

Original Article

A study on Awareness and Practices on Oral Hygiene among Patients attending OPD at Farooqia Dental College & Hospital, Mysore

Gurudath G¹, Vijaykuamr KV²

¹ Reader, Dept of public health dentistry, Farooqia dental College & Hospital, Mysore, Karnataka

² Reader, Dept of public health dentistry, Adiparashakti dental College, Melmaravathur, TamilNadu

ARTICLE INFO



Keywords:

Oral hygiene, Awareness, Practices, Practices, dental education

ABSTRACT

Background: oral health is very important component of general health. Dental care can sometimes be forgotten part of healthy lifestyle.

Aims: To assess oral hygiene awareness & practices among patients attending OPD at Farooqia Dental College & hospital, Mysore

Methodology: A cross sectional survey was conducted among 150 randomly selected patients, and a closed ended structured questionnaire was given, containing sociodemographic details and oral hygiene practices. Results were analysed using numbers and percentages.

Results: Out of 150 patients, 83(55.3%) were males and 67 (44.7%) were females. Most of them had average Literacy rates. 142 (98.7%) used tooth brush and tooth paste for cleaning their teeth. Majority of Frequency of brushing was once daily, and brushed min two mins in horizontal direction.

69 (46%) patients had dental visit within 6-12 months. Pain was the main reason for 115(76.6%) patients to have a dental visit.

Conclusion: Awareness and practices regarding oral hygiene among these patients were not satisfactory.

Introduction

Oral diseases are a major public health concern owing to their high prevalence and their effects on the individual's quality of life. The possible etiological factors leading to these oral diseases are genetic predispositions, developmental problems, poor oral hygiene and traumatic incidents. Oral hygiene behavior and seeking oral health care depend on a number of factors. Patients comply better with oral health care regimens when informed and positively reinforced. Lack of information is among the reasons for non adherence to oral hygiene practices. Further, oral health attitude and beliefs are significant for oral health behavior. Keeping a healthy oral profile

requires joint efforts from the dentist as well as the patient himself. One of the most important factors that decide the dental health of a population is the outlook of its people toward their dentition.¹

Oral hygiene is the practice of maintaining a clean oral cavity to prevent dental problems, such as dental cavities, gingivitis, periodontitis, and bad breath. Plaque and calculus are the main causes of gum disease and tooth decay. Proper oral hygiene is not only about clean teeth and fresh breath but it is also one of the best ways to help maintain good overall health. Oral health is a fundamental part of the general health and well-being of an individual. It can be achieved by maintaining a good oral hygiene.

* Corresponding author: Dr Gurudath G, Reader, dept of public health dentistry, Farooqia dental College & Hospital, Umar khayam road, Tilak nagar, Mysore-570021, Karnataka, Mail id: 775datha@gmail.com, Phone: 9844493489

Oral hygiene practices, such as brushing regularly, using fluoridated tooth paste, using aids, such as floss to clean interdental spaces, changing toothbrush at regular intervals, visiting the dentist regularly.²

Hence an attempt is made to study awareness and practices on oral hygiene among patients attending OPD at Farooqia dental college, Mysore.

Material & Methods:

To assess oral hygiene practices, a cross sectional survey was done, randomly, among selected 150 patients attending OPD at Farooqia dental college, Mysore. A self structured closed ended questionnaire, in English and was translated to local language with help of an interweaver, was distributed among the patients. This questionnaire consisted of demographic details and oral hygiene practices, study was approved by institutional review board. An informed consent was taken from all subjects.

The questionnaire included information related to the patient's name, age, gender, occupation, and residential area. It was further categorized to evaluate the awareness and practices, related to oral health. After distribution of questionnaire, 10 min were allotted for completing the questionnaire. The completed questionnaires were then analyzed statistically to obtain the results in terms of numbers & percentages.

Results:

Out of 150 patients, 83(55.3%) were males and 67 (44.7%) were females. Most of them had average Literacy rates above S.S.L.C. 142 (98.7%) used tooth brush and tooth paste for cleaning their teeth. Majority of Frequency of brushing was once daily, and brushed min two mins in horizontal direction.

130(86.7%) did not use any form of mouth wash after eating any food or snacks. Interdental aids such as tooth picks were used by 48(32.1%), and 92 (61.3%) did not use any form.

69 (46%) patients had dental visit within 6-12 months. Pain was the main reason for 115(76.6%) patients to have a dental visit.

TABLE; 1: Distribution of Subjects

1. Male	2. 83	3. 5.3%
4. Female	5. 67	6. 44.7%
7. Total	8. 150	9. 100%

TABLE:2: Distribution of subjects on types of oral hygiene practices:

10. Awareness & Practices on Oral Hygiene	11. Subject	12. Percentages
13. Use of tooth brush & paste	14. 142	15. 94.7%
16. Brushing once daily	17. 106	18. 70.7%
19. Brushing horizontally	20. 82	21. 54.6%
22. Did not use any form of mouth wash	23. 130	24. 86.7%
25. Changed tooth brush once in 26. 6mnths or more	27. 98	28. 65.3%
29. Did not use interdental aids	30. 92	31. 61.3%
32. Use of tooth picks	33. 69	34. 46%
35. Visit to dentist only in pain	36. 115	37. 76.6%
38. Visit to dentist once in more than 6mnths	39. 69	40. 46%

Discussion; Good oral hygiene practice is the most important factor that determines the overall oral health of the individual. It reduces the accumulation of plaque within which oral bacterial survive to produce acid that increase the risk of caries. Acquiring good oral hygiene habit early in life by the child does enhance good practices later in life.³.

Brushing was the most commonly used method of teeth cleaning. 94.7% of the total patients cleaned their teeth with toothbrush and tooth paste. Out of which, only 24.9% of the participants brushed their teeth twice a day which is very less as compared to United States where 90% of the studied group was doing the same.⁴, and which is very less as compared with 58% of the Police recruits in a study by Dilip et al.⁵.

In Present study, 54.6% patients brushed their teeth horizontally, which was similar to the study done by Zhu et al.⁶ where 60% of the sample did the same.

Use of interdental aids, mainly dental floss was almost nil, which was similar to the study conducted in Saudi Arabia in 2001, where no subject used dental floss for interdental cleaning, which is similar to our results.⁷

Visiting a dentist is still not considered a preventive dental behavior, at present it only depends on the treatment needs.⁸ In this study 76.6% patients visited dentist when they had pain which is similar to the study done by Nabil Al-Beirut, in 1997, where 69.5% of the participants reported visiting a dentist only when they have pain.⁹

Unsurprisingly, standards of oral health are very poor in India, with a large proportion of the population being affected due to poor socio - economic conditions. In addition to this, two thirds of people have never seen a dentist.

Having dental visit regularly should be encouraged by dentist and should be seen as a preventive life style practices.

CONCLUSION:

The findings of the present study shows that there is lack in appropriate oral health awareness, it is suggested that this education should start at an early stage in life, be delivered by trained personnel and be carefully integrated in general health.

Financial support and sponsorship : Nil.

Conflicts of interest: There are no conflicts of interest.

References;

- 1) Daljit Kapoor et al Oral hygiene awareness and practice amongst patients visiting the Department of Periodontology at a Dental College and Hospital in North India. Indian journal of dentistry; 2014;5:264-88
- 2) Alok Nath Bandyopadhyay et al .Assessment of Oral Hygiene Knowledge, Practices, and Concepts of Tobacco Usage among Engineering Students in Bhubaneswar, Odisha, India; June; 2011;7:18(6):1-6
- 3) Ndanu TA et al.Oral Hygiene Practices and Caries Prevalence among 9-15 Years Old Ghanaian School Children. J Nutrition & health sciences, vol:1:4
- 4) Survey of family tooth brushing practices. Bureau of Dental Health Education. Bureau of Research and Statistics. J Am Dent Assoc 1966;72:1489-91.
- 5) Dilip CL. Health status, treatment requirements, knowledge and attitude towards oral health of police recruits in Karnataka. J Indian Assoc Public Health Dent 2005;5:20-34.
- 6) Zhu L, Petersen PE, Wang HY, Bian JY, Zhang BX. Oral health knowledge, attitudes and behaviour of adults in China. Int Dent J 2005;55:231-41.

-
- 7) Jamjoom HM. Preventive Oral Health Knowledge and Practice in Jeddah, Saudi Arabia. J KAU: Med Sci 2001;9:17-25.
 - 8) Gundala R, Chava VK. Effect of lifestyle, education and socioeconomic status on periodontal health. Contemp Clin Dent 2010;1:23-6
 - 9) Al-Beirut N. Oral health behaviour among a sample of schoolteachers, physicians and Nurses in the Syrian Arab Republic. East. Mediterr Health J 1997;3:258-62.