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Children's ages and reasons for receiving their first dental visit in a Saudi community



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KEYWORDS

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Abstract *Objective:* Epidemiological studies conducted in different parts of the world have revealed the postponement of first dental visits and an increased prevalence of early childhood caries in general populations in developed and developing countries. This study aimed to assess the average age of and most common reasons for first dental visits in children attending governmental and private dental clinics in Riyadh, Saudi Arabia.

Subjects and methods: Data were collected retrospectively from the dental records of new pediatric patients attending a governmental institute (College of Dentistry, Department of Pediatric Dentistry and Orthodontics, King Saud University) and a private clinic (the investigator's private practice) in Riyadh. Only children attending their first dental visits with no previous dental experience were included in the study. Descriptive statistics, cross-tabulation analysis, and chi-squared test were done. The significance level was set at $P \leq 0.05$.

Results: Initial dental visitation occurred at 1–3 years in 32.2% of children, 3–5 years in 52.9% of children, at > 5 years in 14% of children. Pain was the dominant reason (71.5%) for first dental visits. Dental check-up was the main reason for 27.3% of dental visits, and fluoride application was the main reason for 20.5% of visits. Emergency cases accounted for 44.7% of first dental visits during the study period. Most (68%) children were medically fit, and 67.2% behaved positively during their first dental procedures.

Conclusions: Parental compliance with the standard age for initial dental visitation recommended by the major dental academies is lacking.

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1. Introduction

The age at which children receive dental care for the first time, and the reasons for such dental visitation, vary greatly and depend on many factors. These factors may include parents' socioeconomic status, level of education, and previous dental experience, as well as governmental and geographic factors. The major academies of dentistry have achieved unified agreement about the recommended age for a child's first dental visit.

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For years, the recommended age was around the time of the child's first birthday, but it has been altered recently to a more general timeframe: the period between 6 months of age and the eruption of the first tooth (American Academy of Pediatrics [AAP], 2014). The primary goals of recommending such early visits are to prevent early childhood caries (ECC) and to detect and arrest the progression of any incipient carious lesion. Additional goals include educating parents about proper oral hygiene for infants and toddlers, the use of fluoride, oral habits, teething management, ways to prevent accidents that could damage the face and teeth, and the link between diet and oral health (AAP, 2014; American Academy of Pediatric Dentistry, 2014).

Epidemiological studies have revealed an increase in the prevalence of ECC in general populations of developed and developing countries (Alamoudi et al., 1995; Al-Ansari, 2014; Bagramian et al., 2009; Morgano et al., 2010), and the postponement of first dental visits in different populations (Al-Shalan, 2003; Al-Shalan et al., 2002; Mileva and Kondeva, 2010; Poulsen, 2003). Thus, the aforementioned dental academies have prioritized the issue of first dental visits in an attempt to shift public perspective from awareness of only the therapeutic aspect of dental care to awareness of its preventive and educational aspects as well. Evaluating the age of and most common reasons for children's first dental visits has become essential for the planning of future public awareness efforts. The aim of this study was to assess the average age of and the most common reasons for first dental visits in children visiting governmental and private dental clinics in Riyadh, Saudi Arabia.

2. Subjects and methods

The present study included children visiting dental clinics for the first time between September and Dec 2014. September was chosen as the start time for data collection because it is the beginning of the school year, when students at the College of Dentistry, King Saud University start accepting new cases; it is thus an ideal time to target new patients. The Ethical Committee of the Research Center at the College of Dentistry, King Saud University approved this study and registered as (FR0194). The author collected data retrospectively from the dental records of new pediatric patients attending a governmental institute (College of Dentistry, Department of Pediatric Dentistry and Orthodontics, King Saud University) and a private clinic (the investigator's private practice) in Riyadh. Patients at the College of Dentistry were attended by undergraduate students, postgraduate students, board residents, and clinical specialists; those at the private clinic were attended by seven consultants in pediatric dentistry, who shared the practice with consultants in other dental specialties. Only children attending their first dental visits with no previous dental experience were included in the study. Any children whose records were missing important information pertaining to the aim of the study were excluded.

A special clinical form was designed for this study to collect information about each child's age and sex and the main reason for the first dental visit. The following reasons for visitation were provided as options: pain, check-up only (when parents refused topical fluoride application), fluoride application, extraction of retained or mobile primary tooth/teeth,

referral from another dentist of a different specialty (referral as advice with no examination or treatment), referral from medical personnel, or any type of emergency (e.g., trauma, infection, abscess). The form included a space to record the child's medical condition and the option to categorize him/her as medically fit or medically compromised. Space to describe the child's general behavior during the first appointment was also provided in the form using the Frankl categories. The Frankl scale is one of the most reliable tools used in dentistry to evaluate children's attitudes and cooperation during dental procedures. The scale comprises four categories: definitely negative, negative, positive, and definitely positive (Frankl et al., 1962). The validity of the study form was inferred based on the design and use of similar forms in previous studies (Murshid, 2005).

2.1. Data analysis

The data were entered and analyzed using IBM SPSS software (version 21; IBM Corporation, Armonk, NY, USA). Descriptive statistics (e.g., frequencies and percentages) were calculated to explore the general features of the data. A cross-tabulation analysis was conducted to examine the categorical variables, and the chi-squared test was used to identify any significant differences between the different variables (variables of the data collected from the children attending the College of Dentistry and the children attending the private clinic). To determine the significance of variation or association, the significance level was set to $P \leq 0.05$.

3. Results

A total of 594 children (49.8% male, 50.2% female) had their first dental visits at the two participating clinics between September and December 2014. Almost 60% of these children attended the College of Dentistry and about 40% attended the private clinic (Table 1).

Approximately one-third (32.2%) of the children had their first dental visits between the ages of 1 and 3 years. More than half (52.9%) of the group had their first dental visits between the ages of 3+ and 5 years. A lesser percentage of children (14.0%) had their first dental visits between the ages of 5+ and 8 years, and only 1% had their first dental visits when they were older than 8 years (Table 2).

Table 1 Distribution of the children according to their gender and place of first dental visit.

Gender	Number and percentage	Children from the College of Dentistry	Children from the private practice	Total
Male	Count % within Groups	179 50.4%	117 49.0%	296 49.8%
Female	Count % within Groups	176 49.6%	122 51.0%	298 50.2%
Total	Count % within Group	355 100%	239 100%	594 100%

P value = 0.73.

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