

Leading policymaking in the context of Dentistry as a free market

Dominique James,

USA

Editorial

The purpose of this study was to disclose the psychological meaning structure of dentistry as a free market within the context of leading Swedish policymaking. Following the criteria for the descriptive phenomenological psychological method data was collected from leading policy makers about the experiential aspects of dentistry as a free market within the context of a welfare state. The analysis showed that dentistry as a free market was experienced as a complex business relationship between buyers and sellers that transcended the traditional dentist and patient roles. The lived experience of the proposed business transaction was based on two inherently conflicting views: the belief in the individual's ability to make a free choice versus the understanding that all individuals in a society do not have the ability or the means necessary to make a free choice. Dentistry as a free market within a welfare state, such as Sweden, can thus be seen as a persistent attempt to hold on to a compromise between two very distinctive political ideologies. To examine if patients with oral lichen planus, oral lichenoid lesions and generalised stomatitis and concomitant contact allergy have more frequent and severe xerostomia, lower unstimulated and chewing-stimulated saliva and citric-acid-stimulated parotid saliva flow rates, and higher salivary concentration of total protein and sIgA than cases without contact allergy and healthy controls. Forty-nine patients (42 women, aged 61.0 ± 10.3 years) and 29 healthy age- and gender-matched subjects underwent a standardised questionnaire on general and oral health, assessment of xerostomia, clinical examination, sialometry, mucosal biopsy and contact allergy testing. Nineteen patients had oral lichen planus, 19 patients had oral lichenoid lesions and 11 patients had generalised stomatitis. 38.8% had contact allergy. Xerostomia was significantly more common and severe in patients (46.9%) than in healthy controls, whereas the saliva flow rates did not differ. The patients had higher sIgA levels in unstimulated and chewing-stimulated saliva than the healthy controls. The total protein concentration in saliva was lower in the unstimulated saliva samples whereas it was higher in the chewing stimulated saliva samples from patients when compared to healthy controls. The differences were not significant and they were irrespective of the presence of contact allergy. Xerostomia is prevalent in patients with oral lichen planus, lichenoid lesions and generalised stomatitis, but not associated with salivary gland hypofunction, numbers of systemic diseases or medications, contact allergy, age, or gender. Salivary sIgA levels

were higher in patients than in healthy controls, but did not differ between patient groups. The total salivary protein concentration was lower in unstimulated saliva samples and higher in chewing-stimulated saliva samples in patients than in healthy controls, but did not differ between patient groups. Our findings do not aid in the discrimination between OLP and OLL and these conditions with or without contact allergic reactions. Oral lichen planus (OLP) is one of the most common oral mucosal lesions affecting 0.5% to 2% of the adult population. OLP mainly affects middle-aged and elderly, and is more prevalent in women than in men. OLP may present as reticular, erythematous, ulcerative, plaque-like, bullous and papular lesions affecting predominantly the buccal mucosa, gingiva and tongue. The etiology is unknown, but the pathogenesis is believed to involve a T-cell-mediated response. However, the mechanisms triggering the T-cells to enter the oral epithelium and to accumulate in the superficial lamina propria as well the triggering mechanisms behind basal keratinocyte apoptosis are not fully understood, and may involve both antigen-specific and non-specific mechanisms.

The diagnosis of OLP is based on fulfillment of clinical and histopathological criteria. Lesions that are clinically and histopathologically similar to OLP may occur as a reaction to certain systemic medications or dental materials and are referred to as oral lichenoid lesions (OLL). Also oral hygiene substances, like flavorings, may trigger lichenoid contact sensitivity reactions. At present it may be difficult to distinguish between OLP and OLL. Patients with the erythematous and ulcerative type of OLP often suffer from severe oral mucosal soreness, including burning and itching sensations, particularly in relation to the intake of spicy and acidic food, which may have a negative impact on oral functions as well as the patients' quality of life and well-being. In addition, we have previously shown that 45% of patients with erythematous and ulcerative OLP also suffer from xerostomia (the subjective feeling of dry mouth) and a sensation of very viscous saliva.