International Journal of General Medicine

Dovepress
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EXPERT OPINION

Lack of Physician-Dentist Collaboration in Aspiration Pneumonia Prevention

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Abstract: This opinion paper addresses the challenges and future directions for preventing aspiration pneumonia in Japan's rapidly aging population. It highlights the increasing proportion of elderly individuals and the associated rise in health issues like decreased swallowing function, a risk factor for aspiration pneumonia. The paper emphasizes the effectiveness of dentist-provided oral care in preventing this condition but notes the lack of collaboration between dentists and physicians in Japan's clinical practice. Key challenges identified include the scarcity of full-time hospital dentists, insufficient communication between physicians and dentists, limited patient understanding and motivation regarding oral care, and a lack of training in geriatric dentistry. The paper advocates for enhanced awareness among healthcare professionals and patients, increased hospital dentists, and improved collaboration mechanisms, particularly in light of recent positive changes in insurance reimbursement policies for elderly oral care.

Keywords: dentist, aging, aspiration pneumonia, oral care

Expert Opinion

Japan has a super-aging society. It has been reported that the population over 65 years of age will comprise 40% of the population in 2060 compared with 25% in 2013.[1] Furthermore, the global population over 65 years of age is expected to double between 2019 and 2050,[2] and population aging is expected to continue. Old age is associated with decreased swallowing function, which is a risk factor for aspiration pneumonia.[3] Therefore, the current global aging society renders aspiration pneumonia prevention crucial. Several reports have revealed that oral care provided by dentists is effective in the prevention of aspiration pneumonia.[4,5] However, in Japan, collaboration with dentists in aspiration pneumonia prevention has not progressed to the clinical practice level and is uncommon.

Therefore, eight people who are involved in the daily prevention of aspiration pneumonia and consider the collaboration between physicians and dentists important had a lively discussion online about how physicians and dentists can work together in the treatment of aspiration pneumonia. The group consisted of five physicians (four hospitalists and one respiratory physician with a median post-graduate experience of 11 years), two dentists who actually work in hospitals (median post-graduate years: 16 years), and one double-qualified physician-dentist. As a result of our discussion, the following five factors were considered (Table 1).

Clinical Factors

The lack of full-time dentists in hospitals is a major reason for underdeveloped aspiration pneumonia practices. In Japan, only 28% of hospitals have full-time dentists.[6] In terms of cost and accessibility, it is challenging to arrange for dentists

Received: 1 December 2023
Accepted: 1 March 2024
Published: 3 April 2024

Table 1 Factors that Prevent Cooperation with Dentists in Aspiration Pneumonia Practice

Factors that Prevent Cooperation with Dentists in Aspiration Pneumonia Practice	
Clinical Factors	Dentists in the hospital are busy No full-time dentist is available Consulting with other healthcare professionals Negative feelings toward each other due to past unsuccessful consultation experiences
Physician Factors	Unawareness of the effectiveness of oral health care by the dentist Not knowing how to consult a dentist Too busy to consult
Dentist Factors	Not accustomed to working with physicians Uncomfortable communicating in terms of knowledge, etc. Lack of motivation due to low reimbursement
Patient and Family Factors	Not knowing the importance of oral care from dentists Not hoping to see a dentist in the first place (cost, access, etc.)
Educational Factors	Lack of education for physicians and dentists Lack of education for paramedics Lack of education for patients

from outside hospitals to examine patients. Furthermore, we considered the possibility that other professionals (eg, otolaryngology doctors, certified nurse specialists in dysphagia, and speech-language pathologists) are frequently requested to provide care related to aspiration pneumonia prevention. Additionally, many facilities have only one full-time in-house dentist who may not be available for consultation because they may be occupied with perioperative care, tooth extractions, and other dental problems. In addition, negative feelings toward each other may arise because of past experiences of unsuccessful consultations.

Physician Factors

We considered the possibility that physicians were unfamiliar with the effectiveness of dental care and failed to communicate with dentists. Furthermore, physicians were cited as busy and did not have ample time to consult with dentists.

Dentist Factors

The dentists did not tend to cooperate with doctors or other professionals and communicate with them regularly. In addition, professional oral care by dentists is cost-effective;[7] however, reimbursements are not high, which may not motivate dentists to provide oral care.

Patient/Patient Family Factors

Owing to literacy issues, patients may not understand the importance of oral care provided by dentists. Hence, they may not embrace it because of the pain caused by the treatment action in past dental visits and the separate bills apart from the hospital fees.

Educational Factors

Regarding the lack of known effectiveness of the factors by physicians, educational factors were considered influential. In addition, young dentists in Europe and the US lack training in geriatric dentistry,[8,9] which is also expected in Japan. Similarly, other healthcare professionals and patients are uneducated in this field; hence, overall awareness and education in this area are needed.

Based on the results of this study, we consider it indispensable to broaden the awareness among physicians, dentists, paramedics, and patients. Furthermore, it is necessary to increase the number of full-time dentists in hospitals or create an environment that facilitates collaboration with general dental practitioners. In Japan, insurance reimbursement for oral care of older adults has increased in recent years. Taking advantage of this trend, we anticipate that more medical practitioners will become interested in this collaboration and that physician-dentist collaboration in the prevention of aspiration pneumonia will develop in the future.

Funding

There is no funding to report.

Disclosure

The authors declare no conflicts of interest in this work.

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