

Clinical Evidence Head and Neck Oncology

Knowledge and clinical expertise regarding oral cancer among Brazilian dentists

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J. C. Leão, P. Góes, C. B. Sobrinho, S. Porter: Knowledge and clinical expertise regarding oral cancer among Brazilian dentists. *Int. J. Oral Maxillofac. Surg.* 2005; 34: 436–439. © 2004 International Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

Abstract. The aim of the present work was to assess the knowledge and attitudes of Brazilian General Dental Practitioners with regard to aspects of the aetiology, early diagnosis and prevention of oral cancer relevant for general dental practice. A convenience sample of 129 dentists in Brazil was randomly selected and asked to complete a questionnaire. Results of bi-variated analysis revealed that a self-perceived good knowledge regarding relevant aspects of oral cancer was statistically significantly associated with male gender (Chi square = 4.59, $P < 0.05$). Simple logistic regression revealed that male professionals were 2.9 times more knowledgeable than their female colleagues (OR = 2.9, 1.1–8.1 95% CI, $P = 0.037$), although, this association was not statistically significant when adjusted for age using multiple regression analysis (OR = 2.7, 0.9–7.5 95% CI, $P = 0.059$). There were no significant differences in relevant knowledge and attitudes of private compared with public dentists. Importantly, General Dental Practitioners who spent more than half of time of a patient's initial consultation undertaking a clinical examination were the more likely to detect oral cancer (Chi square = 4.245, $P = 0.039$) than those who set aside little time examining their patients. It is concluded that the knowledge of dentists in Brazil regarding relevant aspects of oral cancer is suboptimal, and may not be associated with any examined social-demographic variables. Further research is required to clarify the role of continuing professional education in improving the knowledge and attitudes of dentists relevant to oral cancer in Brazil.

Key words: oral cancer; General Dental Practitioner; attitudes; knowledge.

Accepted for publication 19 October 2004
Available online 29 January 2005

Early recognition of potential malignant oral disease with appropriate referral of patients can significantly influence patient outcome^{1,3}. However, often the referral of patients with potential malignant disease by dentally or medically qualified primary health care staff is neither appropriate nor timely², and may be influenced by the clinical signs and symptoms, patient demographics, education, co-morbidity,

religion³ and self-medication by the patient⁹.

The clinical and epidemiological characteristics of OSCC in Brazil are similar to the developed world. Data from 2002 reveals the incidence rate of oral squamous cell carcinoma to be more common in males (9.69 per 100,000 men) than in females (3.25 per 100,000 women). The incidence has not decreased in recent

years⁴ and men seem to develop malignancy at a younger age than women possibly as a consequence of the reduced exposure to alcohol and tobacco⁷.

There is no information of the knowledge and attitudes of dentists in Brazil with regard to early diagnosis of oral cancer, hence before designing an appropriate educational program for dental health care workers in this country the

aim of the present study was to assess knowledge and attitudes of a group of Brazilian GDPs working in the north east of Brazil with regard to certain aspects of oral malignancy relevant to the primary health care setting.

Methods

The present study was a cross sectional survey carried out in the urban area of Recife, the capital city of the state of Pernambuco, located in the northeastern region of Brazil. A convenience sample of 129 dentists was randomly selected from the local health authority and the Pernambuco section of the general dental council (CRO-PE). The study received approval by the local ethical commission (report number 326/2000-CEP/CCS).

The sampled professionals were asked to complete a questionnaire. The questionnaire comprised of a series of questions covering aspects of knowledge, aetiology, early diagnosis and prevention of oral cancer (Fig. 1).

In order to assess the knowledge and clinical expertise regarding oral cancer two concepts were established: actual and perceived knowledge. The latter refer to the subjective assessment of the professional in a 5-point Likert scale. Actual knowledge was assessed from a series of objective questions where the professional would demonstrate his or her knowledge of the common clinical features of oral malignancy, the aetiology of OSCC and the relevance of early detection of oral malignancy.

The dentists' perceived knowledge of certain aspects of oral cancer was assessed using a 5-point Likert scale. The options on this scale ranged from "very good knowledge" to "no knowledge at all". The validity of this scale was assessed by cross-checking with the actual knowledge.

Statistical analysis was carried out in three stages. Firstly, the characteristics of the sample were presented, followed by a bi-variate analysis using a chi-square test to detect possible associations. Finally, logistic regression analysis was undertaken and the resulted odds ratio and respective confidence interval described. The 5% significance level was adopted in the present study.

Results

All 129 dental practitioners completed the questionnaire, (48% male, 52% female; mean age of the sample 40.4 years (SD = 12.9)), hence there was 100%

1. Gender: ☐ Male ☐ Female
2. Date of Birth (dd/mm/yyyy): _____
3. Currently working as a dentist? ☐ Yes ☐ No
4. Please inform the borough of your practice: _____
5. What is the nature of clinical activities? ☐ Private ☐ Public ☐ Both
6. How long have you been dentally qualified? _____
7. Have you attended or are you attending any post-graduate course?
☐ No ☐ Yes, could you tell us in what specialty? _____
8. Have you attended any continued education program (congress, meetings, short courses) in the last two years?
☐ No ☐ Yes, could you tell us in what specialty? _____
9. How do you evaluate your knowledge and clinical expertise regarding oral cancer. Do you consider yourself:
☐ Very well informed ☐ Well informed ☐ Reasonably informed ☐ Badly informed ☐ Not informed at all
10. During your clinical activity have you seen any lesion that you suspected as been an oral cancer lesion?
☐ Yes ☐ No. Please, go to question 16.
☐ I do not remember. Please, go to question 16.
11. Did you refer the patient for a head and neck cancer unit?
☐ No ☐ Yes
12. Did you ask for help from a more specialised colleague?
☐ No ☐ Yes
13. Did you perform a biopsy?
☐ No ☐ Yes
14. Have you followed up the patient during his/her treatment?
☐ No ☐ Yes, could you tell us some details of this follow up _____
15. Could you tell us what made you suspect of abnormality?
16. Could tell us, what is the importance to early diagnosis of a malignant lesion?
17. Could you tell us from the list below, what do you consider to be the etiological factors of oral cancer?
☐ Autoimmune ☐ Alcohol ☐ Tobacco ☐ HPV ☐ Trauma ☐ Nutritional deficiency
Genetics ☐ Age ☐ Solar radiation ☐ Ethnicity ☐ Gender ☐ None of the options above
☐ I can not remember
18. Do you have leaflets or any other form of educational material regarding oral cancer prevention for your patients?
☐ No ☐ Yes, do you have such material in your practice? ☐ Yes ☐ No
19. Are you aware of self-exam technique for oral cancer detection? ☐ Yes ☐ No
20. Are you aware of reference centres for oral cancer diagnosis?
☐ No ☐ Yes, could you nominate them?
21. Regarding your clinic approach;
a) Do you carry out a complete intra and extra oral examination during the first consultation?
☐ Yes ☐ No
b) Do you see patients covered by private health insurance schemes?
☐ Yes ☐ No
If yes, is this first consultation paid by the insurance companies?
☐ Yes ☐ No
c) How long do you spend doing intraoral examination during the first consultation?
100% of the time
50% of the time
25% of the time
less than 25% of the time
d) Do you ask for laboratory tests when necessary?
☐ Yes ☐ No

Fig. 1. Questionnaire used.

response rate. The responding dentists had been dentally qualified for a mean of 16 (SD = 11.4) years. Thirty-eight percent of the responding dentists worked in the public sector only, while 62% worked in private practice or both.

Actual knowledge

The majority of respondents 52/129 (40%) were not informed regarding the main clinical features of oral cancer, when asked what made them suspected of any

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