

Audit on Oral Health Examinations in an Approved Psychiatric Centre

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Sir,

Both psychiatric and dementia patients have poorer oral health than the general population^{1,2}. Issues faced include access to a dentist, particularly one with the expertise to treat this population, nursing staff that lack knowledge in the area, communication and self neglect³.

The oral health assessment tool was developed specifically as an easy to use, practical way to assess the oral health of patients in residential care facilities. The NICE guideline on Oral Health for adults in Care Homes has recommended use of the oral health assessment tool.³ The Mental Health Commission state in their Judgment Framework Document that all patient's resident in an approved centre should have a dental health assessment by a registered medical practitioner as part of a six-monthly general health assessment⁴

We recently conducted an audit to improve the oral health care of the current the inpatient population of an approved residential centre using the guideline from the mental health commission as the standard. All current patients in the approved centre were included in the audit. There are two wards in the centre, Psychiatry of Old Age and Rehab Psychiatry

Thirty-three patients met the inclusion criteria for the first cycle of the audit. On review of the medical records no patients had received a meaningful oral assessment by a medical practitioner in the last six months. It was noted than there were infrequent notes on dental pain. As well as this, two patients had been to the dentist in the last year, however both these were emergency visits for dental pain rather than routine check-up. These results fell well short of the standard set.

On implementation of the oral health assessment tool⁴ 97% of inpatients had an oral health assessment completed, one patient declined assessment. Conducting the assessment tool highlighted dental issues and 13 patients were referred to a dentist for a more extensive examination and treatment. The assessment took on average four minutes to complete.

Thirty-three patients met the inclusion criteria for the second round of the audit one year later. Of these 79% of patients had received a meaningful dental exam in the last six months. A total of 48% of the patients had attended a dentist in the last year and no patients required emergency dental appointments.

This audit was the first step in trying to improve the oral health care of the patients of this unit. Guidelines from the Mental Health Commission were not being met. It has highlighted that oral health is often overlooked in the care of this group of psychiatric inpatients. *The authors would speculate this is not unique to this unit.*

The tool was found to be very useful and easy to use by the treating medical practitioners. This is important because if it was found to be too onerous or time consuming, it is unlikely to be incorporated routinely. The audit resulted in a substantial improvement in adherence to the referenced guideline on oral health assessment resulting in improved access to dental care for these patients.

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