

dorsal vertebral vertebral, luminous intensity in the lumbar spine and forearm and minimum in the hands, wrists, knees, feet and ankles, more frequent in females.

Discussion and conclusions: The results found are mostly similar to those of other authors, such as age, sex, years of profession, type of specific acts more practiced and preferential location of the symptomatology [1–3]. However, it can be verified from the results of our study that the complaints of dentists for the lesions were smaller compared with other studies. In summary, the study group showed to know and adopt ergonomic recommendations about position and equipment and it can be affirmed that these professionals did not present these pathologies in an intense way.

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Main reasons for rejection of deep brain stimulation surgery in candidates with Parkinson Disease

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Introduction: Stimulation at high frequency (>130Hz) of basal ganglia has been shown to improve motor signs in patients with advanced Parkinson Disease (PD), namely bradykinesia, muscular rigidity and tremor. Deep brain stimulation (DBS) is particularly indicated for PD patients when optimised medical treatment is no longer efficient [1,2]. Still, when verifying conditions for surgery, many patients are refused the procedure. The main reasons that lead to rejection of referral patients for DBS need to be studied. We reviewed the reasons for exclusion of PD patients for the surgery in Centro Hospitalar Lisboa Norte, (Hospital de Santa Maria), between 2006 and 2016 where roughly 250 patients were implanted during this period.

Material and methods: We performed a retrospective collation of data of PD patients not implanted after being fully evaluated by a multidisciplinary team. The reasons for exclusion were classified in seven categories: age, behavioural/psychiatric dysfunction, cognitive dysfunction, PD with predominant axial symptoms (gait and/or balance impairment where DBS is not efficient), pharmacological treatment not optimized, refusal of surgery by the patient, and unrealistic goals. Anonymised patients data was analysed after study approval by the Ethics Commissions of Cooperativa de Ensino Superior Egas Moniz CRL and Centro Académico de Medicina de Lisboa.

Results: A total of 48 PD patients were identified as candidate for DBS but have not been implanted: 39.6% women (64.6 ± 5.9 years old) and 60.4% men (67.2 ± 7.2 years old) with a mean duration of the disease of 15.3 (±7.7) years. The main reason for DBS exclusion was related to poor axial motor function: 56.2% had a Movement Disorders Society Unified Parkinson Disease Rating Scale – (MDS-UPDRS) part III score >2 in “On” time in items of gait, freezing or postural instability. Behavioural/psychiatric disorders came second (39.6%), followed by dementia (22.9%), and age above 70 years old (20.8%). In 14.5% of the cases, patients gave up surgery. Refusal was related to poor response to levodopa in 12.5% of the cases and to unrealistic goals in 8.3%. Some patients had more than one reason to be rejected.

Discussion and conclusion: Our results show that the main reason for rejection in our patients is the presence of axial motor symptoms, contrary to the results from the study of Abboud et al. (2014) that identified significant cognitive decline as the main reason for exclusion [3]. This may be related to the external referral to specialized centers. A significant proportion of patients who show interest in this intervention are identified as not suitable. It is important to carry out a rigorous multidisciplinary evaluation to improve the efficiency of the intervention, reduce adverse events and meet patient and health care provider expectations.

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Evaluation of the relation between xerostomia and chronic systemic diseases

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Introduction: Xerostomia is defined as a subjective complaint of feeling of dry mouth and is usually related to reduction of salivary secretion but sometimes it can also occur due to changes in the properties of the components of saliva [1]. It can be referred by individuals of any age; however, the prevalence of this symptomatology is more associated with middle-aged and elderly individuals [2]. It is a serious condition, often neglected by medical practitioners and oral health professionals, and often goes unnoticed to the dentist or hygienist during a routine dental examination, despite contributing to a strong disturbance in the quality of life of these patients [3]. The xerostomia may have other etiologies and its higher incidence is not confined only to the elderly but is often referred by individuals with systemic chronic diseases, such as hypertension, diabetes, kidney insufficiency, cardiovascular diseases, among others [4].

Materials and methods: The target population consisted of adults of both sexes and of different ages who were patients that frequented general medicine consultations in the Social Services of Lisbon's City Hall. The target population proceeded to fill in a questionnaire. This questionnaire was anonymous and optional. Subsequently the results of the questionnaires were analysed using the SPSS software, where the sample of 270 patients, and the possible relationship between the complaint of xerostomia and the presence of diagnosis of chronic systemic diseases was studied. The statistical significance was measured using the Qui-Square test, where a *p* value lower or equal to .05 was considered as significant.

Results: Statistical associations were found between diabetes, hypertension, cardiovascular diseases, rheumatic diseases, depression and anxiety with complaints of xerostomia.

Discussion and conclusion: Our study allowed us to observe that there is a statistical association between xerostomia and certain chronic systemic diseases, such as diabetes, hypertension, cardiovascular diseases, rheumatic diseases, depression and anxiety. The association between systemic diseases and chronic xerostomia is referenced by various authors and explained as the result of the mechanisms of diseases or due to drug interaction [5]. Our results also come in agreement with the findings of previous published works that associated these previous diseases individually with xerostomia. This work helps reinforce the need of a better bond between medical practitioners and dentists to assure a better understanding of the patient well being.

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