

Research Article

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Oral health awareness amongst the medical student of Telengana, India

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ABSTRACT

Background: Attractive smile is a sign of good health. Oral health plays an important role in individuals overall health. Majority of systemic diseases have oral manifestations.

Methods: The cross sectional study was carried out amongst the medical students of an Medical college by using WHO ORAL SURVEY for adults, with aims and objectives of estimating the prevalence and severity of oral health problem in the study population, understand and analysis various determinants of diseases of oral cavity and to create awareness on oral health.

Results: Out of the 250 respondents, 40% of respondent said, the condition of tooth is very good, which is a sign of good oral hygiene. 13% of the participant said they have never visited a dentist. 23% of the participants said; they visited the dentist in last 6-12 months. 32% felt it is necessary to visit dentist regularly.

Conclusions: Oral diseases have a significant impact on the quality of life of individuals, their participation in society and economic productivity as well as on health systems, making oral diseases a significant public health concern. Pain and discomfort from cavities, can affect the ability of an individual to chew and to obtain adequate nutrition, which, in turn, affects the immune response and the ability to fight disease.

Keywords: Oral health, Tooth decay, Gum disease

INTRODUCTION

Attractive smile is a sign of good health. Oral health plays an important role in individuals overall health. Majority of systemic diseases have oral manifestations. The oral cavity is point of entry of food. Individual's preference for type of food and beverage affects the teeth and gums. People fond of sweet taste often consume high calorie food, which results in obesity, hypercholesterolemia and worsens Diabetes Mellitus.¹ Research have proved screening of blood glucose level in patient visiting dental OP can help in early diagnosis of diabetes.² Nutritional deficiency is manifested by bleeding gums and angular stomatitis. Tobacco intake results in cancer of oral cavity, lungs, throat and oesophagus.³ Tobacco chewing in the

form of Gutka also leads to staining of teeth. Infective endocarditis incidence is higher amongst people who have bad oral hygiene.⁴ Periodontal disease also predispose to cardiovascular diseases.⁵

Efforts to maintain good oral hygiene are to be found in historical texts. Around 3000 B.C the first known dentist Hesi Re used to promote rinsing with Bicarbonate of Soda to clean the mouth. Hippocrates (460-377 BC) also attributed great importance to cleaning the teeth; he attributed dental disease to "a combination of natural predisposition and the corroding action of accumulated filth". Prior to the development of toothbrushes as we know them now, chewing sticks were used to clean the teeth, Mohammed (570-632) encouraged the use of

Miswak (a twig from the *Salvadora Persica* tree) to clean the teeth before prayer. The use of Miswak dates back 7000 years to the Pharaohs and ancient Babylonians. In more modern times in 1728 Pierre Fauchard recommended treatment of oral infection as follows "rinse out the mouth every morning and also evening with some spoonfuls of your own urine just after it has passed", fortunately it was one recommendation that did not endure. With the passage of time development of scientific equipment and techniques enabled the study of disease to evolve from empiricism to the application of scientific method and logic to the investigation about its aetiology and prevention. By the 19th century, scientists such as GV Black (1836-1915) were able to study dental pathology and WD Miller (1853-1907) to develop his study of bacteriology.

Modern definitions of disease usually include some reference to health and tend to provide a continuum of health through to advanced disease. Oral health can be defined as 'a standard of health of the oral and related tissues that enables an individual to eat, speak, and socialise without active disease, discomfort, or embarrassment, and that contributes to general wellbeing'.^{6,7} Oral health plays an important role in general health and wellbeing and is more than simply the absence of disease in the mouth; it should be viewed as a standard of oral functioning that enables comfortable participation in everyday activities.⁸

Good oral health is a mirror to the inside of an individual. The study intends to sensitize the budding health professionals on oral hygiene and diagnose any systemic diseases at an early stage.

METHODS

The cross sectional study was carried out in Apollo institute and medical science. The information on oral health was obtained from the students by using WHO oral health survey questionnaire for adults, with the following objectives. 1).To estimate the prevalence and severity of oral health problem in the study population 2).Understand and analysis various determinants of diseases of oral cavity and 3). To create awareness on oral health.

RESULTS

In our survey, out of the 280 participants, only 250 questionnaires were filled completely. So we analysed the result from 250 respondents. Out of the 250 respondents, 28% were males and rest were females. Amongst the participants, 149 were of 20 years of age, 24.8% were 19 years old, 13.2% were 21 years old, and about 1.2% were of age 18 and 22.

84.8% of the participants were unaware of any discomfort in mouth about .8% had toothache (Table 1).

Table 1: Pain or discomfort in teeth or mouth.

Pain or discomfort in teeth or mouth	Frequency	Percentage
yes	2	0.80%
no	31	12.40%
don't know	212	84.80%
no answer	5	2.00%
Total	250	100%

Table 2: State of teeth.

State of teeth	Frequency	Percentage
Excellent	54	22%
Very good	99	40%
Good	69	28%
Average	22	9%
Poor	3	1%
Very poor	1	0%
Don't know	2	1%
Total	250	100%

Table 3: State of gums.

State of gums	Frequency	Percentage
Excellent	50	20%
Very good	114	46%
Good	64	26%
Average	16	6%
Poor	4	2%
Very poor	0	0%
Don't know	2	1%

Table 4: Reason for visit to dentist.

Reason for visit to dentist	Frequency	Percentage
Consultation/advise	43	17%
Pain or trouble with teeth, gums or mouth	29	12%
Treatment/follow-up treatment	13	5%
Routine check-up/treatment	93	37%
Don't know/ don't remember	72	29%
Total	250	100%

54 of our respondents said their tooth is in excellent condition. Only 1% said the condition of teeth is bad (Table 2).

46% of students perceived the condition of gum as excellent. Only 2% of the students in the study said the condition of their gum is poor (Table 3).

13% of respondent said they have never visited a dentist. 23% of the students said; they have visited the dentist in last 6-12 months (Table 4).

DISCUSSION

Research on medical self-care has focused largely on persons with chronic conditions, such as osteoarthritis and diabetes.⁹⁻¹⁰ Research in dental self-care has focused largely on how individuals address tooth pain.¹²⁻¹⁴ In our study, 84% were not aware about pain or discomfort in mouth or teeth. Oral health and general health have close linkages. On the one hand, oral health can be compromised by a number of chronic and infectious diseases which show symptoms in the mouth.¹⁵ 13% of the participant said they have never visited a dentist. 23% of the participants said; they visited the dentist in last 6-12 months. 32% felt it is necessary to visit dentist regularly in a study by Sekhar V et al.¹⁶

Even though most oral diseases are preventable, almost everyone is likely to be affected during the lifetime. Oral diseases have a significant impact on the quality of life of individuals, their participation in society and economic productivity as well as on health systems, making oral diseases a significant public health concern. Pain and discomfort from cavities, can affect the ability of an individual to chew and to obtain adequate nutrition, which, in turn, affects the immune response and the ability to fight disease. Income lost due to absence from work and reduced educational attainments because of dental problems and other diseases can be significant. Oral health is integral to general health and a basic human right. Concerted and collaborative action needs to be mobilized, maintained and strengthened to address the high burden of oral disease and the vast inequities in access to oral health care existing in the community.¹⁷ The integration of oral health into general health approaches, especially the control and prevention of non-communicable diseases is a realistic opportunity to raise the profile of oral health and to end the neglect of oral diseases.

CONCLUSION

Oral diseases have a significant impact on the quality of life of individuals, their participation in society and economic productivity as well as on health systems, making oral diseases a significant public health concern. Pain and discomfort from cavities, can affect the ability of an individual to chew and to obtain adequate nutrition, which, in turn, affects the immune response and the ability to fight disease.

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