

## 歯科心身症における歯科医師と薬剤師の 連携（歯薬連携）の有用性について

星子 謙<sup>1)</sup>・竹之下美穂<sup>2)</sup>・梅崎陽二郎<sup>3)</sup>・菅原詩織<sup>2)</sup>  
川崎カオル<sup>2)</sup>・三浦杏奈<sup>2)</sup>・美久月瑠宇<sup>2)</sup>・篠原優貴子<sup>2)</sup>  
吉川達也<sup>2)</sup>・豊福 明<sup>2)</sup>

### The usefulness of cooperation between dentists and pharmacists in a regional psychosomatic dental treatment system

Ken Hoshiko<sup>1)</sup>, Miho Takenoshita<sup>2)</sup>, Yojiro Umezaki<sup>3)</sup>, Shiori Sugawara<sup>2)</sup>  
Kaoru Kawasaki<sup>2)</sup>, Anna Miura<sup>2)</sup>, Lou Mikutsuki<sup>2)</sup>, Yukiko Shinohara<sup>2)</sup>  
Tatsuya Yoshikawa<sup>2)</sup>, Akira Toyofuku<sup>2)</sup>

**Abstract:** In psychosomatic dentistry, patients often complain about unknown and refractory chronic pain and uncomfortable feeling in the orofacial region. The examination and construction of patient-doctor/paramedic relationship, therefore, are unique due to the feature of medically unexplained oral symptom. One of the mainstreams of treatment for oral psychosomatic disorder is pharmacotherapy, including antidepressants and antipsychotics. However, pharmacists often misunderstand the meaning of the prescription, resulting in negative effects in treatment of some cases. In order to better promote a clear understanding, we convene a meeting of psychosomatic dentists and regional pharmacists. We suggest that a good understanding and strong cooperation between dentists and pharmacists is vitally necessary and might be very beneficial for medication adherence, concordance and treatment safety.

**key words :** Psychosomatic dentistry, cooperation between dentists and pharmacists, adherence

キーワード：歯科心身症，歯薬連携，アドヒアランス

#### 諸 言

本院の歯科心身医療外来では、舌痛症、非定型歯痛、口腔内セネストパチー、咬合異常感などの患者に対して、さまざまな精神神経系薬剤（図1）を用いて薬物治療を行っている<sup>1)</sup>。その使用目的は、主に「口腔内の痛みや違和感（異常感）の改善」であり、1日平均20枚程度、院外処方箋を発行している。

処方箋には歯科医師の処方目的や診断名等は記載されていないため、薬剤師は、処方された薬剤について

処方意図を推察することが非常に難しい。その結果、どのように服薬指導を行ったら良いのか悩み、手探りの服薬指導となってしまう。さらに院外薬局では処方薬の説明書（薬剤情報提供文書）が発行されるが、そこに記載されている内容も歯科医師からの説明とは食い違い、その結果、患者の不信感を招いてしまう場合がある。最悪の場合、薬を飲むのが怖いという不安から服薬拒否に繋がることもあることを著者らは経験している。

近年は医薬分業が進み、基本的に外来患者の投薬は

<sup>1)</sup> 東京医科歯科大学歯学部附属病院薬剤部  
(主任：原澤秀樹 薬剤部長)

<sup>2)</sup> 東京医科歯科大学大学院医歯学総合研究科歯科心身医学分野  
(主任：豊福 明 教授)

<sup>3)</sup> 福岡歯科大学総合歯科学講座高齢者歯科学分野  
(主任：内藤 徹 教授)

<sup>1)</sup> Paramacy, Dental Hospital, Tokyo Medical and Dental University (Chief: Hideki Harasawa)

<sup>2)</sup> Psychosomatic Dentistry, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University  
(Chief: Prof. Akira Toyofuku)

<sup>3)</sup> Section of Geriatric Dentistry, Department of General Dentistry, Fukuoka Dental College  
(Chief: Prof. Toru Naito)

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# 認知行動療法と二酸化塩素製剤の含嗽の併用により ドライマウスを伴う口臭症が改善した1症例

樋口均也<sup>1)</sup>・本田俊一<sup>2)</sup>

## Using cognitive behavior therapy and mouthwash containing chlorine dioxide for halitosis accompanied by dry mouth: a case report

Kinya Higuchi<sup>1)</sup>, Shun-Ichi Honda<sup>2)</sup>

**Abstract:** [Introduction] Patients who visit clinics being self-consciousness of oral malodor usually have good oral hygiene, but often carry psychological problems like uneasiness and depression related to their concern. This makes the symptom difficult to cope with because a standard dental treatment such as oral hygiene instruction does not always work. Therefore, psychological problem from halitosis has conventionally been considered difficult to treat. Here we report on one of such case that was improved by a combination treatment comprised of cognitive behavior therapy and chlorine dioxide oral rinse.

[Case] A 40-year-old female patient complained of oral malodor, and anxiousness when talking with other people. She started worrying about bad breath 15 years ago when her mother told her, she had bad breath. Since then, she cannot talk to other people with a positive attitude. She was especially worried about the behavior of other people when noticing some people covered their mouths with their hands or showing displeasure while talking with her. Through counseling, we found that the "oral malodor" she was complaining about was not actually a bad smell itself, but a dry and sticky texture inside her mouth. Her oral hygiene state was relatively good. Sensory analysis detected that both intraoral gas and expiration had a distinctive putrid odor. Device measurement using BB checker, a simplified gas monitor, also showed a high value. Salivary tests revealed low saliva secretion, white and yellow turbidity, and precipitation. We have diagnosed her symptom as a "halitosis with dry mouth" and started a combination treatment of cognitive behavior therapy and chlorine dioxide oral rinse. 43 days later, she stated that the dry and sticky texture inside the mouth was gone, and she did not notice the behavior of others any more. According to the result of this inspection, all scores from sensory analysis and device measures receded. Salivary secretion improved and white or yellow turbidity were not observed.

[Discussion] It is important to solve problems of "irregular senses inside the mouth" and "behavior of others" as seen in this case alongside the malodor itself. This case report indicated that cognitive behavioral therapy is an effective method for solving these problems.

**key words :** halitosis, chlorine dioxide, cognitive behavior therapy  
キーワード : 口臭症, 認知行動療法, 二酸化塩素

### 緒 言

口臭の原因は主として嫌気性菌が産生する揮発性硫黄化合物である<sup>1,2)</sup>。歯科治療を求めて来院した患者

に口臭が感知されることがあるが、ブラッシング指導などで口腔衛生状態が改善されると口臭が軽減することが多い<sup>3)</sup>。一方、口臭を自覚する患者も少なからず存在し、このような患者の口腔衛生状態は総じて良好

<sup>1)</sup> 医療法人慶生会 ひぐち歯科クリニック  
(主任: 樋口均也 理事長)

<sup>2)</sup> 医療法人ほんだ歯科 (主任: 本田俊一 理事長)

<sup>1)</sup> Medical Corporation Higuchi Dental Clinic (Osaka, Japan)

(Chief: Dr. Kinya Higuchi)

<sup>2)</sup> Medical Corporation Honda Dental (Osaka, Japan)

(Chief: Dr. Shun-Ichi Honda)

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# 身体症状症と身体型妄想性障害を伴う患者の口腔内の疼痛と 妄想症状改善に歯科衛生士が行う口腔ケア介入が有効であった1例

矢野加奈子<sup>1)</sup>・土井 充<sup>2)</sup>・入船正浩<sup>2)</sup>・香西克之<sup>3)</sup>

## Dental hygienist intervention is an effective treatment for the oral symptoms with somatic symptom disorder and delusional disorder: A case report

Kanako Yano<sup>1)</sup>, Mitsuru Doi<sup>2)</sup>, Masahiro Irifune<sup>2)</sup>, Katsuyuki Kozai<sup>3)</sup>

**Abstract:** It is a case report in which dental hygienists intervened in the treatment of patients with somatic symptom disorder and delusional disorder. The patient was a 64-year-old man. His medical history felt pain in the same part as the slope (delusional symptom) since five years ago. He visited several medical institutions, nevertheless, there was no oral abnormality. As a result, he was introduced to our hospital psychiatrist. Next, he was hospitalized twice in the psychiatric department, but the symptoms did not improve. He was introduced to the dental anesthesiology department for the purpose of examining the cause of the pain. No cause of pain was found in the oral cavity or outside the mouth. The diagnosis name is somatic symptom disorder and delusional disorder. Due to persistent pain in the mouth and delusional symptoms, brushing of the teeth was carried out simply in the morning and the oral hygiene condition was extremely unsanitary. Hence, a dental hygienist intervened once a month, and oral care was carried out to improve oral hygiene. When the dental hygienist intervened six months, it became possible to brush teeth after each meal. At the same time pain and delusional symptoms were also alleviated. After that he relapsed twice, the reason was psychological. As the symptoms were relieved after oral care, it was presumed that unsanitary oral hygiene conditions was one of the risks of exacerbation of patient's pain and delusional symptoms. The dental hygienist played an important role of preparing the oral environment, and it can be said that dental hygienist intervention was effective in this case. However, keeping in mind that the main treatment is not only dental treatment, a dental hygienist is necessary to cooperate with dentists and psychiatrists and engage in treatment.

**key words :** psychosomatic oral medicine, somatoform disorder, oral hygiene management  
キーワード : 身体症状症, 身体型妄想性障害, 口腔衛生管理

### I. 緒 言

身体症状症, 身体型妄想性障害の治療は, 心理療法  
や薬物療法など精神科医による専門的な治療が有効と  
されているが, 身体症状が口腔内に現れている場合は,

精神科ではなく歯科治療を求め歯科を受診する患者も  
少なくない。しかし, 口腔内環境の変化による症状悪  
化を懸念して歯科の介入は回避される場合が多い。実  
際に, 対応に苦慮し, 患者に言われるがままに歯科治  
療を行った結果, 症状悪化を認めた報告は多数存在す

<sup>1)</sup> 広島大学病院診療支援部歯科衛生部門  
(主任: 中岡美由紀 歯科衛生部門長)

<sup>2)</sup> 広島大学大学院医歯薬保健学研究所歯科麻酔学研究室  
(主任: 入船正浩 教授)

<sup>3)</sup> 広島大学大学院医歯薬保健学研究所小児歯科学研究室  
(主任: 香西克之 教授)

<sup>1)</sup> Central Clinical Sections Dental Hygiene Section,  
Hiroshima University Hospital  
(Chief: Miyuki Nakaoka Chief Dental Hygienist)

<sup>2)</sup> Department of Dental Anesthesiology, Program of Dental  
Science, Integrated Health Science Graduate School of  
Biomedical & Health Science, Hiroshima University  
(Chief: Prof. Masahiro Irifune)

<sup>3)</sup> Department of Oral Health and Development,  
Department of Pediatric Dentistry, Integrated Health  
Sciences, Hiroshima University  
(Chief: Prof. Katsuyuki Kozai)

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