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Best practices in palliative dentistry to improve patients' quality of life: a systematic review

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Abstract

Introduction: Palliative Care (PC) is an approach that promotes the quality of life of patients and their families who face life-threatening illnesses through the prevention and relief of suffering. Oral care plays an important role in patient comfort and effective palliative care strategies for relieving oral complications. **Objective:** This study aimed to analyze the main considerations of palliative care that should be applied by dentists to better understand the best practices of palliative dentistry to improve the quality of life of patients, as well as mitigate the increase in complications after the diagnosis of a disease. **Methods:** The PRISMA Platform systematic review rules were followed. The search was carried out from November 2024 to January 2025 in the Scopus, PubMed, Science Direct, Scielo, and Google Scholar databases. The quality of the studies was based on the GRADE instrument, and the risk of bias was analyzed according to the Cochrane instrument. **Results and Conclusion:** A total of 177 articles were found, and 50 articles were evaluated in full, and 18 were included and developed in the present systematic review study. Considering the Cochrane tool for risk of bias, the overall assessment resulted in 24 studies with a high risk of bias and 27 that did not meet the GRADE and AMSTAR-2 criteria. According to the GRADE instrument, most studies presented homogeneity in their results, with X^2=85.7%>50%. It was concluded that the understanding of palliative care has changed. Previously, it was defined as an approach to the patient when there was nothing else to do. Still, it is currently defined as comprehensive care for a patient who presents with intense health-related suffering due to a serious, life-threatening illness. The goal of palliative care in dentistry is to improve the quality of life of patients, their families, and their caregivers. Based on the literature researched, it can be concluded that the most common oral conditions among palliative patients are xerostomia, candidiasis, mucositis, dysphagia, and dysgeusia. These conditions reduce the patient's quality of life, causing pain and discomfort. In addition, xerostomia is an important factor in the emergence of other conditions. Therefore, the presence of a dentist in the palliative care team is imperative to promote oral health.

Keywords: Palliative dentistry. Palliative Care. Quality of life. Life-threatening illnesses. Strategies.

Introduction

Palliative Care (PC) is an approach that promotes the quality of life of patients and their families who face diseases that threaten the continuity of life, through the prevention and relief of suffering [1,2]. It requires early identification, assessment and treatment of pain and other problems of a physical, psychosocial, and spiritual nature", allowing for harmonious care for the patient and their family, palliative care must be implemented by a multidisciplinary team, which must seek to include and involve the patient's caregivers and family members. In this way, the professionals involved in the care must establish a bond and a relationship between the team, family, and community [3-5].

In this context, it is known that patients with oncological diseases are more likely to suffer from oral

disorders. Oral care plays an important role in patient comfort and effective palliative care strategies for relieving oral complications [6]. The multidisciplinary team must promote the relief of pain and other unpleasant symptoms, affirm life and consider death as a normal process, but not accelerate or postpone death. It is necessary to integrate psychological and spiritual aspects in patient care, offer a support system that allows the patient to live as actively as possible, in addition to assisting family members during the patient's illness and providing support to cope with grief. Thus, the team must start this care protocol as early as possible to provide a better quality of life and positively influence the course of the disease [1-3].

The dentist plays a very important role in the multidisciplinary team, since the oral cavity can host numerous pathological processes and present different side effects resulting from drug treatments intended to manage the central disease. These diseases can directly or indirectly compromise the oral cavity and affect nutrition and communication, so they must be correctly diagnosed and treated to provide comfort to the patient [5].

The worsening of the disease that affects the patient can lead to a reduction in functional capacity that will make self-cleaning and awareness of oral problems impossible. In this sense, the dental approach aims to maintain oral health, preventing periodontitis, teeth, restorations, implants and prostheses. In addition to instituting health education actions with caregivers and family members and performing interventions to relieve pain when complications have already set in [4,5].

Patients should be questioned and regularly evaluated regarding the conditions of their oral health. Since many do not spontaneously report their problems and discomforts because they believe that they are normal due to the disease that systematically affects them, or because they are physically or mentally unable to take care of their health [7-10].

In view of this, the present study analyzed the main considerations of palliative care that should be applied by dentists, in order to better understand the good practices of palliative dentistry to improve the quality of life of patients, as well as mitigate the increase in complications after the diagnosis of a disease.

Methods

Eligibility and Study Design

This study followed the international systematic review model, following the PRISMA (preferred reporting items for systematic reviews and meta-analysis) rules. Available at: http://www.prisma-statement.org/?AspxAutoDetectCookieSupport=1. Accessed on: 01/18/2025. The AMSTAR 2 (Assessing the methodological quality of systematic reviews) methodological quality standards were also followed. Available at: https://amstar.ca/. Accessed on: 01/18/2025.

Search Strategy and Search Sources

The literature search process was carried out from November 2024 to January 2025 and developed based on Web of Science, Scopus, Embase, PubMed, Lilacs, Ebsco, Scielo, and Google Scholar, covering scientific articles from various periods to the present day. The following descriptors (DeCS /MeSH Terms) were used *Palliative dentistry. Palliative Care. Quality of life. Life-threatening illnesses. Strategies*, and using the Boolean "and" between MeSH terms and "or" between historical findings.

Study Quality and Risk of Bias

Quality was classified as high, moderate, low, or very low regarding the risk of bias, clarity of comparisons, precision, and consistency of analyses. The most evident emphasis was on systematic review articles or meta-analysis of randomized clinical trials, followed by randomized clinical trials. Low quality of evidence was attributed to case reports, editorials, and brief communications, according to the GRADE instrument. The risk of bias was analyzed according to the Cochrane instrument by analyzing the Funnel Plot graph (Sample size versus Effect size), using Cohen's d test.

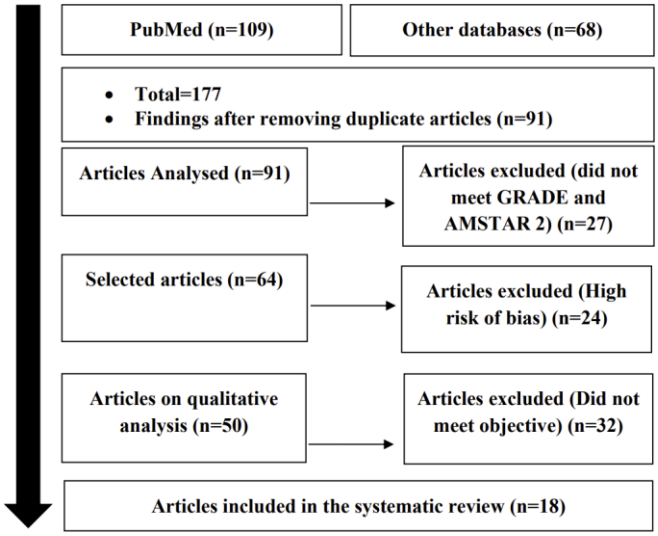
Results and Discussion

Summary of Findings

As a corollary of the literature search system, a total of 177 articles were found that were submitted to eligibility analysis, 50 articles were evaluated in full and 18 final studies were selected to compose the results of this systematic review. The studies listed were of medium to high quality (Figure 1), considering the level of scientific evidence of studies such as meta-analysis, consensus, randomized clinical, prospective, and observational studies. Biases did not compromise the scientific basis of the studies. According to the GRADE instrument, most studies presented homogeneity in their results, with X^2=85.7%>50%. Considering the Cochrane tool for risk of bias, the overall assessment resulted in 24 studies with a high risk of bias and 27 studies that did not meet GRADE and AMSTAR-2.

Figure 1. Flowchart showing the article selection process.

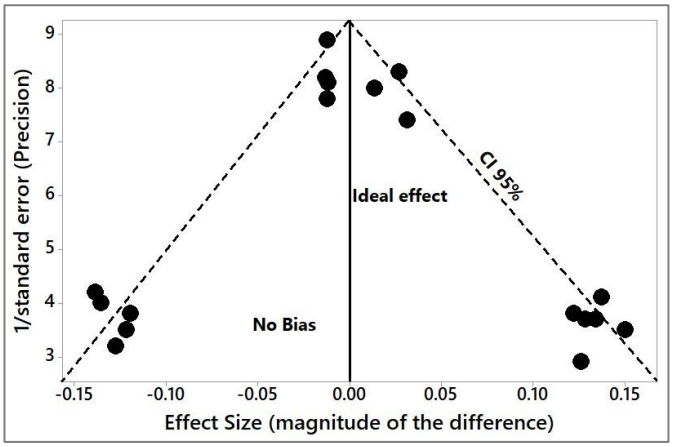
Source: Own Authorship.



Source: Own Authorship

Figure 2 presents the results of the risk of bias of the studies using the Funnel Plot, showing the calculation of the Effect Size (Magnitude of the difference) using Cohen's Test (d). Precision (sample size) was determined indirectly by the inverse of the standard error (1/Standard Error). This graph had a symmetrical behavior, not suggesting a significant risk of bias, both among studies with small sample sizes (lower precision) that are shown at the base of the graph and in studies with large sample sizes that are shown at the top.

Figure 2. The symmetrical funnel plot does not suggest a risk of bias among the studies with small sample sizes that are shown at the bottom of the graph. Studies with high confidence and high recommendation are shown above the graph (n=18 studies).



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Significance – Palliative Dentistry

Palliative care (PC) in dentistry consists of providing dental care to patients who are in the terminal phase of some disease. This care aims to reduce the pain and suffering of these patients. During the treatment of systemic diseases, the patient may develop oral diseases that cause pain and suffering, in addition to reducing the quality of life. The oral condition may also interfere with the systemic health of the patient, which may aggravate the disease already present or even cause new systemic diseases to arise as a result of the oral cavity [1-3].

In this sense, it is imperative to demonstrate the role and importance of the dentist in the multidisciplinary palliative care team. And the specific objectives are to describe what palliative care is; to study the main oral conditions associated with palliative patients; and to demonstrate how the dentist works in PC. Due to the reduction in birth rates and decrease in infant mortality, there is consequently an increase in life expectancy and an increase in the elderly population. It is believed that there is an increase in the dependency rate of people, also due to an increase in the prevalence of Chronic Noncommunicable Diseases. Therefore, there is a need for palliative care to promote quality of life and dignity [11].

A study addressed hospital palliative dental treatment by assessing quality of life through a questionnaire and alleviating symptom burden over 8 months. At the beginning of multidisciplinary treatment, T0, patients underwent a dental examination and interviews using established questionnaires, the EORTC QLQ-C30 (core, general), and the OH 15 (oral health). A total of 103 patients (48.5% women) were included. The median time since the last dental visit was 1 year, and the dental condition at T0 was desolate. At T1, statistically and clinically significant changes in oral quality of life and symptom burden were observed. Significant changes were observed in OH-QoL scores, sticky salivation, sensitivity to food and beverages, mouth pain, and ill-fitting dentures. In addition, improvements were observed in xerostomia, candidiasis, and mucositis [12].

In this context, the goal of palliative care is to improve the quality of life of patients, their families, and their caregivers [13]. Palliative care consists of caring for patients in the terminal phase of an illness, providing them with a quality of life. The professional treats and prevents diseases that, if established, can cause even more pain and suffering to the patient. The oral cavity is often compromised by manifestations of systemic diseases or may present lesions resulting from the treatment of these diseases [14].

For a long time, palliative care was understood as an approach given to terminally ill patients "when there was nothing else to do." The current understanding is that palliative care can be a defined therapeutic option even at the time of diagnosis of a life-threatening disease, and is therefore a decision to be made jointly by the patient, their family members or closest trusted people, and the healthcare team involved [15].

PC is a patient's right, and focuses on controlling functional and symptomatic issues. Palliative care shifts the focus from treating an incurable disease to caring for the patient as a whole, and together with their family members [16]. It is an approach that improves the lives of people who are affected by chronic or acute diseases that threaten the continuity of life. Palliative care preserves human dignity and promotes quality of life by alleviating biopsychosocial and spiritual suffering [11].

Also, PC team supports not only the patient but the entire family involved in the treatment, accompanying them during the period of diagnosis, illness, death, and mourning. It is important to highlight that there may be spiritual and psychological distress for the patient and their caregivers, and it is expressed differently for each patient. Professionals must be open to trying to understand how the patient sees their suffering. Patients need people/professionals who are truly willing to listen to their pain and anguish, to carry out a comprehensive assessment of the situation, and direct the necessary treatments. Professionals need to be attentive and listen with empathy, making the patient feel confident and free to express what they are feeling [13].

The professional must have excellent communication with the patient and family members. Interpersonal relationships are essential for those who deal with palliative care. It is necessary to understand the expectations, fears, and anxieties of people with life-threatening illnesses, as well as their caregivers, especially through listening and dialogue. Communication is also a therapeutic action. In this sense, the professional can identify the needs of each patient early on, whether it be pain relief, physical and psychosocial problems, or even spiritual problems [16,17].

PC treatments are more effective when they are started soon after diagnosis. This makes it possible to minimize suffering, provide support, and provide a support system that can help the patient live actively during the time they have left, in addition to supporting the family in the process of illness and mourning [16]. According to Mulk et al. (2014) [18], "Dentistry in PC has been defined as the study and management of patients with active, progressive and very advanced disease, in which the oral cavity has been compromised by the disease directly or by its treatment" the objective of dental PC is to provide care to terminal patients or those who are in an advanced stage of some disease. These services do not have the purpose of curing the disease, their purpose is to relieve pain and suffering.

The focus is to provide preeminent, viable oral care for these patients, where oral lesions have a great impact on the remaining quality of life. Maintaining adequate oral hygiene is a difficult task for these patients, therefore, there is a need for a professional to provide the necessary support and assistance to avoid infectious diseases and painful conditions. The professional develops an oral care protocol for patients to reduce the colonization of bacteria in the oral cavity, avoiding systemic complications. This protocol is individualized according to the needs of each patient [8].

The practice of dental palliative care aims to maintain oral health, preserving the periodontium, teeth, restorations, prostheses, and implants, since as the disease worsens, the patient has difficulty performing proper hygiene or even the impossibility of performing it. In addition to performing interventions to relieve pain, when oral complications have already occurred, the professional must instruct family members and the team of caregivers on the correct way and importance of oral hygiene care [19].

There has been an increase in the availability of palliative care team services; at first, the practice of PC was directed to cancer patients, and gradually it was implemented in other specialties involving chronic diseases [13]. Although the availability of palliative care is increasing in other specialties, there is a need to adopt the practice in some hospitals, since in Brazil there is still controversy regarding the practice of palliative care, as health institutions focus on curative treatment, which aims to treat and cure the disease. As a result, the practice of palliative care is still neglected in several institutions, compromising the patient's quality of life [16].

The practice and discussion about palliative care is still somewhat scarce because it deals directly with death. People usually do not feel prepared for this moment, since death is usually related to pain and suffering, and not the end of a life cycle. Because of this, it is difficult for measures to be implemented in all hospitals and for all patients with terminal illnesses to have access to care, minimizing their pain and having a dignified death [13].

As the patient's underlying disease progresses, some oral discomfort may arise, which is usually the first discomfort presented by palliative care patients [20]. These oral discomforts/conditions greatly diminish the remaining quality of life, interfering with the physical and psychological well-being of patients [21]. The most common oral conditions among palliative patients are xerostomia, mucositis, candidiasis, dysphagia, and dysgeusia [22-25].

Conclusion

It was concluded that the understanding of palliative care has changed. Previously, it was defined as an approach to the patient when there was nothing

else to do. Still, it is currently defined as comprehensive care for a patient who presents with intense healthrelated suffering due to a serious, life-threatening illness. The goal of palliative care in dentistry is to improve the quality of life of patients, their families, and their caregivers. Based on the literature researched, it can be concluded that the most common oral conditions among palliative patients are xerostomia, candidiasis, mucositis, dysphagia, and dysgeusia. These conditions reduce the patient's quality of life, causing pain and discomfort. In addition, xerostomia is an important factor in the emergence of other conditions. Therefore, the presence of a dentist in the palliative care team is imperative to promote oral health.

CRediT

Author contributions **Conceptualization-** Izabely Cristina Garcia de Souza, Mayara Cristina Máximo Pascoaloto, Ana Luiza Lopes de Azevedo, Carlos Alberto Costa Neves Buchala; **Formal Analysis-** Izabely Cristina Garcia de Souza, Mayara Cristina Máximo Pascoaloto; **Investigation-** Ana Luiza Lopes de Azevedo; **Methodology-** Izabely Cristina Garcia de Souza, Mayara Cristina Máximo Pascoaloto, Ana Luiza Lopes de Azevedo; **Project administration-** Izabely Cristina Garcia de Souza, Carlos Alberto Costa Neves Buchala; **Supervision-**Carlos Alberto Costa Neves Buchala; **Writing - original draft-** Izabely Cristina Garcia de Souza, Mayara Cristina Máximo Pascoaloto, Ana Luiza Lopes de Azevedo, Carlos Alberto Costa Neves Buchala; **Writing-review & editing-** Izabely Cristina Garcia de Souza, Mayara Cristina Máximo Pascoaloto, Ana Luiza Lopes de Azevedo, Carlos Alberto Costa Neves Buchala.

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Conflict of Interest

The authors declare no conflict of interest.

Similarity Check

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Application of Artificial Intelligence (AI)

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Peer Review Process

It was performed.

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