

Oral health and oral health-related quality of life in a homeless population in Ireland: a pilot study

Précis

Homeless populations face extreme oral health inequalities, experiencing more dental disease than the general population, and negative impacts on oral health-related quality of life.

Abstract

Background: Smile agus Sláinte – the National Oral Health Policy (2019), aims to reduce oral health inequalities by enabling vulnerable groups, including the homeless, to access oral healthcare. However, there is sparse evidence regarding the oral health of people experiencing homelessness. This study aims to assess the oral health and oral health-related impact on quality of life among homeless adults for the first time in an Irish population.

Methods: A pilot cross-sectional epidemiological study of homeless adults in Cork City, Ireland, including clinical examination and interviewer-administered questionnaire and OHIP-14 survey, was conducted. A convenience sample was recruited in collaboration with homeless service providers.

Results: The sample consisted of 25 participants. The mean D_{3vc} MFT of the participants was 19.4 (SD \pm 7.1). The D_{3vc} T% was 41.8%. Participants had poor oral hygiene, and 70.8% had periodontal pocketing of 4mm or more. Some 79% of participants had experienced dental trauma. Participants' most commonly reported oral health-related impacts on quality of life were feeling embarrassed (60%), feeling uncomfortable to eat (56%), feeling self-conscious (48%), and painful aching (48%).

Conclusions: Homeless adults in Ireland experience extreme oral health inequalities. To achieve the goals of Smile agus Sláinte, a foundation of high-quality epidemiological evidence is required. Further research will require extensive collaboration with homeless service providers and the wider health profession, and should seek to inform the design of oral healthcare services for homeless adults.



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A retrospective study on the use of botulinum toxin as part of first-line management in the treatment of myogenous TMD

Précis: BTX-A shows great potential to be included as a first line of treatment for myogenous TMD as it is a reversible and safe approach. More high-quality studies with larger sample sizes and longer follow-up periods would be beneficial.

Abstract

Statement of the problem: Temporomandibular disorder (TMD) represents a common group of disorders related to the impairment of the temporomandibular joints and the associated neuro-muscular system, which commonly present with features such as pain in the orofacial region, headache, joint sounds, and disturbances in jaw movements. Recently, botulinum toxin type-A (BTX-A) has increasingly been used as an adjuvant treatment for TMD.

Purpose of the study: This retrospective study aims to evaluate the effectiveness of BTX-A for the management of myogenous TMD and its potential to be included as a first line of treatment.

Materials and methods: A retrospective search was carried out through the Oral and Maxillofacial Department's logbook from January 1, 2016, to December 31, 2020. Patients who received BTX-A for the management of myogenous TMD were identified and their hospital electronic records were accessed.

Results: From January 1, 2016, to December 31, 2020, 60 patients were diagnosed with myogenous TMD and treated conservatively together with intramuscular injections of BTX-A. Forty-five patients (75%) reported improvement in pain levels, of whom 10 (17%) reported complete resolution of pain. Fifteen patients (25%) reported no improvement in pain levels, of whom four (7%) reported transient improvement in pain levels lasting four weeks. A mean improvement of 50% was reported in terms of self-perceived pain levels. No adverse effects from BTX-A treatment were reported.

Conclusion: Although BTX-A shows great potential to be included as a first line of treatment for myogenous TMD, more high-quality research with larger sample sizes, minimal bias, and longer follow-up periods is needed.



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