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Difficulties Faced by Hearing-impaired Patients during Dental Visits amid COVID-19 Pandemic

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Editorial

Patients with impairments are a more susceptible segment of contemporary society, especially in the midst of the COVID-19 outbreak's quickly changing scenario. Hearing impairment, which affects around 15% of the worldwide population, is the 3rd most prevalent medical ailment after cardiovascular disease and arthritis, according to the WHO. Patients with impairments have different requirements, and those with hearing loss make up a major group of dental patients who have experienced several problems in accessing dental treatment during the COVID-19 pandemic. Personal protective equipment (PPE) was previously suggested globally before the COVID-19 pandemic, but not at every interaction from admittance desk until the patient's departure. As there is a significant theoretical danger of COVID-19 spreading in dentistry, all dental health care employees (DHCP) are required to wear the greatest feasible PPE at all times.

PPE, on the other hand, obscures most extra oral facial and all lip movement's expressions, reducing speech perception. Speech reading is an important element of processing and perception of speech, especially for persons who are completely or partially deaf. Face masks and N-95 respirators, as per research; reduce speech perception by up to 4 percent and 14 percent, correspondingly. Lip patterns and facial gestures are vital for all patients with speech impairment, and face coverings have a broader effect than those who lip-read. Data proves that from 60 percent to 70 percent of interaction is centred on nonverbal signals from lip patterns and facial expressions that are crucial for all patients with speech impairment. Currently available transparent translucent surgical masks and N-95 respirators received insufficient research and consideration, making this possibility essentially unusable in care settings. Antivirus protection face shields may have a small but significant detrimental impact on speech quality and volume, which has yet to be quantified.

In-spite widespread COVID-19 immunization, the best feasible PPE will continue to be used for its added safety. In-spite of negative impact of PPE on communication abilities, the pandemic imposes social restrictions, making the situation of deaf patient in the dental-care even more difficult. The "no-visitor" restrictions are exceptionally hard for cases of severe and profound deafness that need on help during all dental treatment processes, notably at admittance, due to infection control standards. With all deaf patients, a social separation of at least 2 m may also prevent conversation. Several of these issues are faced in a dental clinic that is already noisy, stressful, congested, unpleasant, and dynamic, with sound pressure levels exceeding 70 dB at times. Patients frequently experience mental anguish in dental clinics. This might trigger an emotional body panic response, resulting in hearing exclusion or occlusion.

Even after the influence of COVID-19 on the standard of dental treatment for hearing-impaired community has yet to be determined, all DHCPs should be aware of the issues that this demographic faces. The dentistry and healthcare disciplines have faced a slew of new and unexpected issues as a result of the COVID-19 pandemic response. Even the most skilled dentists can have their communication effectiveness harmed by excessive stress, difficulty handling ambiguity, teamwork problems, and worry for their own and their families' health. Deaf patients, on the other hand, should receive the greatest dental treatment available, including the use of a range of communication methods.

Hearing-impaired individuals may have worse oral health and an increased proportion of harmful oral behaviours, malocclusion, caries, and dental concern, according to limited research. There was a scarcity of high-quality papers and data about hearing-impaired people's dental health. Due to a paucity of comparison research and an unbalanced geographic representation of the examined populations, determining a clear influence of hearing problems on oral health is difficult. More study is needed to understand the extent of oral illnesses in the deaf population, with periodontal disease being the most unknown. Because of these information and research gaps, standardized and verified empirical data on oral health status, as well as dental treatment perception and experience by the hearing-impaired community, are needed.

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