Assessing the Knowledge, Attitudes, and Practices of General Dentists in Effectively Managing Patients with Sjögren's Syndrome

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Introduction/Background

Sjögren's syndrome (SJ)S
- The second most common systemic autoimmune disorder in the United States (US)[1].
- Multisystem autoimmune disease
- Characterized by inflammation of exocrine glands resulting in progressive to severe oral and eye dryness, frequent complaints of fatigue, and joint pain.
- Increases risk of non-Hodgkin's lymphoma and parotid gland marginal zone lymphoma by 6.5%–16%[2].

Primary (pSJ)
- Clinical manifestations occur independently.

Secondary (sSJ)
- Associated with another autoimmune disease.

The purpose of this study was to assess the knowledge, attitudes, and practices of dentists in managing patients with SJ.S.

Material and Methods

Quick Poll
- Cross-sectional 5-question online survey of dental practitioners,
- Members of the National Dental Practice-Based Research Network in the United States.
- Invited through emailed newsletters and social media channels.
- N=156 dental practitioners.

Questions
- How often they see patients with SJ.S,
- What signs and symptoms they notice more frequently.
- Recommended strategies to manage this condition,
- Do they coordinate care with a physician or rheumatologist,
- Interested in participating in a study examining current dental management approaches for patients with Sjögren's syndrome.

Analysis
- Descriptive statistical analysis for frequency

Results

- >90% of dentists see Sjögren's Patients
- 27% reported seeing SJ.S patients weekly or monthly
- >67% recognize the most common signs and symptoms, but only 12% reported enlarged salivary glands.
- Only 33% of dentists coordinate care with SJ.S patients' physicians or rheumatologists.
- 75% of dentists agreed/strongly agreed a National Dental PBRN clinical study examining current dental management approaches and oral health outcomes (success/failure) in patients with SJ.S would be of benefit.

Conclusion

There are a vast majority of dentists seeing patients with SJ.S, yet the simply recommended dietary changes (hydrate, reduce sugars and carbs), social modifications (no alcohol or tobacco), attention to oral hygiene (use a soft toothbrush and prescription fluoride) and non-prescription (OTC) products (salivary substitutes).

Dentists do not coordinate care with a physician or rheumatologist even though SJ.S is known to be an autoimmune disorder that increases the patient's risk of non-Hodgkin's lymphoma and parotid gland marginal zone lymphoma.

Practitioners believe a National Dental PBRN clinical study examining current dental management approaches and oral health outcomes (success/failure) in patients with SJ.S would be beneficial.

References