

Oral and dental side effects of cancer treatment can be painful, impede function, and affect patients' quality of life. Inclusion of the dental team is important prior to, during, and after treatment to manage temporary, chronic, or permanent sequelae of treatment. Separation of medical and dental specialties and models of insurance reimbursement make obtaining medically necessary dental care unduly difficult. Nurses are at the front line of care and in a position to identify oral side effects of treatment, provide education, and advocate for proper dental care.

AT A GLANCE

- Cancer treatment may have significant, long-lasting oral side effects.
- Dental care by providers with a strong understanding of oncology is difficult to find.
- Barriers to accessing dental care include lack of insurance, lack of financial means to pay for care, availability of providers, and cancer treatment.

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Dental Care

Unmet oral needs of patients with cancer and survivors

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Cancer treatment can have serious, long-term, or lifelong oral side effects. Obtaining timely, proficient, and affordable dental care can be a challenge for anyone, particularly those with limited financial resources or who rely on Medicaid to cover the cost of care. For patients with cancer, finding knowledgeable, experienced, and willing dental practitioners to provide well-timed and necessary care within their means can be difficult. Traditional health insurance (including Medicare) does not cover dental care, even when medically necessary. Medicaid dental coverage varies widely across the country. The oncology team is in a position to educate patients on the dental side effects of treatment and to help them navigate the complex world of dental care.

Oral manifestations of cancer treatment include the following:

- Xerostomia
- Mucositis/stomatitis
- Infection (bacterial, fungal, or viral)
- Bleeding (because of thrombocytopenia)
- Caries
- Dysgeusia (alteration in taste sensation)
- Trismus
- Osteonecrosis
- Graft-versus-host disease (Hong & Napeñas, 2011)

Any of these conditions can cause pain and functional disability, as well as changes in appearance and quality of life. Patients diagnosed with head and neck cancer are particularly affected by these complications because of the site of disease, surgical management, tooth loss, and adjuvant therapies, including chemotherapy and radiation, which have significant side ef-

fects on teeth and surrounding structures (Turner, Mupparapu, & Akintoye, 2013).

The pediatric population is subject to the same oral side effects of treatment as adults. Children also face the risk of developmental dental and craniofacial abnormalities, particularly those who undergo treatment prior to the development of deciduous teeth (Effinger et al., 2014; Padmini & Bai, 2014). Children aged 3–5 years are subject to the most severe anomalies (McBride, 2011). Developmental deviations may include enamel hypoplasia, microdontia, malformation of the teeth and/or root structures, and potential agenesis of the primary or permanent teeth (Effinger et al., 2014; McBride, 2011).

Oral health and dental hygiene are often overlooked before, during, and after cancer treatment (Hartnett, 2015). Nurses are frequently at the front line of care to help patients and their families navigate diagnosis, treatment, and survivorship. They play a vital role in educating patients regarding self-care and treatment options and referring patients to dental providers skilled in the care of this complex population.

Adult and child cancer survivors, along with their family and caregivers, may not be aware of the unique oral health risks related to their treatment. All members of the healthcare team, including dentists, should work together to provide education, support, and appropriate treatment. The American Dental Association (2013) recommends at least annual visits for all individuals, with an increase in visits based on individual risk. Recommended frequency of dental visits for patients with cancer depends on the type of cancer, the patient's condition, and sequelae of