

The HIV Patient in General Dental Practice

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General practitioners, especially those working in areas where there is a high incidence of HIV, will inevitably have to face patients who may or may not know that they are HIV antibody positive. This paper gives some guidelines on how to approach the problem, using two case scenarios.

KEY WORDS: HIV, COMMUNICATION SKILLS, ORAL MANIFESTATIONS OF HIV, CONFIDENTIALITY

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Introduction

The numbers of patients infected with HIV continue to rise but not as dramatically as initially predicted. Since records began in 1986, 9678 cases of AIDS have been notified in the UK, of which 71% have died. The number of reported HIV cases for the period from 1986 to December 1996 is 28,447.¹ The major route of spread in the UK is in the category of men who have sex with men, as shown by the latest figures from the Public Health Laboratory. The distribution of patients is centred round the major cities, with the total number of AIDS cases (67%, 6449) being found in the two Thames regions.¹ General dental practitioners working in the Thames regions are all likely there-

fore to be treating HIV patients, whether or not they are aware of this.

The mouth remains a very sensitive index of progression of disease and studies have shown that 60-70% of HIV/AIDS patients will have an oral manifestation of the disease at any one time.² It is crucial, therefore, that general dental practitioners have the knowledge and the skills to deal with this group of patients. Also, the General Dental Council has stated that general dental practitioners must not discriminate on the basis of HIV disease and dental practitioners have an ethical duty to treat asymptomatic HIV patients.

There are no firm guidelines on how to manage these patients in general dental practice and practitioners remain confused about their role in the management of these patients.

Through the use of two case studies the authors would like to provide some guidelines about the management of these patients, addressing three main areas:

- How the dentist may feel about the problem.
- The issues that need to be considered.
- Possible strategies to use.

Case Scenario 1

You are seeing Pauline, a new patient for the first time. She is 22 years old. You examine her and are

concerned about the appearance of her mouth. There are white patches on her palate which wipe off leaving a reddened area and there are ridged white lesions on both sides of the lateral border of her tongue. You feel immuno-suppression could be involved, possibly HIV infection. Pauline has not as yet volunteered any information regarding HIV or indicated in her medical history that she may be at risk.

How Would You Feel?

One's immediate gut reaction is 'oh hell'. You are concerned about your diagnostic capabilities: are these really manifestations of HIV, have you got it right? You are well aware of the implications of these lesions for Pauline. Does she already know that she is HIV-positive or is she equally unaware of these symptoms and their implication? You may also have concerns about your infection-control in the practice and will probably be thinking about checking up on procedures. The overwhelming question is, however, 'What, if anything, do I say to her?'

Issues to Consider

There are a number of issues that need to be considered in such a case, many of which should be thought through prior to such an incident occurring. What are the possible differential diagnoses of these signs and what underlying medical conditions

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Table 1: Differential diagnosis of oral lesions in case 1

Lesion	Possible Diagnosis
Oral hairy leukoplakia	HIV/AIDS, organ transplant patients, asthmatic on high-dose steroids and antibiotics
Leukoplakia	Frictional keratosis, candida
Pseudomembranous candidiasis	HIV/AIDS, undiagnosed diabetes or poorly controlled diabetes, asthmatic on high-dose steroids, prolonged broad spectrum antibiotics, immunosuppression, post-radiotherapy, chemotherapy, xerostomia, deficiency anaemia

may they be associated with? What other conditions could give these signs (*Table 1*)?

You need to ensure that you have the knowledge, skills and confidence to deal with the possible diagnosis and the issues surrounding HIV. There is an ethical obligation to do something as you cannot ignore the issue. Pauline has a right to know, as it affects not only her life but that of others. If you have doubts or require confirmation or reassurance then referral to an appropriate specialist may be one solution but you need to be sure that the way you handle this interaction maximises the chances that Pauline will keep the appointment. Pauline may, in fact, already be aware that she is or likely to be HIV-positive but for a number of reasons may be unwilling to disclose. If you ignore the issue she may feel that all is well. If you feel referral is the best way forward then you need to be aware of which specialists are skilled and sensitive in dealing with these patients in your area. Consider what the best method of referral would be: by telephone or by letter? If writing, do you post the letter or do you give it to Pauline? You may want to consider a follow-up appointment in your practice to ensure that Pauline has been seen. It is useful to contact key people beforehand to establish the neces-

sary network and to ask them what they would like you to do when the situation arises. You also need to consider issues of confidentiality relating both to your staff and the notes. You have a duty of care to provide dental care: do the rest of your staff accept this policy? How effective

is your infection-control? If you follow all the guidelines laid down in the universal infection-control policy (BDA) then no further precautions are necessary.³

Possible Strategies

- For all patients:
- Ensure that you take an adequate medical and social history from all patients in a sensitive manner, giving them time to talk and listening to their concerns.
 - Improve your diagnostic skills in terms of soft tissue lesions of the mouth by attending courses, using computer-assisted learning or reading.
 - Ensure that your practice has a good confidentiality policy that is adhered to by all your staff and that patients are aware of it.
 - Improve your communication skills by attendance at courses or reading (such as *How to Break Bad News*).⁴

Some issues of confidentiality are listed in *Table 2*.

Table 2: Some questions general dental practitioners should ask themselves about their practice

How do you enable patients to have a confidential discussion?
Do you keep your clinic's door closed for all patients or just for some?
How do you encourage patients to talk to you?
How do your patients arrange a confidential appointment?
Who should be present at interviews?
How conducive is your reception area to the confidential filling-in of forms?
How easy is it for patients to have a private word with the receptionist?
What can you do to improve the environment in your clinic area to make it friendly and conducive to disclosures?
How do you ensure that the dental health team (nurses, receptionists) are trained to maintain confidentiality?
How do the receptionists handle a difficult phone call? (is there access to another line in a separate room?)
How do you store medical records? Who has access to them? Are patients given this information?
How do you ensure that patients' notes are not read by people not involved in their care (are they left lying on receptionist's desk?)
Does your practice leaflet include information on confidentiality and which patients you are willing to treat? (a statement such as 'The practice treats all patients, regardless of their medical history.')

For Pauline:

Try to remain calm without showing unnecessary alarm and ensure that Pauline is aware that confidentiality is being maintained. Ask Pauline if she is aware of any oral lesions and if she has any views as to their causation.

You may need to go through the medical history again and therefore it is important for Pauline to know that you think her oral lesions may be a systemic manifestation of a disease and not be just a local disease. In the medical history highlight particular risk factors such as blood transfusions, diabetes, use of systemic steroids and inhalers, drug use and unprotected sex with someone who may be HIV-positive. Sexual orientation can be misleading and not give you the information you really need when ascertaining risk of acquiring HIV.

Describe the lesions and show them to Pauline. Point out that you are not sure of the diagnosis and would like therefore to have a second opinion.

If Pauline does then volunteer that she is HIV-positive, or suspicious of it, you can continue to treat her as any other. It is important to stress that you will maintain confidentiality and continue to provide treatment.

If, however, Pauline is unaware of the significance of the lesions and you do not feel able to deal with the issues around HIV, then ensure that you discuss with her and gain her consent for referral. You can then give her or send on a letter of referral. This could be to an oral surgical or oral medicine clinic. It could also be to a genitourinary clinic or HIV counsellors or advisers, which is the fastest route as virtually all have a walk-in service. Some genitourinary clinics will arrange for a health advisor to come to the dental surgery for counselling of the patient. Referral to a genitourinary clinic will inevitably mean discussion of the possible diagnosis. You will then have done the hardest part of the task, namely alerting her to the possible diagnosis. Pauline needs

to be involved actively in decisions about referral since she may already be in the health care system and have some ideas about who to go to. It is important to stress that HIV testing is confidential and that Pauline does not need to tell you the result or even whether she went for a test. Reassure her that the genitourinary clinics will not inform you that she has been to them.

At an acceptable level of suspicion, health professionals have an ethical and moral duty to inform patients. It is crucial to give Pauline support and ensure that she has another appointment to see you again and go over things. Once bad news has been broken little is remembered; it needs to be reinforced on the next occasion. It is also important that Pauline is seen as soon as possible. One of the reasons that information is not disclosed to patients is the fear of worrying patients and creating anxiety. It is essential that once a patient has been alerted everything possible is done to get the patient seen quickly. For this reason, establishing networks and a protocol beforehand is essential.

Pauline Returns for Follow-up

Pauline returns for an appointment two weeks later and still has the same oral manifestations.

Issues to Consider

The main issue is to find out whether Pauline has tested positive or whether you need to reconsider your diagnosis.

Possible Strategies

Management will be easier if Pauline feels able to be honest with you about what action she has taken since the last visit. In order to encourage disclosure you need to be sure that Pauline feels she can trust you. You have to stress once again that confidentiality will be maintained for now and the future. You must take care not to adopt a judgmental attitude and make it

clear that you will treat Pauline, whatever the result of the test. If Pauline does not want to discuss the issue, you will need to eliminate the other causes for these lesions (*Table 1*) and treat her oral lesions appropriately.

Case Scenario 2

You have just examined George, a 45-year-old man who is a regular attender. George complains of a sore mouth which has been troubling him for several months and he has now noticed a purple lump on his palate.

George is a nurse and is worried that something has gone wrong. You take a further medical history and George tells you that he suspects he may be HIV-positive. You are sure that the lesions you are seeing are those of Kaposi's sarcoma. He may be aware that Kaposi's sarcoma is an AIDS-defining diagnosis and that his prognosis is worse than if he is only HIV-positive. What do you do next?

Issues to Consider

How sure are you of your diagnosis? What is the differential diagnosis of purple lumps in the palate? (*Table 3*)

Table 3: Differential diagnosis of oral lesions in case 2

Haemangioma
Kaposi sarcoma
Salivary tumour
Naevus
Melanoma

- Careful history-taking, stressing confidentiality and using effective communication skills, will enable you to assess George's understanding and the likely diagnosis. You will need to find out what health care he is already receiving as this will

help you decide together the most appropriate next step and referral.

- Do you need to do a biopsy or do you just refer the patient to a centre? Taking a biopsy can be complicated in practice. Once you receive the result, you will then have to break the news, as you will now be 100% sure that you are dealing with a Kaposi sarcoma. You could suggest therefore referral at this stage, explaining that an oral surgeon or physician would be more competent to carry out the biopsy. If George is not already attending a genitourinary clinic you may decide to refer him to one. HIV counsellors would help and could then refer him to the appropriate department for his management.
- If you wish to refer you need to have everything in place as discussed earlier.
- At this stage it is not necessary to stress that the lesions are AIDS-defining. A HIV diagnosis is traumatic enough.

Discussion

These scenarios are not hypothetical but real-life situations that the authors have been involved in solving. Practitioners need to be prepared, by improving their knowledge of the oral manifestations of these lesions and their management. Practitioners need to have identified their local networks so they know where to refer their patients for future management.

Being an effective communicator is essential for dealing with these and similarly difficult scenarios. There is now considerable research evidence to show that communication skills can be learned, and that they improve patient satisfaction. Good communication skills can be learned by attending courses such as those run by the Medical Interview Teaching Association which give the opportunity to practise in a non-threatening environment.⁵ Courses enable participants to work with specially trained actors

who are skilled at giving back feedback in their role as patient.

We, as dental professionals, have the responsibility to alert patients to the possible diagnosis of HIV, as early diagnosis will prevent further spread of disease and improve the prognosis of the individual patient.

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