach requires specific handling techniques and professional adaptation, focusing on prevention and less invasive treatments, considering the biopsychosocial health of patients. **Conclusion:** Home Care Services are crucial, with dentists providing care that includes the prevention and promotion of oral health. HC promotes humanized and comprehensive care, positively impacting the well-being of the older people. Long-term effectiveness depends on prevention, caregiver education, and professional adaptations.

Keywords: Aged, Dentists, Home Care Services, Unified Health System.

INTRODUCTION

Home care is a form of health care provided at the patient's residence and is characterized by a set of actions promoting health, preventing and treating diseases, and rehabilitating, ensuring continuity of care and integration with the Health Care Network [1].

It is indicated in situations of clinical stability where the patient is confined to bed or home, whether temporarily or permanently, or in a state of vulnerability, allowing for the expansion of autonomy for the user, the family, and the caregiver [1, 2].

Along with the difficulty the patient has in receiving care in a clinical unit, there is an increase in neglect of oral health, leading to the progression of dental diseases such as cavities. Additionally, some medications contribute to the advancement of these diseases by inducing hyposalivation. However, the individual's incapacity, especially when older people, is accompanied by the need to use various medications,

increasing the likelihood of diseases manifesting in the oral cavity [2].

Therefore, dental care through home care involves bringing patients health education, assistance, and prevention of illnesses, promoting a better understanding of the necessary care to maintain adequate oral health. All processes, including treatment and patient counseling, are conducted by dentists [1, 2].

The Dentist plays a fundamental role in home care by providing guidance on oral hygiene and denture care, topical fluoride application, and supervised brushing. They also treat carious lesions and periodontal disease and evaluate the buccal mucosa, tongue, gums, and palate to identify oral lesions, including potentially malignant ones [3].

It is envisioned that home care focused on dental services provides older people with a more empathetic way of receiving treatment through a perspective different from what professionals are accustomed to, focusing on overall conditions rather than just the individual's oral condition [2, 3].

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In addition to the professional's expanded view of the patient, home care also provides interdisciplinary care. This team-based approach makes health care more humanized, comprehensive, and aimed at promoting preventive, curative, and palliative assistance [2-4].

Evaluating the effectiveness and impact of home dental care for the elderly is crucial because it aims to address gaps in oral health care for vulnerable patients, especially those who have difficulty accessing conventional clinical care. This study aims to achieve improvements in oral health by identifying how home dental care can reduce the progression of dental diseases and improve oral hygiene in patients confined to their homes. Additionally, it seeks to evaluate the effectiveness of oral health education programs provided by dentists during home visits.

Another goal is to investigate the levels of home care and how this approach improves the patient's experience, offering more empathetic treatment centered on the individual's general needs. The benefits of the interdisciplinary approach in home care will also be examined, promoting more holistic and comprehensive care. With this evaluation, it is expected to develop strategies and practices that can be implemented on a large scale, improving the quality of home dental care and, consequently, the oral and overall health of patients in vulnerable situations.

OBJECTIVE

The article addresses a narrative review, themes that emphasize the importance of dental care for older people through home care. This includes the development of the program in Brazil, its modalities for each individual, and the roles of the dentist in providing care.

MATERIALS AND METHODS

This narrative review is considered suitable for describing and discussing home care provided to the elderly, addressing both theoretical and contextual perspectives. A comprehensive survey of published studies was conducted on the role of the dentist in the oral health of elderly residents at home, aiming to better understand the practices and challenges involved.

The search terms used included: home care, elderly, and oral health. The inclusion criteria covered

articles published in the Scielo and Google Scholar databases, while the exclusion criteria comprised conference proceedings, dissertations, and articles not aligned with the main theme.

Data retrieval covered the period from 2000 to 2023. After the search, 13 articles were selected for the literature review. These studies were carefully analyzed and are described in detail in the discussion section, where different approaches and findings on the topic are explored.

To ensure clarity in the presentation of information, this article was structured into specific categories, allowing for a more organized and cohesive understanding of the presented data. Thus, the review offers a comprehensive and well-founded view of the importance of home care in the oral health of the elderly, highlighting the crucial role of the dentist in this context.

RESULTS AND DISCUSSION

Development of Home Care in Brazil

Until the 19th century, public health policies were virtually nonexistent, with few actions being undertaken by religious entities. The first significant governmental initiative in the healthcare field was the establishment of the General Directorate of Public Health in 1897, subordinate to the Ministry of Justice and Interior Affairs [7]. At that time, medicine was predominantly private, and family physicians primarily attended to affluent clients at home, while the common population relied on philanthropic entities, home remedies, or folk medicine [7, 8]. However, throughout the 20th century, there was a gradual transition from home visits to outpatient services, hospitals, and private clinics [7-9].

In Brazil, home visits initially began with sanitary agents to identify disease outbreaks, focusing on sanitary surveillance and punishment, especially in the case of leprosy, particularly after state centralization during Getúlio Vargas' government [7, 10]. Subsequent governments followed a Bismarckian healthcare model, with social insurance tied to employment and limited government involvement in healthcare, leading to medical overspecialization and a reduction in the role of Primary Health Care (PHC), with home care primarily assumed by hospital institutions [10].

The first significant Brazilian experience of Home Care occurred in 1949 with the Home Medical

Emergency Assistance Service, linked to the Ministry of Labor, representing one of the country's earliest organized home care actions [7, 10]. From 1978 onwards, driven by discussions from the Alma-Ata Conference, the Brazilian health movement began to reorganize, culminating in the VIII National Health Conference in 1986, which consolidated the proposals of the Brazilian Sanitary Reform and resulted in the creation of Unified Health System (UHS) in 1988 [2].

With the gradual implementation of the UHS, the Community Health Agents Programs emerged, followed by the Family Health Program (FHP), which emphasized health care focusing on prevention, promotion, treatment, cure, and rehabilitation. The FHP was reorganized under a new context, with medical and nursing professionals resuming home visits as an assistance tool, particularly targeting the less privileged population [2].

Legislation related to home care has been expanded over time, with ordinances and laws establishing requirements for home hospitalization under the UHS, regulating specific services such as non-invasive mechanical ventilation at home, and defining home care as an assistance modality in the context of older people health care [5]. However, challenges related to the integration of home care services with Primary Health Care (PHC) persisted, with distinct views on roles and cooperation between them [1, 10].

In 2011, the Ministry of Health redesigned Home Care within the Unified Health System, recognizing PHC and Home Care Services (HCS) as integrated elements of care. The Ministry proposed levels of clinical and technological complexity to outline the care between these services, introducing Home Care as a set of three levels (HC1, HC2, and HC3) performed by Multidisciplinary Home Care Teams (MHCT) designated for this purpose, under the need for integration between levels [11].

Modalities and Eligibility of Individuals for Home Care

Home Care comprises three distinct modalities, each addressing specific user profiles and requiring different care provider teams. The HC1, HC2, and HC3 modalities differ in terms of the complexity of care and visit frequency.

HC1: It is intended for users with controlled or compensated health problems who have difficulty moving to a health facility. In this modality, the primary care team provides continuous care of lower complexity, with visits usually conducted once a month, as per clinical evaluation [12, 13].

HC2: It is intended for users with health problems and difficulty moving to a health facility. The Home Care multidisciplinary team, supported by another multidisciplinary support team, provides more frequent and intensive care. Participation in this modality is temporary and may become continuous if there is not sufficient stabilization for care in the HC1 modality.

HC3: Similar to HC2, but aimed at users who require special equipment or procedures. In this modality, care is continuous and intensive, requiring a Home Care multidisciplinary team and support.

The inclusion criteria address different aspects that must be considered to admit a patient to Home Care. They include conditions related to the physical infrastructure of the home, such as compatibility for the provision of home care and the presence of a responsible caregiver. Additionally, it is important for the patient or their legal representative to provide formal consent to participate in the Home Care program. These criteria aim to ensure that the home environment is suitable and safe for the provision of care, as well as to ensure informed consent from the patient or their caregivers [1, 13].

While the discharge criteria indicate the circumstances under which a patient should be discharged from Home Care. They address situations such as discharge from HC2 or HC3 when the patient no longer requires intensive home care and can be followed up by the primary care team. Additionally, changes in the patient's coverage area may require their transfer to another Home Care team. Other situations, such as the caregiver's inability to stay at home or the recovery of the patient's ability to travel to the health facility, may also lead to the patient's discharge from Home Care. These criteria ensure efficient management of the program, ensuring that resources are directed to those patients most in need [13].

The Role of the Dentist in Home Care

The oral cavity undergoes changes due to aging, including alterations in the stomatognathic system,

such as mucosal fragility, gingival recession, tooth darkening, and tooth loss (edentulism) for various reasons, including periodontal problems leading to bone loss. Additionally, there is an increased incidence of cavities and a decrease in saliva flow, mainly due to the constant use of medications [14].

Home Care is an effective form of healthcare, especially for the older people, who often face various oral diseases among others that directly affect their well-being and quality of life. It is essential to provide a care plan that preserves oral health without compromising systemic health and vice versa [14, 15].

These patients typically exhibit frailties; thus, it is necessary to provide general care to caregivers and family members responsible for oral hygiene and general care. They should be guided on the correct measures of oral hygiene [14-18].

The professional-patient-caregiver relationship forms an essential triad to encourage and motivate personal care, fostering a bond and providing proper management of clinical dental procedures. Strategies such as dialogue, physical contact, humanization, respect, and facial expression with the dentist contribute to making the patient feel more comfortable and confident during home care procedures [14-19].

Home Care for the older people provides greater proximity and family interaction, which contributes to a positive response to treatment, making it more humanized, ethical, and systemic. Additionally, it treats the patient in a biopsychosocial manner [14, 17-19]. Dental actions aim at promoting, preventing, recovering, and diagnosing oral health, offering comprehensive care, with guidance on systemic health, incentives for healthy habits, and stimulation of personal and oral hygiene [14, 19-21].

The technical conduct of clinical procedures in home dental practice, performed by the dentist, does not significantly differ from conventional practice. However, specific techniques for handling and professional adaptation are necessary for the care to be provided correctly [14, 17].

The integrated professional at home provides not only guidance on oral hygiene measures but also interventions in emergency situations such as pain, bleeding in oral tissues, and infection foci. Additionally, they perform periodontal treatments, extractions of

mobile teeth, minor surgeries, and restorations, providing capable and quality care [17, 19, 20].

A study conducted in Norway on dental care in home-dwelling older people revealed that predominant procedures are restorations, extractions, and prosthetic construction, while endodontic and periodontal treatments are rarely performed. This reinforces the perspective of a focus on curative rather than preventive care, deviating from long-term oral health maintenance [21, 22].

During Home Care, it is necessary to assess not only the patient's oral and systemic condition but also self-esteem and motivational aspects so that the older people are encouraged to self-care and change habits. It is important to perform short-duration procedures due to the restlessness, impatience, and urinary incontinence that some patients may present [20, 23].

Furthermore, it is essential for the dentist to have a good command of geriatrics, be willing to adapt to different locations, and make adjustments to be resolute, even with scarce equipment and materials. The intervention method should be evidence-based whenever possible, using less invasive and traumatic measures [24, 25]. To achieve good long-term oral health, the team should focus on prevention, guiding caregivers on how to properly perform oral cavity hygiene, care for and clean dental prostheses, and periodically perform scaling and prophylaxis [24, 25]. This integration of oral health into the context of health promotion for the older people is extremely necessary and fundamental for comprehensive patient care [19].

The study stands out for the comprehensiveness of its narrative review, providing a broad and detailed view of the importance of home dental care for the elderly, covering everything from the development of the program in Brazil to the different roles of the dentist in this context. Additionally, the emphasis on the interdisciplinary role and humanization of care reinforces the importance of a holistic and patient-centered approach, promoting the integration of oral and systemic health.

However, the study presents some limitations. The main limitation lies in the nature of the narrative review, which may not offer the same methodological robustness and systematicity as a systematic review. The selection of only 13 articles may limit the breadth and diversity of perspectives analyzed, potentially leaving out relevant studies published in other journals or databases.

CONCLUSION

The establishment and strengthening of Home Care Services have been crucial. In the field of dentistry, dentists play a vital role by providing care that goes beyond treatment, encompassing oral health prevention and promotion. Home Care fosters a more humanized and comprehensive care approach, integrating biopsychosocial aspects and generating a positive impact on the well-being of the older people. To achieve long-term effectiveness, the emphasis should be on prevention, caregiver education, and professional adaptations to home conditions.

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DECLARATION OF INTEREST

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