

Importance of Non-Verbal Communication during Dental Care for Children with Severe Sequelae of Cerebral Palsy

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ABSTRACT

There are some difficulties in motor and cognitive skills that may be present in the lives of patients with moderate and severe cerebral palsy sequelae, which is reflected in the need for greater attention from caregivers regarding the oral hygiene of these children and the importance of preventive dental follow-up. However, approaching the patient can be difficult due to the different degrees of understanding and communication that the patient may present as a result of the deficiencies. For this reason, this work aims to explore a perspective of non-verbal communication to assist children with motor, auditory and cognitive cerebral palsy sequelae, in order to reflect on the power of communication during health care.

Keywords: Dentistry, Communication, Cerebral palsy

Abbreviations: CP: Cerebral Palsy; WHO: World Health Organization

INTRODUCTION

Chronic non-progressive encephalitis, also known as cerebral palsy (CP), is characterized by a lesion with pre-, peri- or post-natal origin that results in injury to the central nervous system, with variable sequelae according to its severity, among them impairment of the child's functional and cognitive development [1].

The occurrence of CP in developed countries ranges from 1.7 to 3 cases per 1000 births [2]. In developing countries, this number reaches a higher proportion, reaching a prevalence of 7 cases per 1000 children born [3]. It is common to detect patients with CP sequelae with a higher risk and activity of caries, associated or not with periodontal disease. This condition occurs due to impaired motor skills and intellectual-cognitive development present as sequelae of CP, in addition of common presence of side effects of medications routinely used by these individuals [4]. In other words, children with CP need to receive dental care and this treatment, as well as all care in pediatric dentistry, requires the use of techniques for managing behavior. The difference is that it is often necessary to explore other avenues for good communication with the child with CP sequelae, especially when these sequelae are multivariate.

For this reason, this work aims to explore a perspective of non-verbal communication to assist children with motor, auditory and cognitive CP sequelae, in order to reflect on the power of communication during health care.

PERSPECTIVES ON CARE AND COMMUNICATION

Dental care for patients with CP sequelae represents a challenge for many professionals and there is a need for an integrated and individualized treatment perspective, meeting the demands presented by the patient.

Children with cerebral palsy may have language development affected both to the detriment of motor and cognitive limitations, as well as due to dependence on other people to perform routine activities and the absence or reduction of autonomy for their integration with the world around them.

Some studies show that in cases where the sequelae are severe, language development develops significantly later than in the general population [5,6]. Thus, behavioral management for dental care may require the professionals

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involved to be more sensitive to understand the different forms of communication involved in this interrelation.

Verbal communication is the most used way to carry out the main non-pharmacological techniques of behavior management indicated for the reduction of anxiety and a positive attitude of the child in relation to dental care [7]. However, communication is a wide universe that can be explored in several other ways, especially when the communicative ability, through verbal language, is compromised.

Building a process of trust between professional and child is extremely valuable. Especially in atypical cases, it is important to perceive the different ways in which the patient communicates, whether through the look, facial expressions, touch, movements.

Still, within this context, it is also valuable to understand that in order to establish an empathic dialogue, regardless of the way communication occurs, it is necessary that the subjects involved can interact within a perspective in which the focus is removed from the disability and transferred to the production of discourses between an I and a you. Thus, the child becomes the protagonist of his speech or social interaction.

The importance of touch, within this context, can be understood by its complex interaction and function in the perception of the world and the other, having, according to Montagu [8], humanizing effects, with the skin being the final extension of the central nervous system or, on the contrary, its beginning.

In this way, it is possible to see and understand that the deficiencies presented by a patient do not limit him in relation to his existence in the world. They just change the way the patient will experience the world.

CONCLUSION

The genuine desire to communicate with the patient can break down the barriers of conventional communication and open the door to the search for how other senses can be explored in non-verbal communication for a humanized and integral dental approach.

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