



Evaluation of Awareness Status of Dental Out Patients for Dental Treatment with or without Pain

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ABSTRACT:

Fear, cost, safety, and time are the four main reasons people delay visiting a dentist in early stages. Anxiety, discomfort, and potential issues can lead to a delay. Many workers lack dental insurance, especially those working for themselves or small businesses. Busy schedules and COVID-19 make it difficult to schedule appointments. People's beliefs about dental treatment and painful extractions often discourage dental care, affecting rural and urban areas. Oral health education can raise awareness and encourage dental care. In our study we have evaluated the awareness status of dental out patients for dental treatment coming with pain or without pain to Institutional Dental Hospital. Here we conducted a study regarding Evaluation of awareness status of dental out patients for dental treatment with or without Pain in 300 Subjects.

Introduction

There is a collective awareness inside the society. When using the right methodologies, it is possible to study the beliefs, habits, and attitudes in the same manner as an individual's mind.¹ Any effort to bring about positive or negative social change can be seriously hampered by the lack of scientifically validated background knowledge about the culture in question. This means that before any change can be brought about through active action, a thorough grasp of social variables and anxieties is a necessity. In comparison to overall health, our society has historically placed less value on dental health.¹ Dental public health initiatives have not been

able to reach the depths and societal penetration necessary to affect the necessary shift in attitudes.¹ Optimal general health is maintained in large part by maintaining oral health, which is an essential component of systemic health.² Diabetes mellitus is one of several metabolic illnesses that have an impact on dental health. Diabetes is a group of metabolic illnesses characterized by unusually high blood glucose levels. It is clinically and genetically heterogeneous.² Health promotion is at least as significant as prevention from a social-social psychology perspective.³ While oral health promotion refers to giving individuals or certain target groups more control over the factors (determinants) that affect their oral health and improving oral health,



prevention primarily aims to avoid or prevent oral health disorders.³ Current surveillance data continue to show that primary prevention—that is, encouraging self-care oral hygiene behaviour—is the most effective strategy for preventing oral illness. Both the patient and the dentist have to collaborate to maintain the patient's dental health.⁴ It has been demonstrated that dental health is equally essential as overall health. It has also been observed that one's degree of oral health education plays a major role in influencing overall health.⁵ It affects a person's social, physiological, and physical

well-being. Chronic illnesses that harm both oral health and general health, such as diabetes, obesity, and dental caries, are growing more common in developing countries.⁴

Methodology

In our study the following factors are considered and correlated with awareness of dental out patients towards dental and oral health care. It is an institutional Study and we are selected the patients randomly.

Sr. No	Questionnaire Proforma
1.	Educational qualification and occupation-
2.	Oral Hygiene Status (Poor / Fair/ Good)
3.	Oral Hygiene Methods <ul style="list-style-type: none"> • Frequency of changing toothbrush • Whether he/she is using toothbrush and toothpaste (Yes/No)
4.	Food impaction problems till date (Yes/ No)
5.	Current chief complaint -----
6.	History of pain in teeth/gums
7.	History of any swelling is present <ul style="list-style-type: none"> • If swelling is present the following question should be asked • Any form of topical application of medication extra orally/intraorally for pain
8.	Any medications taken for dental problems (Yes/No)
9.	Is it first dental visit (Yes /No) <ul style="list-style-type: none"> • How many times did the patient visit
10.	Any Halitosis is present, if present whether it is present frequently/occasionally
11.	Did the patient brush his/her teeth after the dinner (Yes/No) <ul style="list-style-type: none"> • Signature of the patient: • Recorded By: • Signature of the Faculty:



Results

Table 1: The association between factors affecting the patients’ dental visits (Chi square test *statistically significant)

		1 st visit	2 nd visit	3 rd visit	Multiple visits	P value
OHS	Poor	12.5%	10.4%	26.1%	20.5%	0.103
	Fair	39.3%	33.3%	47.8%	29.1%	
	good	48.2%	56.2%	26.1%	50.4%	
Pain	No	42%	22%	26.1%	40.2%	0.074
	Yes	58%	77%	73.9%	59.8%	
Swelling	No	92.0%	72.9%	65.2%	80.3%	0.002*
	Yes	8%	27.1%	34.8%	19.7%	
Halitosis	No	16.1%	33.3%	47.8%	16.2%	0.001*
	Yes	83.9%	66.7%	52.2%	83.8%	

Table 1: Illustrates the relationship between factors influencing patients' dental visits. While oral health status and pain do not exhibit a statistically significant

difference across the number of visits ($P \geq 0.05$), swelling and halitosis show significant difference between dental visits ($p \leq 0.05$).

Table 2: Oral health status among patients visiting dental hospitals

OHS	Frequency	Valid Percent
POOR	49	16.3
FAIR	105	35.0
GOOD	146	48.7
Total	300	100.0

Among patients visiting dental hospitals majority of the patients, (48.7%), had good oral health status, while a significant proportion (35.0%) had fair oral health. A

smaller portion (16.3%) experienced poor oral health. (Table 2) (Graph 1)

Graph 1: Distribution of Oral Health Status among Patients Visiting Dental Hospital

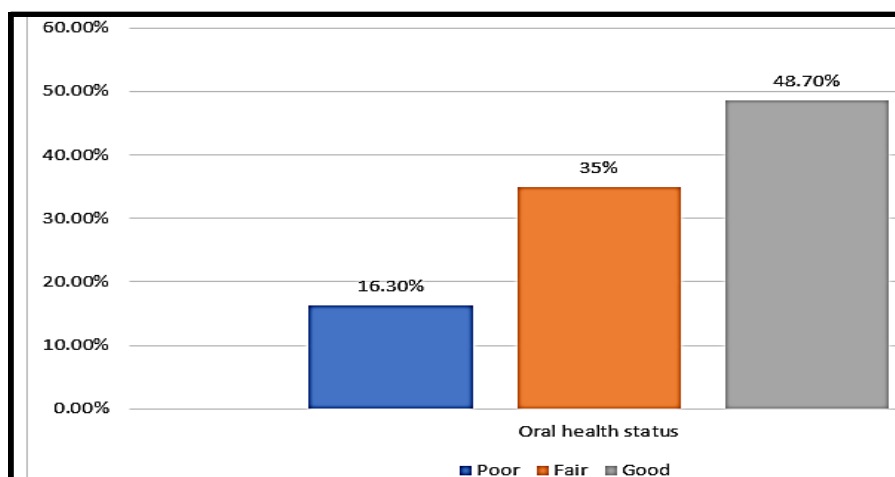




Table 3: Distribution of Pain among Patients Visiting Dental Hospitals

Pain		Frequency	Valid Percent
Valid	NO	111	37.0
	YES	189	63.0
	Total	300	100.0

The majority of the patients, 63.0%, experienced pain, indicating that a significant portion of patients visiting dental hospitals are seeking relief from pain. In contrast, 37.0% of the patients did not report any pain,

suggesting that these visits could be for routine check-ups, preventive care, or non-pain-related treatments. (Table 3) (Graph 2)

Graph 2: Distribution of Pain among Patients Visiting Dental Hospital

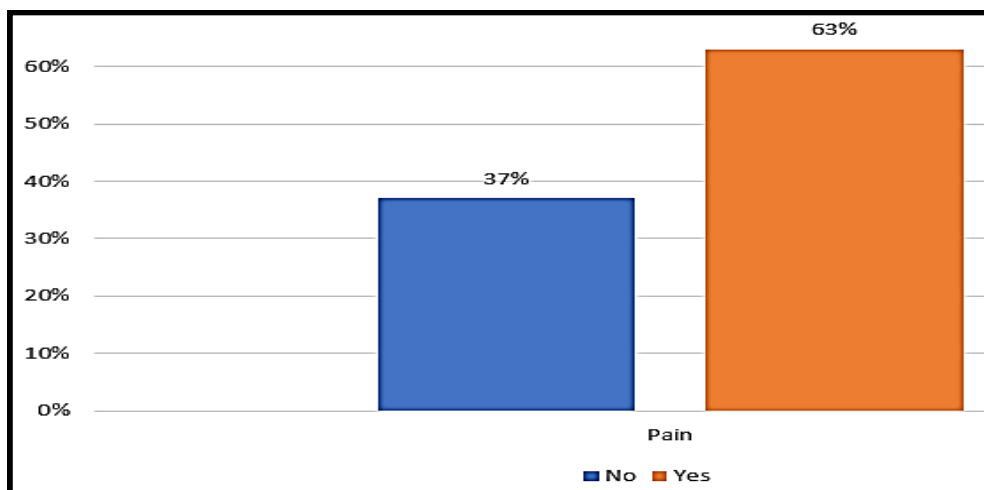


Table 4: Association between Night Brushing Habit and Oral Health Status (Chi square test *statistically significant)

			OHS			P value
			POOR	FAIR	GOOD	
BRUSHINGHABIT	NO	Count	45	81	110	0.046*
		% within BRUSHINGHABIT	19.1%	34.3%	46.6%	
		% within OHS	91.8%	77.1%	75.3%	
	YES	Count	4	24	36	
		% within BRUSHINGHABIT	6.2%	37.5%	56.2%	
		% within OHS	8.2%	22.9%	24.7%	
Total	Count	49	105	146		
	% within BRUSHINGHABIT	16.3%	35.0%	48.7%		
	% within OHS	100.0%	100.0%	100.0%		



A larger proportion of patients in the night brushing habit group had good OHS (56.2%) compared to the no

Discussion

Oral diseases are a major public health concern owing to their high prevalence and their effects on the individual's quality of life.¹ Genetic predispositions, developmental issues, poor oral hygiene, and traumatic experiences are some of the potential etiological factors contributing to these oral disorders. Many variables influence dental health care obtaining and oral hygiene behaviour. When provided with information and encouragement, patients adhere to dental hygiene routines more effectively.¹ Understanding oral health is seen to be a necessary precondition for adopting health-related behaviours, such as how one feels about dentists and dental care, which in turn affects the population's oral health. Therefore, in order to promptly refer a patient for a suitable diagnosis and treatment plan, a physician must diagnose chronic periodontitis in patients who arrive with chronic medical issues.² Furthermore, by increasing public knowledge of an illness—which is usually accomplished through patient education and motivation—any sickness can be avoided. To help with management, the general public has to be made aware about periodontitis and its systemic impact.⁶ One of the most important tools for evaluating the oral health of children is parental knowledge. It was claimed that parents' attitudes regarding the significance of practicing oral hygiene were related to their children's brushing, rinsing, and tongue cleansing.⁷ Saadaldina S, Eldwakhly E et al., study explores the oral health attitude in the general community of Medina. Results show a significant association between tooth brushing and female gender ($p = 0.001$), with 91% of female participants using a toothbrush. Many studies have confirmed that females exhibit better oral health attitudes than males.⁸ Abdulbaqi H, Abdulkareem A et al, study used online-based platform to distribute the question-naire via social media websites including Facebook and Telegram. The use of social media is found widely in the population and allows effective and rapid sharing of information (Boyd & Ellison, 2007). Worldwide, approximately 2.7 billion subscribers use the social media, with about 1.52 billion daily active users of Facebook alone (Petosic,

brushing habit (46.6%) and the difference observed was statistically significant ($p=0.046$).

Sunde, Beeckman, Flaatten, & Wøien, 2019). A questionnaire-based survey, involving physicians and nurses to evaluate the use of social media showed 64% response rate, has suggested that this media can be utilized as alternative platform for communications (Petosic et al., 2019). Their study showed a response rate close to that reported in literature reaching up to 59%.⁹ Sbricoli L, Bernardi L study aimed to investigate oral hygiene habits among adolescents in a regional contest in Italy through a questionnaire. Results showed that almost all adolescents went to a dentist at least once in their lives (206 out of 213; 97%), and 126 out of 206 (61%) were between 5 and 9 years old at the time of their first visit.¹⁰ In our study relationship between factors influencing patients' dental visits. While oral health status and pain do not exhibit a statistically significant difference across the number of visits ($P \geq 0.05$), swelling and halitosis show significant difference between dental visits ($p \leq 0.05$). Among patients visiting dental hospitals majority (48.7%), had good oral health status, while a significant proportion (35.0%) had fair oral health. A smaller portion (16.3%) experienced poor oral health shown in our study. In this present study majority of the dental out patients experienced pain 63.0% and 37% of dental out patients does not experience any pain. Were larger proportions of patients who are having night brushing habit group had good OHS, Compared to no brushing habit ($P=0.046$).

Conclusion

In this present study, the majority of the dental outpatients experienced pain, i.e., 63%, and without pain, 37%. Oral hygiene status in our study shows good more than 50%, fair 29%, and poor 20%. Similarly, halitosis is seen in the majority of the cases in this present study, i.e., 83.9%. Larger proportions of patients who have a habit of brushing at night have good oral hygiene compared to those who have no brushing habit during the night. Awareness is higher in patients with pain, who have good oral hygiene, and who have a good educational status, and those patients have a nighttime brushing habit. In our study, we have observed that awareness regarding halitosis is lower, and these groups of patients need regular dental checkups, oral



prophylaxis, and oral hygiene instructions. However, these patients should be evaluated for both local and systemic diseases.

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