**The Ways of Oral Cavity Assessment and Communication Problems on Those Ways**.

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**Introduction:** Life is beautiful and many factors make it more attractive, but unfortunately some conditions can limit its beauty. Wellness of our life is determined by quality of life. Quality of life considers wellness of person in every aspect: health, economic state, family state, education, employment and etc1.

Today priority and the most important is health-related quality of life, that is defined as a result of some cure or care and according of whole organism condition2.

Unfortunately, the number of people with low performance status is very big and the number of those people, who are terminally ill with chronic progressive diseases and need special palliative care increases every year and reaches millions3. In this case, palliative care implies to keeping quality of life at possible high degree. This is multidisciplinary medical and social supportive care alliance, which helps even the family members of patients4.

There are some adverse symptoms, that are typical for terminally ill cancer patients undergoing the palliative care. For example: weakness, fatigue, weight loss, alopecia, nausea, vomiting and depression, which is very important because level of depression determines patients future condition5.

Oral cavity site problems are permanent members among the cancer patient common problems. Such adverse symptoms as xerostomia, taste alteration, food intake problems (related with chewing and swallowing problems), oral pain, inflammation diseases of mucose layer (stomatitis, candidoses), poor denture fitting and others, frequency and intensivity of which are different, significantly impact palliative patients quality of life6. In difficult cases, all those problems can lead to losing of food intake and speaking ability. Accordingly, this situation can weaken the organism and isolate patient from society, deepen depression and decrease quality of life more7.

Herewith, palliative care undergoing cancer patient can be aged, so we should take account that his “oral cavity complications” can be caused by aging and not by disease or its treatment methods.

**Aim:** Our aim is to analyze oral cavity complains of terminally ill cancer patients undergoing the palliative care above 20 years (to except pediatric palliative care) and to define the role of those complains in decreasing their quality of life.

There are two ways of determining quality of life:

1. Creating new measuring units;
2. Changing already existing measuring units8.

On the base of existing literature we created new measuring system, questionnaires, containing three parts. According to including questions we can define the impact of stomatological status of palliative patients on their quality of life.

**Materials:** Research is based on data received from palliative patients above 20 years. Control group contains “practically healthy” aged people, whose lives are also limited.

**Research criteria:**

1. Cancer patients above 20 years undergoing the palliative care in Batumi Oncological Centre ( Georgia);
2. Aged ( 65-80years old) “practically healthy” people without getting information about their profession and job;
3. Knowledge of Georgian language on the satisfactory level;
4. Proper awareness ( for adequate answers on given questions).

**Exception criteria:**

1. Not proper awareness;
2. Bad knowledge of Georgian language

As a research instrument we created special questionnaires, where the 1st part is for patients themselves by choosing the suitable answers for the given question (table 1). Each of the question have several answers: yes or no and multiple choice answers (no, rare, often or very often).

**Table 1. Questions list of questionnares 1st part.**

|  |
| --- |
| **1.How did your life changed after discovering the disease?** |
| **2.How did your life changed after oncological treatment?** |
| **3.Did something change in oral cavity after beginning the treatment?** |
| **4.Do you feel dryness of mouth?** |
| **5.Do you have any discomfort in mouth?** |
| **6.Do you have taste alteration?** |
| **7.Do you have any difficulties during chewing?** |
| **8.Do you have any difficulties during swallowing?** |
| **9.Any difficulties related with speech?** |
| **10.Do you feel soreness in mouth?** |
| **11.Do nausea and vomiting annoy?** |
| **12.Do you have any burning feeling in oral cavity?** |
| **13.Do you have denture?** |
| **14.How does the existing dentures fit you?** |
| **15.Do you have any alcers on mucose layer of oral cavity?** |
| **16. Do you suffer from oral pain?** |

The 2nd part is for researcher - for history taking and data recording after examining the oral cavity, standard questionnaire for history taking with usual dentistry questions, starting with passport data and finishing with oral cavity.

The 3rd part – for fixing deeper and extra information received from patients during face to face interview and there is given scale (picture 1), where patients record by themselves the ratio of oral complains in whole organism condition.

**Picture 1. Scale representing the percentage of oral problems ratio in palliative patient.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

Above mentioned questionnaires were created by oncology, palliative care and dentistry experts (J. Verne, Dimitri Kordzaia, Memed Jincharadze, Vladimer Margvelashvili and Nino Tebidze). For validation assessment pilot research was performed. Questionnaires were tested on 6 palliative patients and 6 practically ill aged people, to find out how understandable were the given questions.

During performing our research we encountered very big problems. Because we discovered that most of the Georgian cancer patient do not know their diagnosis. Even if they know – they know it partially or do not understand the seriousness of problem (because of lack information). It comes out from b ad developed confidence system. Because of this problem, we cannot perform full questioning of patients and family members intervented our research ( who are informed fully about disease).

The part of the patients , who are informed about the diagnoses and their condition can be divided into 2 parts:

1. Part, who realizes existing problem and are very adequate (especially who were getting oncological treatment in Europe);
2. Deeply depressed patients.

In the 2nd case family members are helping and we are examining oral cavity by lies.

In todays medicine giving information about diagnoses to the patients is usual, but the way of giving this information is very important, how we will transmit information to them9.

In both cases patient s do not know full truth and seriousness of problem. We should choose which lie is better:

1. When patient does not know even the diagnoses;
2. When patient knows diagnoses , but everyone is proving that it is not the end.

in the worst condition, patient knows everything, realizes seriousness of problem and fall in deep depression awaiting the for the end of life.

**Conclusion:** above mentioned questionnaires, without looking at existing problems, make very real picture of the oral cavity condition of terminally ill cancer pacients. Because there are noted all aspects of possible complications. Received picture will give possibility to define real ratio of stamatological status in common complains of palliative patients.

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