

Assessment of the management of pain related to conservative care in the Dental Center of Nantes Hospital.

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INTRODUCTION:

Dental pain has an inflammatory and/or infectious origin often due to carious injury, but can also be induced by dental treatment. It is therefore surprising that iatrogenic pain (per and post-operative symptoms) during restorative and endodontic therapeutics is always considered as a normal event by practitioners and patients [1,3].

To respond to the objectives of the second four-year plan for pain management of the French Ministry of Health [2], the Dental Center of Nantes Hospital carried out an epidemiological study to assess the management of pain related to conservative care.

The aim of this study was first to characterize the symptoms induced by the treatment, and secondly to assess pain management. This research work was the first step of a quality assurance programme and was undertaken to establish reference procedures for providing effective pain management during conservative care.

MATERIAL AND METHODS:

This prospective study was carried out on a random sample of 258 patients. The patients were questioned following treatment and at the beginning of the next consultation,

using a standardized and validated clinical questionnaire. Pain intensity was estimated with a numerical rating scale [3].

Various data were collected: the first concerning the patients and their behaviour towards dental care; the second examining the incidence, the type, the intensity, the duration of the iatrogenic pain; and the third assessing pain management through the quality of practitioners' information and advice, anaesthesia, prescriptions, patient's compliance, and self medication.

The statistical analysis was performed using the SPSS software (Statistical Package for Social Sciences). The descriptive statistics were supplemented by comparative tests (Chi², Student, Mann Whitney, Wilcoxon tests). Correlations were investigated to measure the intensity of linear links for scores and scales. Statistical significance was determined as $p < 0.05$.

RESULTS:

This study showed that iatrogenic pain was moderate. Per-operative symptoms were reported for 33% of the

patients, whereas 24% had painful post-operative effects. Post-operative pain appeared immediately after the consultation for 51% and lasted about 0.7 ± 0.7 day. 8% of the patients were still in pain at the next consultation.

Anaesthesia was not systematically proposed to patients for restorative care on vital teeth. 44 % of the patients were informed of the possibility of pain during treatment and 33% of possible pain after treatment.

The frequency of prescriptions was only 8.1%. When an analgesic prescription was given, it was generally after the care. The patients increased the amount of prescribed medication in 17.5% of cases.

DISCUSSION AND CONCLUSIONS:

The main findings suggest a lack of communication between health professionals and their patients and reveal that pain management during conservative dental care is insufficient, particularly for the operative act and its immediate effects, which are not sufficiently taken into account. Moreover, post-operative pain is underestimated.

The results of this study will be followed by a quality assurance programme intended to improve pain management during conservative care.

REFERENCES:

¹L.Newirth (1994-1995) *Prendre en charge la douleur*. Rapport de sénat n° 138. ²Ministère de la Santé (2002) *Programme de lutte contre la douleur 2002-2005*. Circulaire N°DHOS/E2/2002/266 du 30 avril 2002. www.sante.gouv.fr. ³Société d'étude et de traitement de la douleur (SETD). *La douleur en questions*. www.setd-douleur.org.

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