



EDITORIAL

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Communication is a complex process of social interaction, in which two or more people connect with each other through an exchange of messages using a common code¹. Establishing proper communication is essential for good clinical practice, as it allows us to get information about the reason for consultation and the treatment needs of our patients, explain them the treatment to be performed and exchange relevant information to obtain an adequate medical history².

If a person has difficulty communicating and cannot make him or herself understood properly, they could feel isolated, anxious and even depressed³. This happens to many people with disabilities in all areas of their life, so it is important to know and use alternative/augmentative communication (AAC) systems. These were created to facilitate communication with people who cannot develop speech properly. These systems consist of a structured set of non-verbal codes that need to be learned, as they use other means of communication instead of the vocal tract. They are called *alternative* because they replace speech when it is absent or not understandable, and *augmentative*, because they complement speech when it is not enough to engage in effective communication with the environment^{3,4}. In this way AAC systems facilitate and increase communication¹. One of the most commonly used classifications is related to the type of support these systems need: with and without external aid. Unaided systems do not require any equipment, material or assistance. They do not involve any external physical element, except the sender. On the other hand, AACs with aid require physical support, material or external assistance; therefore, they are physically independent of the sender. Each system has its advantages and disadvantages and they should be considered taking into account the needs of each individual user^{1,5}.

In the dental field it is possible to use a variety of AACs,

Use of alternative/augmentative communication systems in Dentistry.

but these are often aided systems, because they are more understandable to both the sender and the receiver. In the aided systems the dentists can use systems with aid we use very *illustrative elements* such as real objects, photographs and pictograms, especially recommended for people with serious difficulties in communication and representation of concepts, as some patients with autism spectrum disorder (ASD)^{6,7}; the use of *pictogram-based systems*, suitable for users who need a rudimentary level of expressive language as people with cerebral palsy, intellectual disability or ASD^{3,8}; *systems based on spelling*, useful for people with speech difficulties with good reading-writing and level and whose partners are good readers; and finally, *systems with codewords*, such as the Braille system used by blind people. All these systems require technical aids which can be basic (panels, albums, cards, boards) or electronic (communicators, computers, tablets, phones, etc.) which aim to strengthen the autonomy and quality of life of users³. Among the unaided systems that can be used in dentistry are sign language and manual alphabet, used primarily for deaf people². However, these systems are more complex, demanding higher motor skills and requiring that both the sender and receiver know and master the system¹.

Communication barriers are one of the main reasons why people with disabilities often feel discriminated against. Therefore it is necessary to facilitate access to communication systems; that is, eliminate barriers that prevent the expression or reception of messages through these systems and facilitate the access to information without any limitation for the people with disabilities⁹. To achieve this, we must consider the concepts of design and universal accessibility, recognized by our legislation in the form of the laws that promote *equal opportunities and social inclusion of people with disabilities*¹⁰. Its purpose is "to guarantee the right to equal opportunities for people with



disabilities, in order to obtain their full social inclusion, ensuring the respect of their rights and eliminating all forms of discrimination against people with disabilities".

However, there is great ignorance on the part of both the community and health professionals with respect to the use of ACC systems. Consequently, it is important to promote the use of these communication systems in order to improve the quality of life of patients. Thus, the professionals providing care for people with disabilities must know and implement these systems in their dental practice, adapting them to the needs of their patients. Only in this way we can eliminate communication barriers with

people with disabilities that have existed for many years in the dental practice, giving these patients a better experience, greater satisfaction, showing genuine interest in their health. If we contribute to remove these barriers, we will be allowing all people, regardless of how we communicate, to have the same opportunities to interact with their environment. Hence we will be providing a more inclusive care for everyone.

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