



RESEARCH ARTICLE

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PUBLIC HEALTH SERVICES: PREVENTIVE PRACTICES IN ORAL HEALTH IN PATIENTS WITH ACQUIRED IMMUNODEFICIENCY (AIDS)

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ABSTRACT

Primary Health Care has as one of its main focuses the family health program. This program is responsible for comprehensive prevention care, including oral care. Patients with HIV positive have more problems of infections and oral lesions due to low immunity, requiring a strong prevention program in these patients. These programs exist, focusing on the education of both patients and caregivers for children. However, not all patients adhere to treatment when outside the program, or even drop out, requiring greater awareness of the risks of opportunistic infections. It must be noted that the quality of life of patients must always be aimed at, and with preventive and educational measures this goal is more likely to be achieved. It is concluded that careful work with patients avoids complications of the disease, as the public system saves with curative treatments.

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INTRODUCTION

The Brazilian Unified Health System (SUS), created from the 1988 Constitution onwards, represents the legal-institutional materialization of the movements' struggles for health reform and its central principles and guidelines are universality, equity, comprehensiveness, decentralization, and social control. It foresees a system organized in hierarchical and regionalized health care networks, aiming at the production of integrated and integral care and rationalization in face of the problems generated by the fragmentation of health actions and health costs (MELO; MAKSUD; AGOSTINI, 2018). The aim is to create the conditions for the health system to be permanently closer to individuals, to become more humane, supportive and, above all, more resolute. Principles such as territoriality, bond, continuity, local planning, health promotion are increasingly present in the agendas and agendas not only of technicians, but also of social movements linked to the sector (Campos, 2005). Oral health is an inseparable component of general health (Buczynski; Castro; Souza, 2008).

In 2003, the National Oral Health Policy (PNSB) was implemented in Brazil, based on the principles and guidelines of SUS, with the development of practices with emphasis on oral health care, prevention and promotion (Silva *et al.*, 2018). The PNSB has the commitment to qualify primary care, as well as expand and qualify the assistance in SB (Santos *et al.*, 2018). In patients with HIV, oral health control is essential in the management of quality of life and efficient treatment of these patients. In addition, oral problems can create or exacerbate nutritional and psychosocial problems (Machado *et al.*, 2008). Primary Care, and especially the Family Health team, in its multiple episodes of disease and preventive care is of great importance to the quality of life of these patients (Tonelli *et al.*, 2018). The present article seeks to reflect through a literature review on the involvement of oral health in the context of family health, especially focusing on acquired immunodeficiency syndrome (AIDS) and epidemiology.

METHODOLOGY

The present work is a bibliographical review conducted in the scientific literature related to the theme public health, more specifically family health in oral health care in patients with HIV. To carry out the research we used the keywords: Oral

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health, family health and HIV. The words were used alone and the words were crossed between them, every two words and the three together as well. This keyword search was performed on databases "PubMed", "Scielo" and "Lilacs" and only the complete articles available were considered. In this review, only scientific articles were used, however, as the correlation between the three keywords when searched in the last 10 years did not result in enough articles to understand the problem, it was decided to extend the research to the last 15 years. Thus, there was an increase of seven scientific articles related to the theme, resulting in a total of 19 scientific articles. All articles found when the keyword correlation was used had their abstracts read and only those related to the subject of interest were selected. These were read in full and there was a reflection on the content to be described in this review.

Literature Review

Family Health Program: The process of decentralization of health actions in Brazil, initiated in the 1980s, was characterized by a redefinition of functions and competences between the federal, state and municipal levels, with emphasis on the municipalization of health actions (Chaves; Vieira-da-Silva, 2007). Primary Health Care is defined as the first level of care within the health system, characterized mainly by the continuity and integrality of care, as well as the coordination of care within the system itself, family-centered care, counseling and community participation and the cultural competence of professionals (Silva *et al.*, 2014). The Family Health Program (PSF) is the primary health care program in primary care. Its strategy is health surveillance through actions of promotion, prevention and recovery, with attention focused on the family and actions organized in a defined territory (Souza; Roncalli, 2007). In SUS, oral health care must be provided in primary care at the municipal level, and particularly through the Community Health Agents Program (PACS) and the PSF. (Chaves; Vieira-da-Silva, 2007). Primary Care in Brazil was reorganized and the Family Health Strategy (FHS) was created to expand and consolidate qualified to deepen the principles and guidelines of the SUS. The FHS is characterized by a multiprofessional team composed of at least generalist or family health specialist or family and community doctor, generalist nurse or family health specialist, nursing assistant or technician and community health agents, surgeon - General Dentist or Family Health Specialist, Oral Health Assistant and / or Technician (BRASIL, 2012).

Aids and Epidemiology: It is estimated that by the year 2014 there were thirty five million people with HIV, and in Brazil it has about seven hundred thirty four thousand people, ranking first in Latin America. Especially in Brazil, the great challenge is to consolidate the disease notification data since its underreporting is visible in the official public health instruments. In 2014, reporting of HIV infections became mandatory in order to improve the spectrum of treatment of the disease and following a worldwide trend of control, as it allows for early identification and action in infection care. (BRASIL, 2014). The spread of the disease has been more focused on certain groups of people in the past who have been referred to as "risk or risk behavior groups". Currently, the terminology recommended by the World Health Organization (WHO) is adopted as the key population (WHO, 2014). Within this group you designate higher-risk populations as men who have sex with men (MSM), drug users (UD), and sex workers (OS). In Brazil cases of HIV infection in the population are

concentrated in the age group of 25 to 39 years in both sexes, that is, in adults who concentrate the majority of cases. (BRASIL, 2014). In the field of epidemiology and especially from a public health perspective, the major challenge is prevention control, which can no longer be restricted to advertising campaigns and information socialization. The current technological apparatus provides, in addition to traditional diagnostic and treatment strategies, conducting campaigns to use condoms in sexual intercourse, stimulating testing, preventive treatment and the use of antiretroviral drugs (ARV) to prevent infection. (BRASIL, 2014).

Oral Health: The work of the Oral Health team within the Family Health Program is not only focused on curative treatment, but also on prevention. In this context, the dental surgeon must have office shifts involving curative treatment activities and shifts used in preventive action activities, which can be developed in the surrounding community, such as in schools in the city giving lectures, care in the plaque control, supervised brushing and topical application of fluoride, as well as home visits, planning, team meetings, training, among other activities (Santos, 2016). The importance of integrating oral health to health services in general is indisputable, enabling the synergy of knowledge and practices that point to health promotion and surveillance, action on social determinants of the health-disease process, prevention of risks and diseases, and the consequent incorporation of evidence-based practices of effectiveness (Kusma *et al.*, 2012). The incidence of human immunodeficiency virus (HIV) infection has caused worldwide concern since the first cases of AIDS diagnosed in the early 1980s. Nowadays, it is characterized as a pandemic (Melo; Maksud; Agostini, 2018). Oral lesions are strongly prone to HIV infection. The main pathological feature of the human immunodeficiency virus is the progressive decrease of cellular immunity and the consequent appearance of opportunistic infections. Infection compromises the immune system systemically, which also causes depletion of the oral mucosal immune function, making it susceptible to several alterations such as candidiasis, hairy leukoplakia, Kaposi's sarcoma, non-Hodgkin's lymphoma, acute necrotizing ulcerative gingivitis, and periodontitis (Gasparin *et al.*, 2009). The appearance of any oral lesion at different stages of infection may mark a tendency to progress to the stage of AIDS (Guerra *et al.*, 2008).

In a survey of diagnostic history with oral health quality, it showed that poor oral health outcomes were exacerbated among users of non-highly active antiretroviral therapy. The authors found that historically diagnosed individuals were more likely to report oral problems and require dental procedures compared to newly diagnosed individuals, suggesting that oral health among PLWHA decreases over time since the diagnosis of HIV (Burger-Calderon *et al.*, 2016). In contrast, another study, which evaluated oral care in children with HIV and their caregivers, under a PASB program, 20% of children did not return to preventive consultations and nearly 50% of children who remained in the program did not have satisfactory oral care at home (Machado *et al.*, 2008). In a research to identify why children with HIV do not have the necessary oral health care, caregivers reported difficulties in accessing dental care due to the stigma of the disease, which since the beginning of the epidemic has been functioning as a mechanism of wide social exclusion. Despite discussions among professionals about biosafety procedures to control cross-infection in dental offices and to reduce the risk

of occupational accidents, the selectivity of care in both public and private spheres is still observed (Balbo; Rodrigues-Júnior; Cervi, 2007). Corroborating these data, another study, in which 170 professionals participated, dental surgeons who do not intend to treat patients with HIV point out as their main reasons the fear of contamination, the patient did not seek the service, the professional did not feel able and not wanting to get involved with this group of patients (Maia *et al.*, 2015).

Conclusion

Primary health care with the Family Health Program is of paramount importance in disease prevention or aggravation. The need for oral health care of these patients is evident, since immunosuppression caused by HIV can exacerbate an infection, deteriorating the health of the individual. Therefore the importance of the family health team that goes to the patient, with care in its entirety, generating approximation and increasing adherence to treatment working to raise awareness of the risks of opportunistic infections. However, there is still prejudice from the professionals who perform the assistance. The dentist may be afraid of contamination. However, he must be aware that every patient may have a communicable disease, so he must always take all precautions regarding his protection. Careful work with patients avoids complications of the disease, just as the public system saves on curative treatments. It must always be aimed at the quality of life of patients and with preventive and educational measures this goal is more likely to be achieved.

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