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Quality of Life in Patients with Schizophrenia Disorder Exhibiting Manifestations in Oral Cavity During Severe Acute Respiratory Syndrome, Corona Virus Disease 19 and Omicron Pandemic Era: An Original Research

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Abstract

Poor oral hygiene status is witnessed in patients with schizophrenia disorder. Daily routine lifestyle of the patient is affected due to schizophrenia. These studies focus on the patients with schizophrenia disorders during the severe acute respiratory syndrome, corona virus disease-19, omicron pandemic particularly in relation to the oral health. This systematic review is based on PRISMA guidelines. Studies focusing on patients with schizophrenia disorder in relation to oral health were described. Personal factors such as resilience, sense of coherence, hope, self-esteem and self-determination were considered among the 10 studies included. Peer review and rehabilitation programmes which are the part of environmental factors are also considered. Among all the factors which was most influential was dental stress pertaining to schizophrenia patients. Oral health of schizophrenia patients is highly influenced by the coping strategies. Future research should focus on translation process pertaining to oral health and environment in patients with schizophrenia.

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INTRODUCTION

expectancy of patients with Routine schizophrenia is 20% less than that of the general population. Oral and maxillofacial disorders, endocrine pathology, infectious diseases, neoplastic conditions, respiratory disorders, gastro intestinal upset and cardiovascular pathologies may be witnessed in these patients. Global population about 0.7-1% accounts to schizophrenia. Gain of weight, disturbances to the metabolic system and poor oral hygiene status are the main side effects from psychiatric medications^[1-5]. Moreover, the side effects also include dry mouth in case of anti-psychotics whereas clozapine induces increased salivary secretion which is also common first generation anti-psychotics, increased smoking habits, carbohydrate rich diet and also illicit use of alcohol and drugs. Dental treatments in such patients is really challenging because these patients develop hallucinations and delusions which are triggered by stress and anti-psychotic drugs in order to avoid stressful and aversive stimulations. The individual's ability to cop-up with the situation determines the impact of stress. Main obstacles in case of learning new strategies which might lead to improvised health includes personality disorder, dysfunctional self -esteem and social life ultimately leading to isolation and victimization [6-10].

Aims and Objectives: The main aim of the study is to explore the strategies which may help in coping in patients with schizophrenia disorders pertaining to oral health and quality of life.

MATERIALS AND METHODS

This systematic review entirely depends on the PRISMA guidelines. PRISMA stands for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Inclusion criteria involve cross-sectional, longitudinal, qualitative and quantitative studies. Exclusion criteria involve editorials and conference abstracts. A detailed search was done using databases such as pubmed, scopus and cochrane library. The search terms were Oral, dental health, quality of life, psychiatry, schizophrenia, maxillofacial, hygiene, stress and psychology. Importance was given to full studies pertaining to the topic involved.

RESULTS AND DISCUSSIONS

The basic search included 50 studies which led to narrowing down to 20 studies, entirely based on inclusion and exclusion criteria and finally ending up in 10 studies to be included in systematic review.

Characteristics of Included studies: All the 10 articles, the qualitative studies are written in English. These

studies were conducted in many countries like France(n = 3), India(n = 1), Canada(n =

The main domains are coherence, personal responsibility, religion, socialism, peer group, spirituality, self-confidence, stress, stigma, selfdetermination, hope, resilience and neuropsychology. Future research has to be done on areas like neuropsychological functioning with interlinked to coping strategies in patients with schizophrenia pertaining to oral health. There is an important relation $between\,coping\,strategies\,and\,neuropsychology\,which$ might result in flexible adaptive mannerism. The main determinants for a person with schizophrenia to cop-up with the stress are problem solving skills, ability to access stored knowledge, strategies, planning and abstractive thinking. Emotionally focussed coping style is much more important traditional feature in healthy population^[21-25]. Resilience is an important factor which plays a vital role in relationship between adaptive strategies and adverse events in relation to positive oral health. There is a direct proportional relation between sense of coherence and mental health, whereas indirect proportional relation between sense of coherence and physical health. Excellent oral health, related quality of life and decreased incidents of oral health problems are witnessed in patients with strong to moderate sense of coherence. Hope is defined as an expectation of a positive welcome and achievements



Fig.1: Prisma flowchart of the identification process of included studies

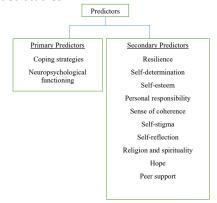


Fig.2: Primary Predictors and Secondary Predictors

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and goals of people's own efforts. The main paradigm of hope includes cognition, motivation, behaviour and emotion. There is inter-link between self -determination, hope, self-stigma, sense of personal responsibility and depression in patients with schizophrenia. There should not be social inclusion, exclusion and discrimination in relation to oral health care in patients with schizophrenia. Exercise might control the influence the risk of the disease even in the presence of high stress and can play a major role as a productive factor. In schizophrenia, the main key factor is powerlessness. This powerlessness can be overcome

by decision making, motivation, self-responsibility, coping strategy and emotional well-being which are all the features of empowerment [26-30]. The relationship between oral and systemic health is very much important because if oral health is not maintained, it may affect the patient's quality of life and psychological insight resulting in loss of functions, aesthetics, self-esteem and self-confidence. Patients with schizophrenia can have the ability to cop-up with the stress by two kinds of evaluations such as threat and challenges which are the successors of nature and degree of risk [31-35]. The primary predictors of stress are

coping mannerism and neuropsychological function whereas the secondary predictors are emotion, resilience self-esteem, social support and self-efficacy. In order to maintain resilience, coping building, social support or peer supports depends entirely on a see through network without discrimination and excellent social interaction. In such stressful situations, we can help out the people by encouraging and supporting. Patients get benefitted and lead a better quality of life when joining a peer group rather than isolation. Negative aspects of stress can also be prevented with the help of religion and spirituality^[36-40]. Predictors

The aim of this review is to determine the strategies used for coping in patients with schizophrenia pertaining to oral health there by improving their quality of life. There is a strong relationship between dental health behaviour and psychology, symptomatology, self-determination, resilience, sense of coherence, neuropsychological functions, self-esteem and self-stigma. Poor dental environment can be overcome by using peer support and rehabilitation programmes [41-45]. Main important factor to cope with the oral health problems for a patient with psychiatry disorder is the coping strategies. Coping strategies refers to efforts which are done in a conscious manner to solve problems and fulfil daily life needs. Subjective coping strategies refer to self-esteem and hopelessness whereas objective coping strategies refer to symptom severity. In case of increased stress, concentration, effective coping strategy depends on independent decision making, motivation and emotional well-being. Till date, there is a scarcity of literature among the scientific community pertaining to quality of life in schizophrenia patients focussing on the oral health care [46-50]. Usually, patients with schizophrenia have negligence over their self-care both physical and oral, hygiene, cleanliness, lifestyle, dietary habits, use of psycho active substances, etc. Sufficient care can be provided to the patients with schizophrenia by clearing the obstacles which are the mental illness fear and deficient training, difficult in gaining access to private practice, cost and environment. Promotional oral health in patients with schizophrenia can be done via social support group or peer group and learning programmes^[51-55]. Motivational programmes focus on self-stimulation, better dental hygiene, clock index scores and oral prophylaxis which include the most important factors like tooth brushing and mouth washing [56-59].

CONCLUSIONS

This is the first and foremost study which explains the quality of life in patients with schizophrenia pertaining to oral health. Our study highlighted the coping strategies which are the most important primary indicators to deal with the stressful conditions. This may ultimately result in good quality of life thereby fulfilling the daily needs of the patients. Moreover, oral health programmes can be done in the multi scale or large scale priorities to focus on oral and maxillofacial pathologies as well.

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