Results: Data from 382 teachers from 30 schools spread across Galicia were obtained. Of the teachers completing the questionnaire, 59.4% have received first aid training; of these 2.1% received first aid training that included CTDI content, and 42.7% of the responding teachers have faced a CTDI in the past in the workplace. In relation to dental luxations, the most common action response (58.1%) was notifying parents. Similar results were obtained in cases of dental fractures. Primary action response errors related to the means of preserving avulsed teeth, usually opting for transporting teeth “dry”. The 86.4% of teachers were interested in receiving specific training guidelines for action in responding to CTDIs.

Conclusions: The knowledge of teachers on the first action measure to respond to a CTDI turned out to be significantly low. This is especially worrisome since many of the CTDIs occur in schools and increases the need to include CTDI content in teacher training programs.

- Oral Presentation 24

TITLE: Role of the dentist in the diagnosis of the abused geriatric patient

AUTHORS: García Cubero C, Callow Pueyo S, Belarra Arenas C, Buesa Báñez JM, Santos Marino J.
Máster en cirugía bucal e implantología. Hospital Virgen de la Paloma.

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Objectives: Provide the dentist the tools and skills necessary to identify geriatric patients who attend your dental practice and have been victims of abuse and neglect.

Provide the patient with instructions for managing situations of suspicious of any form of abuse in geriatric patients.

Material and Method: A bibliographic literature review of the last 10 years was conducted, consulting first sources in medline via pubmed database. Articles of interest that respond to key words were selected: “elder abuse”, “elder neglect” and “dentist”.

Results: The mistreatment of individuals over 65 years of age constitutes a public health problem. It is estimated a prevalence of 32 cases per 1,000 people and it is growing.

About abuse types, neglect and physical abuse constitutes nearly 50%, appearing two of each three in the maxillofacial region and upper extremities. The oral facial manifestations in these patients are bruising, lacerations, traumatic alopecia, and neglect signs in their

oral hygiene like poor plaque removal, broken dentures being maintained, dehydration or sores that get worse.

Conclusions: Dentists are in an ideal position to identify and designate suspicions of mistreatment in the geriatric population, due to examination in the area of the head, neck and because usually patients are seen a minimum of twice a year.

Understand what they can and can not do by themselves, differentiating between pathologies proper of their age or intentional is the key to determine the presence of any abuse.

- Oral Presentation 25

TITLE: New oral anticoagulants and their impact on the dental management of the geriatric patient

AUTHORS: García Moreno S, Gutiérrez Bonet C, Martínez Rodríguez N, Rubio Alonso L, Santos Marino J.

Master en Cirugía Bucal e Implantología, hospital Virgen de la Paloma.

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Objectives: Knowing which are the main clinical and pharmacological characteristics of the new oral anticoagulants (davigatran, ribaroxacan) and according to them, set some recommendations for the proper management of geriatric dental patients.

Material and Methods: A review of the literature in major medical databases (PubMed, Embase and Cochrane) was performed using the keywords “davigatran”, “ribaroxacan” and “Pradaxa”, limiting the search to the last five years.

Results: A total number of 18 articles were selected, these found that ribaroxacan and mainly davigatran are drugs with an increasing demand, replacing gradually warfarine and heparine as anticoagulants of choice. They are, according to most randomized clinical trials, at least as effective as the previous ones in the prevention and treatment of thromboembolism, but with fewer drug and food interactions and also allows predictable anticoagulation levels at a fixed dose without regular monitoring. Although they are safer, it will be necessary to establish some preventive actions to avoid complications such as to measure the Activated Partial Thromboplastin Time (APTT) prior to mayor oral surgery, to withdraw the drug 24 hours before the surgery when there is a risk of bleeding or to know if there is any degree of renal deterioration in order to prevent spontaneous or mayor bleeding.