



## Attitudes and Practices in Smoking Cessation Counselling among Dentists in Ahmednagar City

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### Abstract

**Background:** According to the World Health Organization estimation, tobacco induced diseases are second leading cause of the mortality and fourth most common risk factor for other systemic diseases worldwide. In addition, tobacco is also a primary cause of many oral diseases and condition ranging from mild to life-threatening, such as stained teeth and restoration, gustatory dysfunction, halitosis, periodontal diseases, poor wound healing, oral premalignant disorders and cancer. All these complications can be avoided by utilizing preventive steps like tobacco cessation by the concerned health care worker. Hence, to assess the attitude of dental health care professionals towards the Tobacco cessation counselling and to identify the possible barriers towards the execution of these practices this study was conducted in the rural and urban areas of Ahmednagar.

**Materials and Methods:** A pretested, close-ended, self-administered questionnaire was distributed among all 196 dental surgeons in Ahmednagar city. Out of them, 184 dentists filled out and returned the questionnaire.

**Results:** It was found that Dentists are willing to ask and advise patients about tobacco cessation considering as their responsibility, but are less inclined to assist patients to quit or arrange follow-up. Dentists are interested to attain further training on tobacco cessation counseling. But, 78.3% feared to an extent about patient leaving their clinic if counseled much causing negative impact on clinical practice.



**Conclusion:** The majority of the dentists participated in the study had a positive attitude towards provision of tobacco cessation services. Skill-based approaches may be required to enhance the confidence and competence of the dentists in offering tobacco cessation intervention.

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## INTRODUCTION

World no tobacco day is celebrated on 31st may every year. World Health Organization estimated that, tobacco is second leading causes of the mortality worldwide and fourth most common risk factor for other systemic diseases worldwide.<sup>1</sup> In addition, tobacco is also a primary cause of many oral diseases and condition ranging from mild to life-threatening, such as stained teeth and restoration, gustatory dysfunction, halitosis, periodontal diseases, poor wound healing, oral precancerous lesions, conditions and cancer.<sup>2</sup>

As the Nation's leading advocate for oral health, the "Indian Dental Association" has health initiatives such as "Tobacco Intervention Initiative" and "Oral Cancer Foundation" to improve people's lives. Tobacco cessation should be the multi-sectoral and multi-professional approach. All the health professionals, individually and through their organization can have a substantial impact on the struggle to diminish the use of tobacco and hence, its effect on health and economy.<sup>3</sup> Southeast Asia, especially, India, has one of the highest age-adjusted incidence rates of oral cancer and upper aero-digestive tract cancers in the world.<sup>4</sup>

According to World Health Organization, the prevalence of tobacco habits in India is high, with 34% using bidis, 31% cigarettes, 19% chewing tobacco, 9% hookah, and 7% other forms.<sup>5</sup> The smokeless tobacco and tobacco smoke both causes a variety of oral mucosal changes due to the irritants and toxins present in tobacco. In an effort to reduce mortality and morbidity associated with tobacco use, the World Health Organization (WHO) had given tobacco control guidelines on the utilization of appropriate tobacco control.<sup>6,7</sup> This includes strategies such as the 5As (Ask, Advise, Assess, Assist and Arrange) and the ABC algorithm Ask about the smoking status, provide Brief advice to stop smoking to all smokers, and assist in Cessation those who are willing to quit.<sup>6,7,8</sup>

Dental health workers have an important role in preventing tobacco related diseases by becoming actively involved in assessment, detection and education of the patient and public.<sup>9</sup> Brief interventions by dentists and physicians that involve simply advising patients to quit have been shown to have a small beneficial effect. Dental treatment often necessitates multiple visits, which gives platform for cessation advice by directly showing the changes in oral health status. Therefore, the dental office may be ideally suited to help patients quit tobacco.

Dentists play a significant role in the identification of precancerous lesions in the oral cavity of tobacco users. The evidence is clear that smokers who receive assistance from health-care workers are more successful at quitting than those without any support.<sup>10,11,12</sup> Although dental professionals have the opportunity to play an important role in motivating and assisting their patients to quit tobacco use, tobacco cessation often is not included routinely in dental care.<sup>13,14,14,16</sup>

The factors that might have contributed towards the lack of the counselling by the dental professionals includes lack of knowledge and attitude, professional and personal barriers including the lack of professional training, anticipated negative feedback from patients, fear of losing the patients in clinical practice, lack of confidence in their ability and skills to provide effective counselling.<sup>17,18</sup>

In India, there has been increasing prevalence of tobacco use particularly among the adolescents and young adults due to lack of education, cultural impact and peer group influence. Easy availability and cheap cost has made one to be addicted. This provides with an opportunity for the dental health professionals to effectively provide tobacco cessation counselling in the office and community settings. In the urban areas there have been concerns among the qualified dental professionals regarding the Tobacco cessation counselling in their dental settings. However in the rural areas, where the habit of tobacco use is more prevalent, there is no organized dental health



care delivery system.<sup>19</sup> The aim of the present study is to assess the attitude of dental health care professionals towards the Tobacco cessation counselling and to identify the possible barriers towards the execution of these practices in the rural and urban areas of Ahmednagar.

## MATERIALS AND METHODS:

A cross-sectional survey was conducted among the dental surgeons in Ahmednagar district, in Maharashtra state. A pretested closed-ended, questionnaire was distributed among the all (196) dental surgeons, out of them we got 184 filled and returned the questionnaire. A self-administered questionnaire designed in the present survey were asked to dentists included in the study. The demographic information was included in the first part. The second part consisted of question pertaining to Attitudes (8 questionnaires) and Practices (10 questionnaires).

The structured questionnaire consisted of questions pertaining to attitudes toward smoking cessation, practices in smoking cessation, and barriers to smoking cessation and also willingness about tobacco cessation counselling training. Attitude towards the tobacco cessation counselling is the responsibility of dentist.

The practice-based questionnaire included were asking patient about their tobacco habits they practice, maintaining records of patients with tobacco habits, advising patient about quitting of habit or providing any leaflet for it. If they discuss regarding roadblocks in quitting with the patient or discusses the relevance of quitting. The dentists were also asked to specify other barriers that they perceived in their practice. The responses to the questionnaire were marked on the multiple choice two-point scale. The data was entered in Statistical Package for Social Sciences (SPSS) version 17 software package and were analysed in the form of frequencies and percentages

## RESULTS:

Out of the 196 participants, the majority of dentists responded (184) with the response rate being 93.87%. The responses about the practice of TCC by the dental health professionals of the Ahmednagar district are outlined in the [Table-1].

A total of 52.2% respondents practices tobacco counseling in their clinics and were of the view that enquiring about the same would have no negative impact on their practice.

Most of the dentists (69.6%) think that tobacco counseling helps the user in quitting their habit. However, only 40(21.7%) dentists of them have undergone tobacco cessation counseling training. Furthermore, 96 dentists were willing to undergo training for tobacco cessation counseling if provided in future and all the participants (100%) agreed that it was their responsibility to provide tobacco cessation counseling.

The major barrier for the dentist to discuss about tobacco habits with the patients and to counsel them for the same was time. Around 87% of them agreed that such discussions were too time consuming which eventually leads to monetary loss. Also, 78.3% feared to an extent about patient leaving their clinic if counseled much causing negative impact on clinical practice.

The responses to the items related to the attitude of the dental professionals towards TCC are shown in the [Table-2]. The attitude of the majority of dentist towards the TCC was positive with 91.3% dentists asking the patient about their tobacco habits. However, 52.2% dentists do not maintains records of patients with tobacco habits.

For creating awareness amongst the patients 43.5% of dentists provided educational leaflet for tobacco counseling and 56.5% had posters pertaining to hazards of tobacco and oral health in the waiting room of the clinic. Also, 47.8% distributed the educational leaflet for tobacco quitting. There were maximum number of (91.3%) dentists who strongly recommended their patients to quit the habit. 54.2% of the total dentists even discussed the difficulties faced by the patients while quitting the habit.

However, 67.1% dentists did not show any interest in raising the awareness about negative consequences of tobacco use fearing the negative impact on the practice. Also, 47.8% considered it to be a waste of time as patients would never pay heed to their advice with focusing mainly on their present complaint. 30.4% of dentist calculated the level of addiction but maximum dentists (60.9%) are oblivious about it. Alarmingly, only



21.7% dentist prescribed Nicotine Replacement substitutes like Nicorette, Nicotex, e.t.c.

## DISCUSSION

The dental professional should play an important role in tobacco cessation activities within their clinical setup.<sup>20</sup> Dentists hold a unique and an imperative position in the control of tobacco use. Dentists are well placed to identify smokers and other tobacco users; it may range from diagnosis of periodontal disease to the management of potentially dangerous white, red or speckled lesions.<sup>21</sup>

The present study has provided interesting information about the attitude and the current practice among dentists of Ahmednagar city regarding tobacco cessation as well as various barriers met during their practice. The direct comparison and contrast between the findings of this study with previous studies are difficult as various studies have done the assessment using varieties of questionnaires at different setups.

The attitude of general dentists in taking responsibility for smoking cessation in the present study was generally encouraging. The results were similar to several other studies previously carried out in different parts of the world<sup>22</sup> where dentists generally believed that it was their responsibility to help their patients in smoking cessation or to prevent tobacco use in their patients. In the present study, among the 184 dentists who responded, 136 of them don't have any tobacco habits.

In the present study, 91.3% of dentists reported that they enquired the patients regarding their tobacco habits which are comparatively higher to 60% as reported in a similar study.<sup>26</sup> However, in another study less than 5 out of 10 patients were enquired by the dentists.<sup>27</sup> The reason that might be associated with this finding is the negative impact on their practice. But as per a study on patient receptivity to TCC in dental clinic, respondents who had tobacco habit in any form were quite positive in their attitude towards reception of TCC.<sup>28</sup>

However, only a mere 25% of the dentists had a great optimism in effectiveness of TCC provided by dentists which was quite disappointing.

The majority of dentists in the present study (76%) were also not confident in their ability to provide TCC. It may be attributed to lack of formal training in TCC and lack

of patient education materials. In our study, only 21.7% had undergone TCC training while only 52.7 % dentists were willing to undertake it. Hence, there was a strong need for more training sessions regarding tobacco cessation. More courses on regular and distant learning programs should be designed by established institutions and organizations like Indian Dental Association along with regular continuing dental education (CDE) programs with wider coverage and emphasis on pivotal role played by dental professionals on regular basis.

Fear of patient leaving the clinic was detected as another obstacle in seeking smoking cessation advice to the patient. In the present study 78.3% had the same response while a similar study showed that 52.4% of the dentists feared that patient may leave the clinical set if counseled to give up smoking.<sup>18</sup>

A study was conducted in rural and urban areas of Modinagar to assess the attitude of dental professionals including the dentist and dental hygienist towards the tobacco cessation counselling and to identify the possible barriers towards the implementation of these practices.<sup>29</sup> It was concluded that dental professionals must expand their horizon and armamentarium to include tobacco cessation counselling strategies in their regular preventive and therapeutic treatment modalities.

The study showed that majority of the dentists (92%) explained to the patients about the different health hazards and risks associated with the tobacco use. It showed that they wanted to play an active role and understand the importance of tobacco cessation interventions<sup>30</sup> while in the present study, 67.1% had raised awareness about the negative consequences about the ill effects of tobacco because it requires good amount of time to change the mindset of the patient. A dentist has to always race against time with the pressure of providing quality treatment and the maintaining the scheduled appointments. Hence time constraint has always been a major barrier inhibiting them from tobacco cessation counseling of patients which ultimately led to monetary loss.

Some limitations of the study were that there was no age and gender characterization in the study. There was also no characterization on the basis of qualification and number of years in practice and hence results could not be stratified and compared on the basis of demographic



details. This was not possible as the responding professionals were reluctant to give demographic details regarding them in spite of that being mentioned in the questionnaire.

## Recommendations

- The Dental Council of India should implement obligatory attendance of tobacco cessation training programs by dentists every year for renewal of registration.
- Dental schools should provide mandatory tobacco cessation counseling to its students every year to reinforce them in providing tobacco cessation counseling to their patients.
- Future studies should be conducted after providing a training on tobacco cessation counseling to dentists to govern its efficiency on their patients.
- The study necessitates the need for encouraging dentists to undergo tobacco cessation training and provide tobacco cessation counseling in their dental practice so as to reduce the burden of this public health problem.

## Conclusion

The majority of the dentists participated in the study had a positive attitude towards provision of tobacco cessation services. However, despite this promising attitude, few dentists provided tobacco cessation intervention to their patients. Factors that were significantly associated with a negative attitude towards tobacco cessation counselling were time constraint and fear of loss of patients. Good attitude of the dentists towards tobacco cessation advice was seen only in the dentists who received training. Hence, training programmes should be planned and implemented by healthcare management teams and concerned authorities for all dental professionals at regular intervals. Skill-based approaches may be required to enhance the confidence and competence of the dentists in offering tobacco cessation intervention.

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Table 1: Attitude of the dentist towards Tobacco Cessation Counseling

Sr. No.	QUESTIONS	Yes	No
1.	Do you have any tobacco habit?	48(26.1%)	136(73.9 %)
2.	Do you practice tobacco counseling in your clinics?	96(52.2%)	88(47.8%)



3.	Do you think tobacco counseling help the user in quitting?	128(69.6%)	56(30.4%)
4.	Have you undergone any tobacco cessation counseling training?	40(21.7%)	144(78.3%)
5.	Would you like to undergo training for tobacco cessation counseling if provided in future?	96(52.2%)	48(26.1%)
6.	Do you think tobacco cessation counseling is responsibility of dentist?	184(100.0%)	0(0%)
7.	Do you think time constraint inhibit you from tobacco cessation counseling of patients?	160(87.0%)	24(13.0%)
8.	Do you think tobacco cessation counseling can cause loss of patients?	144(78.3%)	40(21.7%)

Keynote: Percentage (%)

Table 2: Practice of the dentist towards Tobacco Cessation Counseling

Sr. No.	QUESTIONS	Yes	No
1.	Do you ask patient about tobacco habits they practice?	168(91.3%)	16(8.7%)
2.	Do you maintain record of patients with tobacco habits?	88(47.8%)	96(52.2%)
3.	Do you advice the tobacco user to quit the habit?	168(91.3%)	16(8.7%)
4.	Do you raise awareness about negative consequences of tobacco use?	88(67.1%)	96(42.2%)
5.	Do you educate the tobacco user about benefit of quitting tobacco?	96(52.2%)	88(47.8%)
6.	Do you have educational leaflet for tobacco counseling	80(43.5%)	104(56.5%)
7.	Do you distribute the educational leaflet for tobacco quitting?	88(47.8%)	96(52.2%)
8.	Do you discuss hurdles/directly in quitting with the patient?	96(54.2%)	88(47.8%)
9.	Do you calculate the level of addiction?	56(30.4%)	16(8.7%)
10.	Do you prescribe Nicotine Replacement substitute?	40(21.7%)	144(78.3%)

Keynote: Percentage (%)