

Self Assessed Dental Status, Dental Anxiety of the Patient and their Oral Hygienic Behaviour.

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Abstract

The purpose of this study is to check the comparison between assessed and self assessed dental status, dental anxiety of the patient and their oral hygienic behaviour. This study was conducted among the patients who came for the dental screening. A questionnaire was used to collect the patients data. The questionnaire included self assessment of the patients own dental status, their dental anxiety scale (das) as well as their actual dental status. This self assessed dental status will help the practitioner to examine the case history of the patient who has chosen the particular clinic/hospital for the first time.

INTRODUCTION

Dental anxiety is a major complication for both patient and dentist^[1]. This apprehension leads patients to postpone or cancel dental visits or avoid treatment entirely^[2]. It is confirmed that anxious patients have more decayed, missing and less filled teeth in comparison to nonanxious patients^[3]. Their poorer oral health status can have negative effect on their social life^[4,5]. Furthermore, treating anxious patients might take more time; it is hard to manage them during the procedure and they are often unsatisfied with their treatment. Anxiety can effect patient/dentist relationship and result in misdiagnosis^[6]. Dentists claim that such patients are important sources of stress that can compromise their practice^[7]. Several factors consistently emerge as contributing factors to high dental anxiety. Gender plays an important role, as women typically report higher overall levels of dental fear^[8,9] and more fear of specific dental procedures^[10] than men, even though studies suggest that women seek more regular dental care than men^[11,12]. Individuals reporting high dental anxiety often attribute their anxiety to earlier dental experiences that they perceived as negative or traumatic^[13,14,15], although the link between traumatic dental experiences and the development of dental anxiety may depend in part upon age^[16] and temperament^[17]. Socioeconomic factors, such as low income^[18,19] and living in rural areas^[20] have been linked with higher dental anxiety. Individuals with lower education levels are more likely to experience high dental anxiety than those with more education^[21,22]. Oral health status may be a particularly important factor for the nutrition of older people. There is some evidence that impaired dentition can affect individuals by causing dietary restrictions via difficulty in chewing, possibly compromising their nutritional status and well-being^[23]. Dental fear is a significant public and oral health issue. Extreme dental fear affects a wide portion of population^[24-26]. Oral health is an important component of general health and overall quality of life^[27]. Oral health can have an impact on overall quality of life and daily performances. Good oral health has an effect on appearance, allowing people to perform their social functions and daily activities without physical, psychological, or social inconveniences^[28]. Behavioral aspects play a major role in

the prevention of oral diseases. It is important to empower people about oral disease prevention so as to integrate this in their daily routines^[29]. The aim of this study is to assess the patients about their dental status, anxiety level and their oral hygienic behaviour in a form of a questionnaire.

MATERIALS AND METHODS

A population of 100 people were chosen who entered the saveetha dental hospital for their clinical visit. The population had no common background regarding place of birth, education, and socioeconomic setting. The study was voluntary. The survey was based on a questionnaire provided and completed by the participants. To ensure anonymity, names were not recorded on the questionnaire. The questionnaire consisted of questions regarding self-assessment of dental status and oral behavior, as well as the Corah Dental Anxiety Scale questionnaire (DAS) used to measure dental anxiety^[30]. This is a common, well-known, and accepted tool. The scale ranges from 4 to 20. Population normative mean scores have been reported as 8-9, and a DAS score of 13 or higher indicates high dental anxiety^[31,32]. The scale is simple to complete, reliable, and valid for evaluating dental anxiety. Data were collected and analyzed by SPSS 10.0 (SPSS, Inc., Chicago, IL, USA) using descriptive statistics, as well as the t-test and Pearson's chi-square test. A p value of <0.05 was considered statistically significant^[31].

Survey Questionnaire

1. Age:
2. Gender: Male/Female
3. Tobacco :
 - a. Yes
 - b. No
4. Alcohol :
 - a. Yes
 - b. No
5. Smoking :
 - a. Yes
 - b. No
6. When was your last visit in dental clinic?
 - a. Less than 1 year
 - b. 1-3 years

- c. More than three years
7. How would you describe your dental status?
- Good
 - Fair
 - Bad
8. As for today, in your opinion, how many treatments do you need?
- A lot
 - Some
 - Not at all
9. How many times a day do you brush your teeth?
- Once
 - Twice
 - Three times
 - More than three times
10. Any other methods used for maintenance of oral hygiene?
- Tongue cleaner
 - Floss
 - Mouth wash
 - Any other

Corah's Dental Anxiety Scale (DAS)

1. If you had to go to a dentist tomorrow, how would you feel about it ?
- I would look forward to it as reasonably enjoyable experience
 - I wouldn't care one way or the other
 - I would be a little uneasy about it
 - I would be afraid that it would be unpleasant and painful
 - I would be very frightened of what the dentist might do
2. When you are waiting in the dentist's office for your turn in the chair, how do you feel?
- Relaxed
 - A little uneasy
 - Tense
 - Anxious
 - So anxious that I sometimes break out in a sweat or almost feel physically sick
3. You are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist is getting out the instruments that he will use to scrape your teeth around the gums, how do you feel?
- Relaxed
 - A little uneasy
 - Tense
 - Anxious
 - So anxious that I sometimes break out in sweat or almost feel physically sick

RESULTS

A total of 63 (out of 100) was male percentage and 37 (out of 100) was the female percentage. Among them 28 (out of 100) were youngsters who were examined. Table 1 represents the distribution of participants' answers. In 63 percent of males , 26 percent were found to be indulged in smoking and 15 percent in alcohol and 4 percent in tobacco. over 12 percent reported their last visit to the

dental clinic was more than three years ago. Only 7 reported to be visiting the dental clinic in the period of 1 to 3 years. And 32 percent were reported to be visiting the dental clinic in a period of less than one year. Approximately two-third brushed their teeth once a day. Participants assessed their dental status as "Good" (38 percent), "Poor" (22 percent), and "Fair" (40 percent). Of all participants, 12 percent assessed their dental treatment needs as high and 20 percent as moderate, while 48 percent reported no dental treatment needs at all. Around 48 people reported to use the tongue cleaner as the other method for maintenance of oral hygiene, 25 people reported to be using mouthwash and 13 people reported to be using other methods.

In DAS scale, mostly female reported to be anxious and little uneasy but only few male reported to be facing that fear while visiting the dental clinic.

		Number(%)
Tobacco	Yes	4
	No	96
Alcohol	Yes	15
	No	85
Smoking	Yes	26
	No	74
Last dental visit	<1 year	12
	1-3 years	7
	>3 years	32
Self assessed dental status	Good	38
	Fair	40
	Poor	22
Self assessed treatment necessity	High	12
	Moderate	20
	No need	49
Frequency of tooth brushing	Once a day	87
	Twice a day	13
	Thrice a day	0
	>3 times a day	0
Other methods used for oral hygiene	Tongue cleaner	48
	Floss	0
	Mouthwash	25
	Other	13

DISCUSSION

Many attempts have been made to develop self-assessed indices for evaluating dental status. According to the results of this study, simply asking straightforward questions regarding dental status may predict the results of the clinical examination. The relatively low DAS score was slightly lower than scores reported by others regarding adolescents in Israel (DAS of 9.5)^[32]. Generally, females report higher levels of dental fear than males. In the present study, most of them were male, which could have affected the results. However, the high response rate increased the validity of the results. In our study, the decrease in tobacco, alcohol and smoking consumption gives a clear view of people indulged in a healthy lifestyle. It would be of interest to conduct a similar study for females and to compare the results. Dental clinicians should focus more on

educating patients regarding the importance of follow-up and periodic examinations. Extensive epidemiologic research has shown that smoking is related to periodontal disease^[30] and to other oral complications^[31]. The present study showed that smoking was consumed in high levels, when compared to alcohol and tobacco which should be stopped before it leads severe diseases and during performing the treatment or after the treatment the patient should be educated about the side effects and other causes just to indicate a health care awareness and attitude among smokers. Dental anxiety, a problem for many adults and children, acts as a barrier to treatment, by avoiding and/or attending treatment irregularly or for visiting a dentist for emergencies only. Patient anxiety poses major management problems for the dental team, such as additional time required for treatment, missed appointments, and raised pain thresholds. The management of patient anxiety is a major cause of stress for clinicians. In our study, anxious participants assessed their dental treatment needs as no need, which may result in further avoidance and treatment postponements. Our findings showed that the use of patient self-assessment was a good predictor of patient dental status. The information presented in this study could serve as a tool for public and preventive dentistry, as well as to help the dental practitioner in managing patients according to their complaints and self-assessment. Dental practitioners could ask patients to assess their dental status prior to treatment or appointment. This will help the practitioner to accomplish more effective time and patient management. Furthermore, the use of patient self-assessment should be a part of dental training. Students should be urged to ask their patients questions regarding their dental status during the first visit as a case history.

CONCLUSIONS

Simply asking the patient straightforward questions regarding their dental status may predict the clinical examination results. Patients tend to be familiar with their dental status. This could help the dental practitioner to accomplish more effective time and patient management.

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