IJIMM, Volume 2, Issue 4, 2024 ISSN: 2995-5319
http://medicaljournals.eu/index.php/IJIMM/issue/view/3

INTERNATIONAL JOURNAL OF
INTEGRATIVE AND
MODERN MEDICINE

Features of Providing Dental Care to Patients With Psycho-Emotional Disorders in Outpatient Settings

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Abstract: In reconstructive dentistry, the doctor is increasingly faced with psychosomatic and geroprosthetic problems. The main problem here is getting used to prostheses. Various problems may appear along the way: burning sensation, difficulty swallowing, dryness, change in taste, impaired chewing motor skills, extreme option may be complete intolerance to dentures; This is a category of patients who complain of pain, discomfort in the teeth, jaws, tongue, lips and other parts of the face, the cause of which is not clear or the objective changes do not correspond to the patient's complaints. The loss of front teeth is perceived as a narcissistic wound because of its appearance and impact on speech. They try to hide it with facial maneuvers and try to quickly restore a "radiant smile", a number of patients turn to the dentist with constant complaints such as pain in the tongue and difficulty in moving the tongue. Pain and a burning sensation in the tongue torment patients - they remove the crowns, ask to "remove the sharp corners of the teeth", to remove the teeth that "interfere" with speaking and eating. Most of these patients may suffer from masked depression. True mental manifestations of depression (depression, "gloominess" of mood, decrease in vital functions) are difficult to determine even for an experienced psychiatrist, sometimes only tested treatment with antidepressants helps to make a correct diagnosis.

Key words: Psychosomatic condition of patients in outpatient dentistry.

All of our patients can and should be differentiated. If the patient is completely unavailable for effective communication, we are unlikely to manage him without the help of other psychiatrists. On the other hand, even in a mentally sufficient patient, in response to any therapeutic effect, psycho-emotional stress, fear, mental trauma, pain, changes in homeostasis: respiratory and hemodynamic disorders, growth due to metabolic processes an acute stress reaction may occur. , biochemical changes, blood loss.

When assessing existing mental disorders, we distinguish two main levels (levels of severity):

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Psychotic (psychosis):

grossly disruptive behavior;

no criticism of the situation;

severe symptoms such as delusions, hallucinations, and severe mental changes are present;

the mind may be clouded.

Non-psychotic (neurosis, psychopathy):

behavior is not grossly impaired;

there is a criticism of the condition (complete or incomplete);

various "non-severe" symptoms and syndromes are possible;

consciousness is always clear.

In our opinion, it is very important to divide all mental diseases into these two groups: in psychotic diseases, the severity of the patient's condition is determined by the mental pathology that requires specific psychiatric care (calling an emergency psychiatric brigade, hospitalization). psychiatric hospital). In this case, dental care is provided only after complete elimination of the psychotic condition.

The following cases of psychomotor agitation require urgent psychiatric care:

Anxious excitement - in the form of throwing, moaning, groaning, crying for help, wringing hands; Unexpected auto-aggressive actions are possible, which is characteristic of anxious depression.

Hallucination - arises from a hallucinatory experience of a threatening or frightening nature and is completely determined by the content of the hallucinations; characterized by obvious fear and defensive behavior. Delirium and twilight are most characteristic for stupefaction.

Delusional - is determined by the nature of delusional ideas and reflects their content.

Epileptic - accompanied by dysphoria.

Hebephrenic - absurd adequate clowning, stupidity, antics, nudity, non-observance of hygienic standards, often in the form of anger and aggression.

Catatonic (described as part of the catatonic syndrome).

Affective shock - behavior in response to severe acute psychotrauma reflects the nature and content of psychotrauma.

The patient should be restrained to eliminate psychomotor agitation until the emergency psychiatric team arrives. Among the drugs, the use of tranquilizers is allowed:

S. Sibazone 0.5% - 4.0 IM or S. Phenazepam 0.1% - 2.0-4.0 IM.

Before using tranquilizers, any doctor should check the absence of specific focal and meningeal symptoms.

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After administering tranquilizers and before the arrival of the SP, monitor the patient closely.

Larger doses of tranquilizers than recommended are unacceptable to the general practitioner.

Medical documents should reflect the patient's condition in detail and inform, and indicate what tranquilizer was used for urgent relief of psychomotor agitation.

Convulsive syndrome

The most frequent general seizures can occur with epilepsy or be symptomatic (on the background of intoxication, infections, various pathologies of the brain and cerebral vessels, or as a reaction to taking drugs, including local anesthetics). A generalized convulsive seizure usually lasts 30-90 seconds and has a characteristic clinical picture.

During a seizure, the patient should lie on his side and put something soft (clothes, pillows, etc.) under his head.

You can't hold your limbs - dislocation or damage to ligaments is possible.

Do not insert hard objects or tools between the teeth (if possible, it is permissible to put a folded towel);

No medication is given during a seizure.

After a seizure, check the airways and, if necessary, stop bleeding from the tongue.

Check pulse, blood pressure, focal and meningeal symptoms.

Assess for injuries sustained during the seizure (especially head injuries).

Call an ambulance.

For recurrent seizures: between seizures IM S.Sibazon 0.5% - 4.0 or S.Phenazepam 0.1% - 3.0 and magnesium sulfate (magnesium) solution 25% - 5.0 i / m m.

For non-psychotic disorders, the patient may receive routine dental care despite the presence of mental illness symptoms [8].

Personality disorders (psychopathy, personality abnormalities) are pathological conditions manifested by an unbalanced personality pattern that the patient himself or society suffers from.

People with epileptoid features may only insist on certain treatments. "Moving" them from their position is very difficult and leads to conflicts, based on our experience, most dental patients are able to overcome their fear on their own. However, there are certain groups of patients who place high demands on the dentist's empathy - these are children and adolescents with age-related volatility and vulnerability, neurotics with unconscious fears and unprocessed conflicts, as well as elderly patients and the disabled.

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. due to social and medical problems, it imposes additional responsibilities on the dentist. In severe cases, it is recommended to involve a psychiatrist-psychotherapist.

According to our observations, people with hysterical features are a source of great difficulties. Their fear easily turns into a somatic manifestation, for example, fainting. At the same time, their increasing offers make them convenient for psychological help, if the calm, businesslike, but firm position of the dentist works well, if it takes the character of "caressing" together with warmth, sincerity and humor;

Patients with a depressive structure easily obey the doctor's instructions, but this should not confuse them about their limited mental endurance. For them, teeth have a symbolic meaning, and therefore they feel their defect or loss, as well as the whole treatment situation, more tragically than the average patient. The decisive thing here is to perceive the patient as a person, not as a condition.

People with obsessive traits are often servile, tense, full of doubts and cowardice. They delay visiting the dentist. Obsessive fear of contamination can seriously hinder dental work. Often, the fear of patients passes into the purely somatic sphere in the form of pale skin and tachycardia. They indicate the control of the cardiovascular system.

In our experience, schizoid individuals represent the heaviest interpersonal burden in dental practice. They generally indicate insufficient contact with the outside world. In the situation at the dentist, they may show forced communication and excessive hypochondria (which leads to endless complaints) or mistrust, hostility and even provocations towards the doctor, which indicates insufficient communication with the outside world.

People with obsessive traits are often servile, tense, full of doubts and cowardice. They delay a visit to the dentist. Due to the lack of information about various psychological and psychosomatic problems in dental diseases, many dentists resort to repressive or authoritarian methods (5, 20). In our opinion, the first conversation between the dentist and the patient can be decisive for the subsequent behavior of the patient and the course of therapy. And the doctor's task is to encourage the patient to recognize his fear, live with it and fight with it.

Preparation of patients for dental intervention includes psychological preparation and premedication.

Premedication

Premedication is the use of one or more drugs in the preoperative period to ease (potentialize) anesthesia and reduce the risk of possible complications, emotional and physiological components of the stress response.

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Indications for premedication depend on both the nature of the manipulations and the patient's condition. These include:

fear and tension are manifested by anxiety, which serves as an obstacle to the dental procedure (this anxiety should not be confused with a motor reaction to pain), some experience unreasonable euphoria, underestimate the seriousness of the operation , others experience isolation, melancholy. , and depression; often significant anxiety, agitation, fear, anxiety;

fear and tension accompanied by obvious autonomic changes, for example, a heart rate of 90 or more beats per minute while waiting for treatment;

fear and tension in patients with serious diseases: cardiovascular, respiratory system diseases, thyrotoxicosis, epilepsy, etc. According to statistics, among outpatient dental patients, at least 30% suffer from various general somatic diseases in the form of compensation [23];

history of fainting reactions.

Premedication reduces the risk of any disaster. The most commonly used sedative is a so-called premedication.

Drugs used for sedative premedication:

sedatives of plant origin (valerian tincture, mother, corvalol, valocordin, valoserdin, etc.);

benzodiazepine tranquilizers (diazepam, phenazepam, midazolam, etc.);

drugs of other chemical groups (trioxazine, etc.).

Tranquilizers are defined as “drugs that suppress or reduce anxiety, worry, fear, and emotional tension” [15].

In the dentist's office, the most important is the anxiolytic (anxiolytic) effect of the drugs, and the undesirable ones are sleeping pills and muscle relaxants, because the patient should leave the clinic with fully restored mental and motor functions. Among the tranquilizers, it is possible to identify groups of drugs that have a less specific effect and a more targeted (selective) effect.

This drug has unique and unique properties. Animal experiments have shown that tofisopam does not bind to 1-4-benzodiazepine or GBBA receptors in the central nervous system, but enhances the binding of other benzodiazepines to MDD [28, 29]. Tofisopam binding sites have been shown to be located exclusively in the basal ganglia. 2-3-benzodiazepines are thought to bind mainly to the projections of neurons in the striatum [26]. Tofisopam has mixed properties as both dopamine agonists and antagonists [25, 28].

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conclusions

Based on our experience, Grandaxin (tofisopam) is a benzodiazepine derivative that has both the anxiolytic effect typical of this group of drugs and a number of unique properties: it does not have a sedative, muscle relaxant, or anticonvulsant effect. 'doesn't enhance the mystery. alcohol does not impair attention, does not cause addiction and addiction.

Grandaxin has an undoubted vegetative stabilizing effect. Such qualities predetermined the wide use of Grandakhin in outpatient practice: in the treatment of psychovegetative diseases, including stress reactions; for functional disorders of various somatic systems; if necessary, treatment without interruption of professional activity in elderly patients with somatic and cognitive disorders.

It is well tolerated and has few side effects.

Grandaxin can be recommended for widespread use in outpatient dental practice.

The availability of the drug in the pharmacy network, the reasonable price and the absence of complex regulatory restrictions are very important.

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