International Journal of Research in Health and Allied Sciences

Journal home page: www.ijrhas.com

Official Publication of "*Society for Scientific Research and Studies*" [Regd.]

ISSN 2455-7803 Index Copernicus value 2016 = 68.10

Original Article

Patient's attitude towards the role of Oral Physician in Tobacco Cessation- A Survey

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***ABSTRACT*:**
Background: Tobacco is major cause of oral cancer and periodontal disease as well as risk factor for general health. The present study was conducted to determine the patient's attitude towards the role of oral physician in tobacco cessation. **Materials & Methods:** The present study was conducted on 100 patients of both genders with tobacco dependence habit. They were provided with questionnaire which consisted of 6 questions and they were advised to answer all. **Results:** In response to question regarding dentist should ask about the tobacco dependence habit of the patient, 96% responded yes and 4% no. 96% replied that the dentist should advise patients to quit tobacco dependence habit while 4% not 96% responded that the dentist should assess patients' willingness to quit the habit. 96% suggested that the dentist should assess patients willingness to quit the habit while 6% not. 94% replied that the dentist should arrange cessation services and follow up for the patients who have tobacco dependence habit while 6% not. The difference was significant (P< 0.05). 82%, 15% and 3% were found comfortable discussing their habits with dentist, physician and psychiatrist respectively. The difference was significant (P< 0.05). **Conclusion:** The role of dentist in identification and assess the harmful effect of tobacco on oral cavity is important. Patient knowledge and awareness is must in preventing developing tobacco related effects.
Key words: Oral Physician, Oral cavity, Tobacco dependence.

Received: 12 May 2018 Revised: 18 June 2018 Accepted: 20 June 2018

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This article may be cited as: Mehta P, Arya L, Vinod VC, Gupta A, Singh SK. Patient's attitude towards the role of Oral Physician in Tobacco Cessation- A Survey. Int J Res Health Allied Sci 2018; 4(4):34-37.

INTRODUCTION

Tobacco is major cause of oral cancer and periodontal disease as well as risk factor for general health. Tobacco usage in smoking or smokeless form is way of consuming it. The harmful effects of tobacco products are leached out in oral cavity leading to damage.[1]Dental surgeons are the one who can play an important role in early detection and diagnosis of the cases. Dental professionals should be actively engaged in this field. Dental professionals are in a unique position to promote smoking cessation among their patients.[2]

It has been found that interventions conducted by oral health professionals increased tobacco self-denial rates at 12 months or longer and proposed that further study of tobacco counseling within the dental office setting is important to identify effective intervention components for this profession.[3]

World Health Organization (WHO) suggested that oral health professionals should involve in smoking cessation programmes. Dental professional ask and advise patients about their tobacco use.[4]The effect of tobacco on oral cavity is alarming. Tobacco is used in various forms such s smoking and smokeless tobacco. Smoking form includes cigarettes, cigars, pipes and smokeless consist of zarda, supari, chaini khaini etc. Tobacco has been recognized as reason for oral and pharyngeal cancer. It leads to high mortality and morbidity.[5]The 5 A's approach is suggested for tobacco users willing to quit such as asking about smoking status and providing advice and support to quit and the 5 R's approach for tobacco users not willing to quit. Some oral health professionals observe that patients would

not be receptive to tobacco control services, and that any attempts to provide such services may alienate their patients.[6] The present study was conducted to determine the patient's attitude towards the role of oral physician in tobacco cessation.

MATERIALS & METHODS

The present study was conducted on 100 patients of both genders with tobacco dependence habit. They were informed regarding the study and written consent was obtained. Ethical clearance was taken prior to the study. All were provided with questionnaire which consisted of 6 questions and they were advised to answer all. Their response was recorded and subjected to statistical analysis. P value less than 0.05 was considered significant.

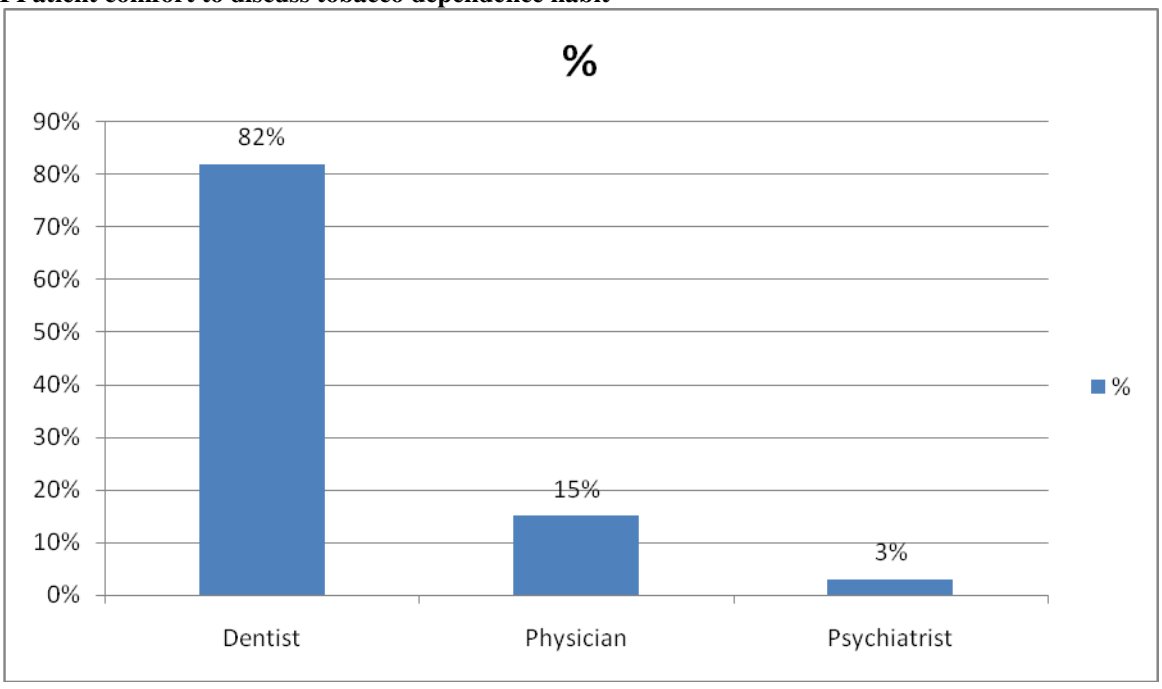
RESULTS

Table I Questionnaire for the study

S. No	Question	Yes	No	P value
1.	Do you think the dentist should ask about the tobacco dependence habit of the patient?	96%	4%	0.01
2.	Do you think the dentist should advise patients to quit tobacco dependence habit?	96%	4%	0.01
3.	Do you think the dentist should assess patients willingness to quit the habit?	96%	4%	0.01
4.	Do you think the dentist should assist patients who are willing to quit the habit?	94%	6%	0.02
5.	Do you think the dentist should arrange cessation services and follow up for the patients who have tobacco dependence habit?	94%	6%	0.02

In response to question regarding dentist should ask about the tobacco dependence habit of the patient, 96% responded yes and 4% no. 96% replied that the dentist should advise patients to quit tobacco dependence habit while 4% not. 96% responded that the dentist should assess patients' willingness to quit the habit. 96% suggested that the dentist should assess patients willingness to quit the habit while 6% not. 94% replied that the dentist should arrange cessation services and follow up for the patients who have tobacco dependence habit while 6% not. The difference was significant (P< 0.05).

Graph I Patient comfort to discuss tobacco dependence habit



82%, 15% and 3% were found comfortable discussing their habits with dentist, physician and psychiatrist respectively. The difference was significant (P< 0.05).

DISCUSSION

Tobacco cessation programme should involve more patients who are indulged in tobacco usage habits. 5 A's is ask patients about their tobacco-use status and document answers. Advice in a clear, strong and personalized manner, urge very tobacco user to quit. Ask if tobacco user is willing to make a quit attempt within the next 30days. Help the patient with a quit plan. Provide practical counseling, problem solving and skills training.[7]

5 R is relevance such as encourage the patient to indicate why quitting is personally relevant, being as specific as possible. Motivational information has the greatest impact if it is relevant to a patient's disease status or risk, family or social situation. Risk is ask the patient to identify potential negative consequences of tobacco use and suggest and highlight those that seem most relevant to the patient.[8] Ask the patient to identify the potential rewards of stopping tobacco use. Suggest and highlight those that seem most relevant to the patient. Ask the patient to identify barriers to quitting and note elements of treatment (problem solving, pharmacotherapy) that could address barriers. Repeat motivational intervention every time an unmotivated patient visits the dental office. Tell tobacco users who have failed in previous quit attempts that most people make repeated quit attempts before they are successful.[9]

Kivz etal.[10] found that 90% of patients believed that it is the physician's responsibility to provide them with tobacco counseling cessation services. Patients were advised to reply regarding whether dentist should ask about the tobacco dependence habit of the patient, the dentist should advise patients to quit tobacco dependence habit, the dentist should assess patients' willingness to quit the habit, the dentist should assess patients willingness to quit the habit and the dentist should arrange cessation services and follow up for the patients who have tobacco dependence habit. We observed that 82%, 15% and 3% were found comfortable discussing their habits with dentist, physician and psychiatrist respectively. This is similar to Sawan et al.[11]

Ahmandy et al[12] found that the most common reasons these patients gave for their dental visits were checkups (35.8%),hygiene (20.6%) and restorative services (53.8%) (the total was greater than 100%, as many patients were visiting the dental clinic for multiple reasons). The majority of the patients in both groups (79.5%) had some type of dental insurance.87%of the control group and 79% of the experimental group believed that tobacco use had adverse effects on their health, although these were not significantly different.

Scott[13] in their study found that 25% of adults and 35% of high-school students smoke cigarettes, and many use other forms of tobacco. More than one-half of adult smokers and nearly three-fourths of adolescents see a dentist each year. However, more than 40% of dentists do not routinely ask about tobacco use, and 60% do not routinely advise tobacco users to quit. Meanwhile, less than one-half of dental schools and dental hygiene programs provide clinical tobacco intervention services.

The well stated road blocks in dentist playing active role in these services is patient may not perceive it positively and lack of training. Our study states dentist intervention is well taken by the patients overcoming major hindrance. The role of dental professionals in implementation of good oral hygiene among general population is recommended.[14]However, our study was done including only patients in college setup, we further recommend more studies with inclusion of patients in private setup and with larger sample size.

In a study done by Vinodet al[15]63.9% of dentist reported positive feedback from their patients.

CONCLUSION

The role of dentist to identify and assess the harmful effect of tobacco on oral cavity is important. Patient knowledge and awareness is must in preventing tobacco related effects. If patients having a receptive attitude towards dentist as stated by our study, it gives a positive motivation and feedback to dental professionals in playing an active role in tobacco cessation services.

REFERENCES

1. Ebn Ahmady A et al. Dentists' familiarity with tobacco cessation programs in dental settings in Iran. Journal of Public Health Dentistry 2011; 71:271–277.
2. Kviz FJ et al. Patients' perceptions of their physician's role in smoking cessation by age and readiness to stop smoking. Preventive Medicine, 1997, 26:340–349.
3. Campbell HS, Sletten M, Petty T. Patient perceptions of tobacco cessation services in dental offices. Journal of the American Dental Association 1999; 130:219–226.
4. Raghunath P. Tobacco consumption linked to spread of cancer [document on the internet]. 2008 [cited 2008 April 01].
5. Byakodi Raghavendra, Taneja Lavina, Byakodi Jyoti, Arya Vishal, Khataniar Kumar Sanjib. Tobacco and related habits and oral cancer-a pilot study University J Dent Scie 2016; 2: 44-48.
6. Goedhart H, Eijkman MA, ter Horst G. Quality of dental care: the view of regular attenders. Community Dentistry and Oral Epidemiology, 1996; 24:28–31.
7. Lahti S et al. Patients' expectations of an ideal dentist and their views concerning the dentist they visited: do the views conform to the expectations and what determines how well they conform? Community Dentistry and Oral Epidemiology 1996; 24:240–244.
8. Husten CG, Manley MW. Do dentists and physiciansadvise tobacco users to quit? JADA 1996;127:259-65.
9. Ibrahim H, Norkhafizah S. Attitudes and practices in smoking cessation counseling among dentists in Kelantan. Archives of Orofacial Sciences 2008; 3:11‑6.
10. Kivz, Dolan TA. Trends in U.S. dental schools' curriculum content in tobacco use cessation 1989-93. J Dent Educ 1994;58:663-7.

11. Sawan, Barker GJ, Williams KB. Tobacco use cessation activities in U.S. dental and dental hygiene student clinics. J Dent Educ 1999;63:828-33.
12. Ahmandy, Yellowitz JA, Goodman HS, Horowitz AM, al-Tannir MA. Assessment of alcohol and tobacco use in dental schools' health history forms. J Dent Educ 1995;59:1091-6.
13. Scott, Hovell MF, Jones JA, Adams MA. The feasibility and efficacy oftobacco use prevention in orthodontics. J Dent Educ 2001;65:348-53.
14. Romer D, Jamieson P. Do adolescents appreciate the risks of smoking? Evidence from a national survey. J Adolesc Health 2001; 29: 12-21.
15. Vinod VC, Taneja L, Mehta P, Koduri S. Dental professionals as a counselor for tobacco cessation: A survey. J Indian Acad Oral Med Radiol 2017; 29:209-12.

Source of support: Nil **Conflict of interest:** None declared