ORAL HEALTH, IMPACT OF PAIN IN THE LIFE AND PERCEPTION OF USERS ATENDED AT FAMILY HEALTH STRATEGY OF PIRAÍ-RJ

Thais Rodrigues Campos **Soares**[1], Lucas Alves **Jural**[1], Thayssa Augusto Assis de **Araújo**[1], Ivan Rafael de Oliveira **Calabrio**[1], Ana Paula Ganem Rosas Martins **Ferreira**[2], Juliana Alves Ferreira **Ganem**[3], Solange Carraro Ganem da **Silva**[4], Mirella **Giongo**[5], Maria Cynésia Medeiros de Barros **Torres**[6], Lucianne Cople **Maia**[1*]

[1]Department of Paediatric Dentistry and Orthodontics, School of Dentistry, Federal University of Rio de Janeiro, Rio de Janeiro, RJ, Brazil.
[2]Manager of the Center of Dental Specialties of the Municipality of Piraí, RJ, Brazil.
[3]Dentist of the Family Health Program of the Casa Amarela Unit, Piraí, RJ, Brazil.
[4]Dentist of the Family Health Program of the Ponte das Laranjeiras Unit, Piraí, RJ, Brazil.
[5]Department of Social Dentistry, Faculty of Dentistry, Federal University of Rio de Janeiro, Rio de Janeiro, RJ, Brazil.
[6]Department of Dental Clinic, School of Dentistry, Federal University of Rio de Janeiro, Rio de Janeiro, RJ, Brazil.

Palavras-chave: Saúde Bucal. Percepção Social. Odontalgia.

RESUMO

Objetivo: identificar as características das demandas por serviços de emergência relacionados à dor nas unidades de saúde da cidade de Piraí, Rio de Janeiro; o grau de satisfação e as percepções dos usuários sobre o serviço prestado quando a necessidade está ligada a situações de urgência relacionadas à dor dentária. **Métodos:** Usuários das unidades públicas de saúde responderam, durante maio de 2013 até novembro de 2014, através de questionários, dados referentes a sexo, idade, renda familiar mensal, classe econômica, experiências nos serviços de emergência e um questionário McGill para dor validado para a língua portuguesa. Os dados foram analisados descritivamente e pelo teste Qui-quadrado ($p<0,05$). **Resultados:** Foram incluídos 137 usuários (40,22 ± 15,74 anos), 73,7% do sexo feminino, 59,9% da classe C e 43,8% com renda entre ½ e 1 salário mínimo. Do total, 54% sentiram alguma dor relacionada a problemas bucais nos últimos 12 meses antes do questionário e destes, 71,6% foram atendidos no serviço, 58% não encontraram dificuldades para obter atendimento, 68,9% resolveram o problema e 73% estavam satisfeitos com o serviço prestado. Apenas 37,2% dos usuários não relataram prejuízo social no trabalho ou no lazer causado por dor dentária. A faixa etária esteve associada à dor relacionada a problemas bucais nos últimos 12 meses ($p=0,02$) e à necessidade de consultas de emergência no mesmo período ($p=0,005$). **Conclusão:** A maioria dos indivíduos atendidos em serviço público era do sexo feminino, a classe econômica e a renda familiar predominante eram, respectivamente, classe C e de ½ a 1 salário mínimo; Dor de dente e dor ao beber líquidos frios ou quentes foram as queixas mais comuns nos últimos 12 meses; Existe associação entre idade e presença de dor dentária e necessidade de tratamento urgente; os participantes deste estudo se consideraram satisfatoriamente atendidos na maioria dos casos.

Keywords: Oral Health. Social Perception. Toothache**.**

ABSTRACT

Objective: to identify the characteristics of the demands for emergency services related to pain in health units in the city of Piraí, Rio de Janeiro; the degree of satisfaction and the perceptions of users about the service provided when the need is linked to emergency situations related to dental pain. **Methods:** Users of public health units answered, between May 2013 and November 2014, through questionnaires, data regarding sex, age, monthly family income, economic class, experiences in emergency services and a McGill pain questionnaire validated for the Portuguese language. The data were analyzed descriptively and using the Chi-square test ($p<0.05$). **Results:** 137 users were included (40.22 ± 15.74 years), 73.7% female, 59.9% from class C and 43.8% with an income between ½ and 1 minimum wage. Of the total, 54% felt some pain related to oral problems in the last 12 months before the questionnaire and of these, 71.6% were seen at the service, 58% did not find it difficult to get care, 68.9% solved the problem and 73% were satisfied with the service provided. Only 37.2% of users did not report social damage at work or at leisure caused by dental pain. The age group was associated with pain related to oral problems in the last 12 months ($p=0.02$) and the need for emergency consultations in the same period ($p=0.005$). **Conclusions:** The majority of individuals who are attended in public service being female, the economic class and the predominant family income were, respectively, class C and of ½ to 1 minimum wage; Toothache and pain when drinking cold or hot liquids were the most common complaints in the last 12 months; There is an association between age and presence of dental pain and the need for urgent treatment; and participants in this study are considered to have been satisfactorily treated in most cases.

Submitted: September 17, 2019
Modification: Febuary 26, 2020
Accepted: March 3, 2020

***Correspondence to:**
Lucianne Cople Maia
Address: Caixa Postal: 68066 – Cidade Universitária- CCS
Zip code: 21941-971 - Rio de Janeiro – RJ – Brazil. - E-mail: rorefa@terra.com.br
Telephone number: +55 (21) 25622098

INTRODUCTION

According to the World Health Organization (WHO), health can be defined as a state of complete physical, mental and social well-being and not just absence of disease or disability.[1] In this way the term health refers to an individual's subjective experiences of his or her own physical body and of his objective personal life experiences. As such, it is a sociological and psychological concept that can be applied both at the individual level and at the population level.[2] In this context, the First National Oral Health Conference established that oral health constitutes an integral and inseparable part of general health. [3] Oral health can be defined as the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.[4]

A more complete way of assessing oral health involves the individual's perception of their oral condition. In this way, the term "quality of life related to oral health" emerged, whose definition would be: the impact of diseases and oral disorders in the daily life of a patient or person, which are of sufficient magnitude in terms of frequency, severity or duration to affect your experience and the perception of your life in general. [5]

Whether due to the health problems located in the mouth or the difficulties encountered in accessing care services, teeth and gums register the impact of the precarious living conditions of many Brazilians throughout the country. From functional illiteracy to low schooling, low income, lack of work, and, finally, determinants and social determinants corroborate in a devastating way with the poor quality of oral health. [6]

In this sense, the National Oral Health Survey - 2010, known as SBBrasil Project 2010, analyzed the Brazilian population's situation regarding dental caries, gum diseases, dental prosthesis needs, occlusion conditions, fluorosis, dental trauma and occurrence of toothache, among other aspects, with the objective of providing the Ministry of Health and institutions of the Unified Health System (SUS), useful information to the planning of prevention and treatment programs in the sector, both at the national level and at the municipal level. [7]

Considering the importance of dental pain in Public Health, the objective of this study was to identify the characteristics of the demands for emergency services related to pain in the health units of the city of Piraí, Rio de Janeiro; the degree of satisfaction and the perceptions of the users about the service provided when the need is linked to urgent situations related to dental pain.

MATERIALS AND METHODS

The present study integrates the PRO-PET Health Program of the Federal University of Rio de Janeiro in the Municipality of Piraí, where it sought to develop its analysis based on users' experience of the Oral Health Network of Piraí with regard to dental pain and dental urgency.

The Municipal Health Department of Piraí - RJ has been qualified under the Full Management System of the Municipal System NOB 01/02 since 2003. This network currently has 11 Units, in which 13 Family Health Teams and 13 Oral Health Teams are allocated. In addition, it serves 04 complementary units (Serra do Matoso, Light, Fazendinha, Sanatório da Serra), with 100% coverage of the population by the Family Health Strategy since 2003[8]. The resident population was estimated to be 27,579 on July 1, 2014 (published in the Official Gazette of the Union on 08/28/2014[9]). It also offers 01 Health Surveillance Unit, 02 Specialized Centers (medical and dental), 01 Psychosocial Care Center (CAPS), 01 General Hospital, 01 Emergency Care Unit, 01 Physical Therapy Center 01 Laboratory of Clinical Pathology, 01 Laboratory of Dental Prosthesis, 01 Municipal Pharmacy, and 01 SAMU decentralized base.

Following approval from the Research Ethics Committee under number 274.628, this cross-sectional observational study assessed users of the Family Health Strategy of the city of Piraí, Rio de Janeiro, regardless of age, gender, and ethnicity. The study was divided into two stages: 1) elaboration of a set of questions to improve the experience of users of the Family Health units of the municipality of Piraí and 2) the forms were applied in the units by previously trained researchers.

All subjects who met the eligibility criteria were invited to participate in the study. The eligibility criteria included users who were able to read and write and who sought care in the public network, such as in hospitals and health units of the municipality of Piraí. All units (hospitals and public health units) participated in this study. All participants signed informed consent/consent forms. Individuals under 18 who answered the questionnaire signed a consent form after obtaining their guardian's consent. Illiterate patients and patients with neurological and/or metabolic diseases influencing pain mechanisms were excluded from the present study.

The data collection instruments used were questionnaires to identify details about the urgencies related to dental pain in the last 12 months. The instruments were applied in an appropriate location outside the dental care setting. The questionnaires were applied from May 2013 to November 2014. Data were collected twice a week in the morning and afternoon.

These data included gender (female and male), age (according to SB Brazil 2010[7] age groups of 15 to 19, 20 to 34, 35 to 44, 45 to 64, and over 65 years), family income (household total income was calculated by adding the income reported by those individuals who worked and were classified as receiving up to 1/2, 1 to 2, 2 to 3, 3 to 5, and above 5 minimum wages) and socioeconomic classification, which was measured using the Brazilian Economic Classification Criterion (Associação Brasileira de Empresas de Pesquisa. http://www.abep.org.br, accessed on May/2013 and Nov/2014). This criterion is constructed by assigning scores to the number of household assets and head-of-family's schooling. Social strata were divided in A1, A2, B1, B2, C, D, and E, with A1 as the highest social stratum and E as the lowest.

The problems related to oral health in the last 12 months were evaluated using 18 items, from which users could choose more than one. The treatment realized was evaluated by users' answers for questions regarding how difficult it was for them to obtain care in the public service, whether the problem was solved, and whether they were satisfied with the service provided. In addition, the impact of dental pain on the life of the patient was examined. The Brazilian version of the McGill pain questionnaire, proposed by Castro, was used to measure pain and its impact.[10] In this questionnaire, the patient was evaluated for issues related to social impairment, the development of daily living activities, and their perception about the reaction of third parties to their painful condition to measure the impact of orofacial pain on quality of life. Also included were questions regarding tolerance to pain, feeling of being sick, feeling of use, and satisfaction with life. It was made clear that only one number or an affirmative response could be selected for each of the sub-items. The questions were applied in the form of a questionnaire, with no time control for completion; hence, participants were not hurried during their responses.

Collected data were tabulated using the SPSS statistical program (version 21.0) and analyzed descriptively and via the non-parametric Chi-square test, with a confidence level of 95% indicating that the results were significant.

RESULTS

One hundred and sixty-four patients were invited to participate in the study, but 27 did not agree, with 137 participants remaining. The mean age of the participants was 40.22 (± 15.74), being 35% with 20 to 34 years, the majority being female (73.7%). The economic class and the predominant family income were, respectively, class C (59.9%) and of ½ to 1 minimum wage (43.8%) (Table 1).

Table 1: *Characterization of the sample (n=137).*

		Absolute value	*Relative value*
Gender	Female	101	73.7%
	Male	36	26.3%
Age	15 to 19 years	13	9.5%
	20 to 34 years	48	35%
	35 to 44 years	26	19%
	45 to 64 years	38	27.7%
	Over 65 years	12	8.8%
Family income	Up to 1/2 minimum wage	16	11.8%
	1/2 to 1 minimum wage	60	43.8%
	1 to 2 minimum salaries	11	8%
	2 to 3 minimum wages	25	18.2%
	3 to 5 minimum wages	15	10.9%
	Above 5 wages	4	2.9%
	Not answered	6	4.4%
Economic Classification	Class A1/A2	1	0.7%
	Class B1/B2	28	20.4%
	Class C	82	59.9%
	Class D	21	15.3%
	Class E	5	3.7%

When asked if they ever felt any pain related to a problem in their mouths or in their gums in the last 12 months before the questionnaire, 54% said yes. Of these, 71.6% were able to treat the problem in the public service, 58% did not find it difficult to get care. When asked if the problem was solved, 68.9% said yes and 73% said they were satisfied with the service provided. Descriptions of the problems reported in the 12-month period prior to the questionnaire are shown in Table 2.

Table 2: *Problems related to oral health in the last 12 months (n = 137).*

	Absolute value	*Relative value*
*Toothache**	67	48.9%
*Pain when drinking cold or hot liquids**	59	43.1%
Tooth for extraction	46	33.6%
Bleeding gums	43	31.4%
Dissatisfaction with the smile	42	30.7%
Change in tooth color	42	30.7%
Broken tooth	41	29.9%
*Pain when chewing**	40	29.2%
Swelling in the mouth due to teeth	30	21.9%
Difficulties in food	30	21.9%
Bad breath	27	19.7%
Difficulty cleaning teeth	21	15.3%
Difficulty speaking	21	15.3%
Difficulty in relationships	16	11.7%
*Pain when opening the mouth**	15	10.9%
Tooth mobility	15	10.9%
Falling with trauma to the teeth or bones of the face	9	6.6%
Secretion in the mouth or gums	8	5.8%

Note*: *The patient could choose more than one option.*

The results of the McGill pain questionnaire proposed by Castro (1999)[10] are shown in Tables 3 and 4. In general, only 37.2% of users related no social impairment at work or at leisure caused by oral pain. Of the total individuals, 22.6% reported that it is difficult to tolerate pain.

Table 3: *Impact of pain of oral origin on user's life (n = 137).*

	No	Little	More or less	Very	Totally / always	Not answered
Social impairment						
At work	51 (37.2%)	13 (9.5%)	15 (10.9%)	22 (16.1%)	14 (10.2%)	22 (16.1%)
Loss of working days	64 (46.7%)	12 (8.8%)	14 (10.2%)	11 (8%)	10 (7.3%)	26 (19%)
Health license	82 (59.9%)	9 (6.6%)	7 (5.1%)	8 (5.8%)	4 (2.9%)	27 (19.7%)
Loss of employment	89 (65%)	3 (2.2%)	6 (4.4%)	5 (3.6%)	7 (5.1%)	27 (19.7%)
Retirement	95 (69.4%)	1 (0.7%)	1 (0.7%)	3 (2.2%)	3 (2.2%)	33 (24.8%)
In school activities	72 (52.6%)	7 (5.1%)	6 (4.4%)	9 (6.6%)	8 (5.8%)	35 (25.5%)
At leisure	51 (37.2%)	16 (11.7%)	12 (8.8%)	19 (13.8%)	16 (11.7%)	23 (16.8%)
In home activities	60 (43.9%)	8 (5.8%)	17 (12.4%)	15 (10.9%)	13 (9.5%)	24 (17.5%)
In family relationships	67 (48.8%)	7 (5.1%)	12 (8.8%)	12 (8.8%)	13 (9.5%)	26 (19%)
In relationship with friends	63 (46%)	10 (7.3%)	13 (9.5%)	13 (9.5%)	13 (9.5%)	25 (18.2%)
Activities of daily living						
Sleep	41 (29.9%)	14 (10.2%)	9 (6.6%)	31 (22.6%)	19 (13.9%)	23 (16.8%)
Initial insomnia	62 (45.3%)	9 (6.6%)	7 (5.1%)	13 (9.5%)	18 (13.1%)	28 (20.4%)
Terminal insomnia	71 (51.8%)	3 (2.2%)	8 (5.8%)	7 (5.1%)	14 (10.2%)	34 (24.9%)
Nonrestorative sleep	68 (49.6%)	9 (6.6%)	11 (8%)	6 (4.4%)	11 (8%)	32 (23.4%)
Appetite / food	35 (25.5%)	20 (14.7%)	17 (12.4%)	27 (19.7%)	15 (10.9%)	23 (16.8%)
Personal hygiene	71 (51.8%)	14 (10.2%)	10 (7.3%)	9 (6.6%)	10 (7.3%)	23 (16.8%)
Getting dressed	101 (73.7%)	4 (2.9%)	2 (1.5%)	2 (1.5%)	5 (3.6%)	23 (16.8%)
Locomotion	90 (65.7%)	7 (5.1%)	7 (5.1%)	6 (4.4%)	5 (3.6%)	22 (16.1%)
Perception of the Other: People						
They are angry with me	86 (62.8%)	6 (4.4%)	5 (3.6%)	7 (5.1%)	6 (4.4%)	27 (19.7%)
Express frustration	87 (63.5%)	6 (4.4%)	7 (5.1%)	4 (2.9%)	6 (4.4%)	27 (19.7%)
They feel angry at me	97 (70.8%)	2 (1.5%)	4 (2.9%)	2 (1.5%)	5 (3.6%)	27 (19.7%)
They ignore me	97 (70.8%)	1 (0.7%)	2 (1.5%)	2 (1.5%)	8 (5.8%)	27 (19.7%)

Table 4: *Impact of pain on user's life (n = 137).*

	Absolute value	Relative value
Tolerate pain		
It is not difficult	24	17.5%
It is a little hard	32	23.4%
It is difficult	31	22.6%
It is very difficult	21	15.3%
It is impossible	10	7.3%
Not answered	19	13.9%
Do you feel sick?		
No	89	65%
A little	23	16.8%
Very	5	3.6%
Totally	1	0.7%
Not answered	19	13.9%
Do you feel useful?		
Yes	90	65.8%
Less than before	15	10.9%
Useless	7	5.1%
Very useless	1	0.7%
Totally useless	5	3.6%
Not answered	19	13.9%
Is your life satisfactory?		
Yes	97	70.9%
In part	15	10.9%
Unsatisfactory	1	0.7%
Completely unsatisfactory	4	2.9%
Not answered	20	14.6%

Table 5*: Relationship between age group with problems related to mouth and urgent care.*

		15 to 19 years	20 to 34 years	35 to 44 years	45 to 64 years	Over 65 years	Total	*P* value
Have you ever felt pain related to a mouth problem in the past 12 months?	**No**	6 (9.5%)	16 (25.4%)	15 (23.8%)	16 (25.4%)	10 (15.9%)	63 (100%)	0.02*
	Yes	7 (9.5%)	32 (43.2%)	11 (14.9%)	22 (29.7%)	2 (2.7%)	74 (100%)	
Have you already had to be taken care of urgently because of problems related to your teeth, gums, or any other part inside or around your mouth in the last 12 months?	**No**	10 (14.5%)	18 (26.1%)	12 (17.4%)	19 (27.5%)	10 (27.5%	69 (100%)	0.005*
	Yes	1 (1.6%)	28 (43.8%)	14 (21.9%)	19 (29.7%)	2 (3.1%)	64 (100%)	

Note*: Chi-square test * Statistical significance (p<0.05).*

Of the total patients who had a toothache in the last 12 months, 9.5% had 15 to 19 years old, 43.2% had 20 to 34 years old, 14.9% had 35 to 44 years old, 29.7% had 45 to 64 years old and 2.7% had over 65 years.

The relationship between age and dental pain due to urgent oral problems in the last 12 months showed statistical significance (p = 0.02), as well as the need for urgent care in the same period (p=0.005) (Table 5).

DISCUSSION

This study evaluated the characteristics of the demands for emergency services related to dental pain in the health units of the city of Piraí, Rio de Janeiro. The literature shows that women use dental public services more than men.[11] These results corroborate the findings of the present study because most of the analyzed users were women. Age is also considered to be an important factor in seeking care, and users aged 20 to 64 years were the most frequent; this high frequency may be explained by the requirement for urgent care because these patients have more teeth than the elderly and a more active working life than younger patients and as a result, their oral care decreases.[12]

Oral diseases have a significant impact on people's quality of life and cause restrictions with respect to learning and life productivity. In this sense, such diseases are significant impediments to school, work, and domestic activities, interfering economically and socially in the development of populations, particularly the most vulnerable ones.[2,5,6] In addition, pain of dental origin is one of the main reasons for seeking health services and dental care for several age groups,[7,11] and therefore, the National Health Survey contains questions that provide data regarding these areas.[6]

Pain can be defined as an unpleasant or distressing impression resulting from injury, contusion, or anomalous state of the organism or a part of it; it involves physical or moral suffering, can affect individuals in different ways, and may cause varying impacts on life. [13] When assessing dental pain impact on the life of patients in the present study, such pain was listed as a reason for seeking dental care and was also related to social impairment at work, leisure, and daily life activities, such as sleep and eating. Hence, dental pain was found to severely interfere with a number of dimensions of people's lives.

SB Brazil 2010,[7] one of the largest oral health epidemiological surveys, carried out by the Ministry of Health, found that one of the main reasons for visiting the dentist was dental pain, which in the present study was reported by 48.9% of users, being more common in patients aged 20 to 34 years and less frequent in younger and older patients. These results corroborate findings in the literature that observed a high prevalence of dental pain in patients who seek care in a public service. In addition, these results also reinforce the negative impact that dental pain causes on individuals' quality of life.[14,15,16]

In certain circumstances, this high prevalence and intensity of dental pain are associated with gender, age, presence of carious cavities in the deciduous dentition, and number of dental visits. Corroborating the literature data, in the present study, the occurrence of pain related to a problem in the mouth was associated with age and the requirement for urgent care.[10,17,18]

Other oral problems found in the present study, such as dissatisfaction with the smile, presence of pain when drinking fluids, and gingival bleeding are also related to the negative impact on quality of life.[15,16]

Among the significant challenges for health care effectiveness at the national level is the identification of a relevant barrier referred to as "access" and how it is provided to users. The overwhelming historical demands for oral health in the public service typically reinforce the absence of care and contravene the universality, equity, and completeness principles proposed in Brazilian law.[12]

Access to an oral health service is an integral part of the constitutional law related to the principle of health comprehensiveness in the SUS. In this sense, for this right to be guaranteed in real life, access, as well as the effectiveness of care form part of the efforts that have been implemented since 2003 by the Ministry of Health, in the Department of Health Care by the Department of Primary Care/Oral Health Coordination, with the implementation of the National Oral Health Policy: Smiling Brazil Program.[19] This policy has as its perspective the integral vision of the health-disease process and proposes that health care be structured in networks of assistance to oral health, with articulation in the three levels of attention: Basic Care (in the Family Health Strategy model), Medium Complexity - Odontological Specialties Centers, and High Complexity in the hospital network (Federal, State, and Municipal), besides access to the units of prompt service – UPAs.[19] Although the Oral Health program is inserted in the context of the Family Health Strategy, this care model does not have significant effects in terms of less curative treatment and in the expansion of individual or collective preventive actions. Despite advances in access, reception, and bonding, few results in health promotion, territorialization, and interdisciplinary approach are observed in practice.[20] In the present study, there was a wide acceptance of the users to the service, with most of them being able to have their dental pain treated and without having difficulty accessing health services. In addition, the results demonstrated that most of the users felt satisfied with the service provided, as was also

determined in the studies of Santos et al. (2015) and Martins et al. (2015).[21,22]

The meaning of the term "inclusion" in the oral aspect has important social reverberations, including the perspective of the mouth in terms of access to employment, in the affectivity and socialization of individuals, as well as the maintenance of essential conditions for life.

Today in Brazil, we have a new panorama in the implantation of oral health networks with access to basic care and medium complexity. However, despite the "new" programmatic identity being assured by the policy, unfortunately in part of the municipalities, oral health care issues that differ from the proposed model still persist. In these services, the focus is privileged, or better said, directs the attention only by spontaneous demand (emergencies), and dental treatments have as their exclusive origin the arrival of a dental complaint (i.e., this assistance refers to the attention produced by the biomedical, disease-centered model, in detriment of the strategic planning based on the local diagnosis from the perspective of integrality and longevity of care). The demand exacerbated by emergency and specialized services (with all of the consequences that follow), despite being explained by social imaginary and medical-dental-industrial complex influences, is also modulated by the offerings and capacity for basic care, mainly due to the qualification of human resources.[23]

However, "free demand" is a real need in the territories, observing the historical void of attention to the implementation of the National Oral Health Policy; these moments of users' suffering should stimulate the potential for the creation and strengthening of links. These are situations in which these users and their families feel vulnerable and helpless and, with the programmatic perspective in mind, it is essential to create links between professionals and users, establishing bonds of trust. This host should be transformed into longitudinal care with the reorientation of timely dental assistance logic.[24]

This study has methodological limitations because it is cross-sectional in nature and evaluates a convenience sample of service users whose dental pain prevalence in the last 12 months may have been even lower than for those who did not access the system. Because the instrument used is a questionnaire completed by the user, the number of unmarked responses can be considered to be a limitation of the study.

Users and their families can be accommodated for in oral health services in different ways, from the planned structuring of access, whether scheduled or not. In this case, the implantation of the spontaneous demand causes changes in the organization of the teams, in the relationships between workers and in the modes of care, particularly with respect to the humanization of health services, and based on the principles of ethics and citizenship[6,24].

CONCLUSIONS

According to the objectives of the present study, it was possible to conclude that:

- Most individuals who attended public services were female; their economic class and predominant family income were, respectively, class C and ½ to 1 minimum wage;
- Toothache and pain when drinking cold or hot liquids were the most common complaints in the last 12 months;
- There is an association between age and presence of dental pain and the need for urgent treatment;
- Participants in this study are considered to have been satisfactorily treated in most cases.

Acknowledgments

The authors thank the MEC, the PET health of the UFRJ and the oral health coordination of the municipality of Piraí.

This study was financed in part by the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior – Brasil (CAPES) – finance code 001, FAPERJ (E-26/010.100992/2018), CNPq 159961/2018-1 and PIBIc CNPq 121908/2019-4.

REFERENCES

1. WORLD HEALTH ORGANIZATION. Oral health surveys – basic methods. 4 ed. Geneva, 1997

2. Locker D. Measuring oral health: socio-dental indicators. In: An introduction to behavioral science & dentistry. (D. Locker, org.) New York: Routledge, 1997.

3. Brasil. Ministério da Saúde. Relatório final da 1ª Conferência Nacional de Saúde Bucal. Brasília (DF): Ministério da Saúde, 1986

4. Glick M, Williams DM, Kleinman DV, Vujicic M, Watt RG, Weyant, RJ.. A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. JADA. 2016;147(12):915–917.

5. Locker D, Allen F. What de measures of 'oral quality of life' measure? Community Dent Oral Epidemiol. 2007,35:401-411.

6. Narvai PC. Avanços e desafios da Política Nacional de Saúde Bucal no Brasil. Revista Tempuas Actas de Saúde Coletiva. Available from: www.tempus.unb.br/index.php/tempus/article/download/1039/948

7. BRASIL. Ministério da Saúde. Projeto SB Brasil 2010. Pesquisa Nacional de Saúde Bucal. Resultados Principais. Brasília, 2012.

8. Prefeitura Municipal de Piraí. Available from: https://www.pirai.rj.gov.br/servicos/saude/unidades-de-saude

9. IBGE - Instituto Brasileiro de Geografia e estatística. Estimativas populacionais para os municípios e para as Unidades da

Federação brasileiros. Available from: https://ww2.ibge.gov.br/home/estatistica/populacao/estimativa2015/default.shtm
10. Castro CES. A formulação lingüística da dor - versão brasileira do questionário McGill de Dor. São Carlos, 1999. [Dissertação de Mestrado – Universidade Federal de São Carlos].
11. Pinto RS, Matos DL, Loyola Filho AI. Characteristics associated with the use of dental services by the adult Brazilian population. Cien Saude Colet. 2012, 17: 532-544.
12. Lima CV, Souza JGS, Oliveira BEC, Noronha MS, Pereira AC, Probst LF. Falta de dentição funcional influencia na autopercepção da necessidade de tratamento em adultos: estudo de base populacional no Brasil. Cad. Saúde Colet., 2018, Rio de Janeiro, 26 (1): 63-69
13. Ferreira ABO. Pequeno dicionário brasileiro da língua portuguesa. 11ª ed. Rio de Janeiro: Editora Civilização Brasileira SA, 1987.
14. Fonseca SGO, Fonseca EP, Meneghim MC. Fatores associados ao uso de serviços odontológicos públicos por adultos no estado de São Paulo, Brasil, 2016. Ciência & Saúde Coletiva, [s.l.], jan. 2020;25(1):365-374,
15. Queiroz MF, Verli FD, Marinho AS, Paiva PCP, Santos SMC. Dor, ansiedade e qualidade de vida relacionada à saúde bucal de pacientes atendidos no serviço de urgência odontológica. Ciência & Saúde Coletiva, [s.l.], abr. 2019;24(4):1277-1286.
16. Rauch A, Hahnel S, Schierz O. Pain, Dental Fear, and Oral Health-related Quality of Life – Patients Seeking Care in an Emergency Dental Service in Germany. J Contemp Dent Pract 2019;20(1):3-7.
17. Freire MCM, Leles, CR Sardinha, LMV Junior, MP Malta, DC, Peres MA. Dor dentária e fatores associados em adolescentes brasileiros: a Pesquisa Nacional de Saúde do Escolar (PeNSE), Brasil, 2009. Cad. Saúde Pública, Rio de Janeiro,2012; 28 Sup:133-145
18. De Lacerda JT, De Bem Pereira M, Traebert J. Dental pain in Brazilian schoolchildren: a cross-sectional study. Int J Paediatr Dent. 2013,23:131-137
19. Brazil. Ministério da Saúde. Secretaria de Atenção à Saúde Departamento de Atenção Básica. CADERNOS DE ATENÇÃO BÁSICA - n.º 17. Brasília – DF. 2006
20. Scherer CI, Scherer MDA, Chaves SCL, Menezes ELC. O trabalho em saúde bucal na Estratégia Saúde da Família: uma difícil integração? Saúde Debate. 2018,42(2):233-256
21. Santos MLMF, Cruz SS, Gomes-Filho IS, Soares JSP, Figueiredo ACMG, Coelho CM. Satisfação dos usuários adultos com a atenção em saúde bucal na estratégia de saúde da família. Cadernos Saúde Coletiva, jun. 2015;23(2):163-171
22. Martins AMEBL, Ferreira RC, Neto PES, Carreiro DL, Souza JGS, Ferreira EF. Users' dissatisfaction with dental care: a population-based household study. Revista de Saúde Pública,2015;49:1-12
23. Bulgareli JV, Faria ET, Ambrosano GMB, Vazquez FL, Cortellazzi KL, Meneghim MC, et. al. Informações da atenção secundária em Odontologia para avaliação dos modelos de atenção à saúde. Rev Odontol UNESP. 2013,42(4):229-236
24. Brazil. Ministério da Saúde. Secretaria de Atenção à Saúde Departamento de Atenção Básica. CADERNOS DE ATENÇÃO BÁSICA - n.º 28, Volume I Brasília – DF 2011.