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Knowledge and attitude of tobacco use and cessation among dental professionals



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KEYWORDS

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Abstract *Aim:* Smoking is the one of the most preventable causes of death worldwide. Dental professionals may play an important role in anti-smoking campaigns. The aim of this study was to evaluate current knowledge of and attitudes toward smoking and its cessation among dental professionals.

Materials and methods: This questionnaire-based study was carried out among general dental practitioners (GDPs) and dental students in Saudi Arabia. The questionnaire was used to collect data on sociodemographic characteristics, knowledge, and attitudes toward tobacco use and cessation. Data were analyzed using SPSS software (version 18.0; IBM) and the Mann–Whitney *U*-test, with a significance level of $p < 0.001$.

Results: A total of 342 participants (130 GDPs, 212 dental students) with the mean age of 24 (standard deviation, 5) years participated in the study. One-third (33.8%, $n = 44$) of GDPs and 30.2% ($n = 64$) of dental students were smokers; small percentages (GDPs, 9.1% [$n = 4$]; dental students, 7.8% [$n = 5$]) were heavy smokers. The majority of participants rated both smoking cessation and prevention together as a very important preventive measure. Families were rated as the most important factor responsible for smoking cessation, whereas general practitioners were rated as the most important factor for providing assistance with cessation.

Conclusion: More meaningful participation of dental professionals in tobacco cessation is needed, with implications for related curriculum changes.

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1. Introduction

Tobacco use is among the most preventable causes of disease and premature death worldwide (USDHHS, 2010). The detrimental effects of tobacco use on oral health have been well documented in studies focusing on changes in the oral mucosa (Warnakulasuriya, 2005; Warnakulasuriya et al., 2005) and periodontal tissues (Johnson and Slach, 2001; Palmer et al.,

2005; Tonetti, 1998). Substantial evidence indicates that tobacco cessation not only reduces the prevalence of a range of diseases, but also limits their progression and improves treatment outcomes (Preshaw et al., 2005).

Dental professionals play a significant role in identifying smokers, as they may notice intraoral signs such as odor, tooth stains, and oral hygiene problems earlier than other healthcare professionals; they are thus in a better position to offer preventive care (Ramseier et al., 2006, 2010). In addition, they have access to protocols that encourage smoking cessation and pharmaceutical support if needed (Wiener and Wiener Pla, 2011). As a result, dentists' knowledge about tobacco use and various methods available for its cessation is crucial, along with increased involvement of dental professionals in anti-smoking campaigns to minimize smoking-related harmful effects (Ehizele et al., 2011).

Patients who visit dental clinics routinely have little interaction with healthcare professionals about tobacco use and related hazardous effects. This factor has been attributed to the lack of practice, time, and resistance on the part of the patients, as well as insufficient knowledge and confidence among oral healthcare professionals in providing preventive measures (Rikard-Bell et al., 2003; Rosseel et al., 2011). To minimize this communication gap, a strategy involving employment of dental professionals in preventive anti-smoking programs and improvement of education and counseling in tobacco cessation should be considered. As a first step, data have been collected from various countries on the knowledge and attitudes of dental professionals, including dental students, regarding tobacco use and cessation (Alomari et al., 2006; Barrieshi-Nusair et al., 2006; Dumitrescu, 2007; Huang et al., 2011; Smith and Leggat, 2007).

In Saudi Arabia, few studies have addressed this problem (Abdulghani et al., 2013; Al-Haqwi et al., 2010; Azhar and Alsayed, 2012; Kujan et al., 2013) and research data related to the role of dental professionals in tobacco cessation interventions are sparse. The aim of the present study was to assess the knowledge and attitudes of Saudi dental professionals regarding tobacco use, specifically smoking, and smoking cessation.

2. Materials and methods

This cross-sectional study was conducted over a 6-month period from March to August 2013 in Riyadh, Kingdom of Saudi Arabia, using a self-administered, two-page structured questionnaire derived from the Global Tobacco Survey (<http://www.cdc.gov/tobacco/global/gats/questionnaire/index.htm> [updated 25 May 2009, accessed June 2009]). The study population comprised dental undergraduate students and general dental practitioners (GDPs). Questionnaires were distributed to students during routine lectures and to GDPs at their workplaces. Each questionnaire was accompanied by a cover letter explaining the purpose of the study and providing specific instructions for questionnaire completion. Standard procedures of informed consent were used, including the protection of participants' anonymity and confidentiality.

Questionnaire items solicited data on participants' sociodemographic characteristics (age, gender, residence type, academic year of study) and knowledge and attitudes regarding smoking and its cessation. Eight questions were used to assess

participants' knowledge about the hazardous effects of tobacco use and attitudes toward the role of dental professionals in smoking cessation campaigns. Nine questions focused on participants' attitudes toward smoking, and five questions were designed to collect data about personal and family smoking habits. The questionnaire was pretested to ensure that all questions were clear and understandable to participants. The institutional research and ethics committee approved this study.

Data were analyzed using SPSS (version 18.0; IBM Corporation, Armonk, NY, USA). Responses were coded numerically to facilitate data entry. Comparison of smoking characteristics among the GDPs and dental students was performed and the data was analyzed using the Mann-Whitney *U*-test, with the level of significance set to $p < 0.001$.

3. Results

A total of 342 subjects with the mean age of 24 (standard deviation [SD], 5) years completed the questionnaire. The response rate was 86.5%. Of the participants, 130 (mean age, 30 [SD, 5] years) were GDPs and 212 (mean age, 21 [SD, 3] years) were dental students. Among the GDPs and dental students, 63.8% and 75.5% of participants, respectively, were male.

3.1. Smoking behavior

One-third (33.8%, $n = 44$) of GDPs and 30.2% ($n = 64$) of dental students reported that they smoked when asked about their personal smoking habits (Table 1). Tobacco users were classified as; Occasional smokers: those who smoked 1–3 days per week; Regular smokers: those who smoked every day; Heavy smokers: those who smoked one pack of cigarette or more a day. Most ($n = 30$) smokers among the GDPs were regular smokers, reporting that they usually smoked on a daily basis; in contrast, most ($n = 50$) dental students who smoked did so less frequently, on average 1–3 days a week. Small percentages (GDPs, 9.1% [$n = 4$]; dental students, 7.8% [$n = 5$]) of these respondents were heavy smokers, smoking one pack of cigarettes or more per day. The majority of participants in both groups were non-smokers, and no significant difference was noted between groups.

GDPs and dental students who smoked reported that they were 15–19 years old when they acquired a smoking habit. However, dental

Table 1 Comparison of smoking characteristics among GDPs and dental students.

| Variables | GDPs ($n = 44$) | Dental students ($n = 64$) |
|------------------------------------|-------------------|------------------------------|
| Smoking prevalence (in last month) | | |
| 1–7 days | 8 | 10 |
| 8–20 days | 6 | 50 |
| Every day | 30 | 4 |
| Frequency of smoking (per day) | | |
| 1–10 cigarettes | 35 | 54 |
| 11–20 cigarettes | 5 | 5 |
| > 20 cigarettes | 4 | 5 |
| Age of initiation of smoking | | |
| < 16 years | 4 | 20 |
| 16–18 years | 28 | 40 |
| > 18 years | 12 | 4 |
| Giving up smoking | | |
| Tried at least once | 3 | 5 |
| Never tried | 41 | 59 |

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