







**DISCUSSION:**

Ingervall & Hedegard (1974) found that awareness and desire to receive orthodontic treatment might vary with age(16). Shaw (1981) stated that decrease in satisfaction with dental appearance is associated with increasing age (4). In the study under discussion, since the majority of patients were adolescents aged 15-25 years, the high demand for enhancement in facial esthetics may be associated with the psychological changes experienced by teenagers(13). At this age adolescents are very much concerned about physical attractiveness to gain social acceptability. Therefore, the desire to have an improved facial appearance by orthodontic treatment was found to be high in the study group(5). It is interesting to note that Shaw (1981) in his study found that irregular routine dental attendance pattern was associated with more dissatisfaction with dental appearance thus leading to higher demand for orthodontic treatment (6). On the contrary most of the patients surveyed in the study under discussion sought orthodontic treatment at the advice of relatives and friends with only a few seeking treatment through the recommendation of dentists .(15)The differences may be due to the irregular dental attendance pattern of South Indian patients(7).in most patients the mother was the first to notice dental anomalies . An improvement in social life and self-confidence following orthodontic treatment was expected by most of the patients in the sample while an increase in career opportunities as a result of the treatment had been lower down the list of patients expectations(8). This may be due to the fact that most of the patients in this survey were adolescents, making it difficult for them to visualize the long term benefits of orthodontic treatment.(14) This has also been a finding of some previous studies on adolescents showing that adolescents are mostly concerned about getting immediate gratification rather than looking for health gains in the long run(9) . Positive changes in social life and self-confidence expected by the majority of respondents in the study as an outcome of orthodontic therapy has also been the finding of a study by Abdullah et al (2001) that showed that the positive response to changes in career opportunities after orthodontic treatment was lower compared to social life and self-confidence(10). The results of the present study showed that improvement in facial and dental appearance was undoubtedly the most desire to improve their dental appearance via orthodontic treatment.(11) This was consistent with the findings of Lew (1992) who also found the enhancement of dental appearance to be the most significant factor in seeking orthodontic care amongst a sample of Singaporean patients .(12)

**CONCLUSION:**

The study highlighted the need to consider patient's esthetic concerns in planning orthodontic treatment. From the responses of different types of expectations, it was concluded that patients are now well aware of every aspect of orthodontic treatment and their expectations can be easily met leading to more patient satisfaction.

**REFERANCE:**

1. R. Orthodontic in daily practice. Vienna, Hans Huber Publishers, Bern Stuttgart 1961;pp. 64,87.
2. Houston WJB, Stephens CD, Tulley WI. In a textbook of Orthodontics. 2nd Edition. Cambridge, Redwood Books 1993; pp. 6 12.
3. Tayer BH, Burek MJ. A survey of adults' attitudes toward orthodontic therapy. *Am J Orthod* 1991; 79: 305-15.
4. Lew KK. Attitudes and perceptions of adults towards orthodontic treatment in an Asian community. *Community Dent and Oral Epidemiol* 1993; 21: 31-5.
5. Shaw WC. Factors influencing the desire for orthodontic treatment. *Euro J Orthod* 1981; 3: 151-162.
6. Gosney MBE. An investigation into some of the factors influencing the desire for orthodontic treatment. *Br J Orthod* 1986; 13: 87-94.
7. Abdullah A., Yassin Z., Zamzam N. Reasons for seeking orthodontic treatment: A pilot study. *Annal Dent Univ Malaya* 2001;8: 13-9.
8. Bergstrom K, Halling A, Wilde B. Orthodontic care from the patients' perspective: Perceptions of 27- year olds. *Euro J Orthod*. 1998; 20: 319-29.
9. Jenkins PM., Feldman BS, Stirrups DR. The effect of social class and dental features on referrals for orthodontic advice and treatment. *Br J Orthod* 1984; 185-8.
10. Sheats RD, Gilbert GR, Wheeler TT, King GJ. Pilot study comparing parents' and third-grade schoolchildren's attitudes toward braces and perceived need for braces. *Community Dent. of Oral Epidemiol* 1995; 23: 36-43.
11. Ingervall B, Hedegard B. Awareness of malocclusion and desire of orthodontic treatment in 18-year old Swedish men. *Acta Odontol Scand* 1974; 32: 93-101.
12. Baldwin DC. Appearance and aesthetics in oral health. *Community Dent and Oral Epidemiol* 1980; 8: 244-256.
13. Dorsey J, Korabik K. Social and psychological motivations for orthodontic treatment. *Am J Orthod*. 1977; 72: 460.
14. Breece GL, Nieberg LG. Motivations for adult orthodontic treatment. *J Clin Orthod* 1986; 20: 166- 71.
15. Burden DJ. The influence of social class, genders and peers on the uptake of orthodontic treatment. *Euro J Orthod*. 1995; 17: 199-203.
16. Kilpelainen PV, Phillips C, Tullock JE. Anterior tooth position and motivation for early treatment. *Angle Orthod*. 1993; 63: 171-4. seeking orthodontic treatment: A pilot study. *Annal Dent Univ Malaya* 2001;8: 13-9. 8. Bergstrom K, Halling A, Wilde B. Orthodontic care from the patients