




Tobacco dependence education

A survey of US and Canadian dental schools

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Although smoking has declined since the publication of *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service* in 1964,¹ the use of tobacco remains the leading preventable cause of premature death in both the United States and Canada, accounting for approximately 1 out of every 5 deaths, and killing approximately 480,000

 Supplemental material is available online.

Americans² and 37,000 Canadians³ each year. Despite these risks, an estimated 18% of Americans⁴ and 17% of Canadians smoke cigarettes.³

Tobacco use continues to be a major contributor to periodontal disease and tooth loss, oral cancer, implant failure, and poor wound healing.⁵⁻⁸ Fortunately, assistance from the dental team can be an effective, evidence-based way to help patients avoid or quit tobacco use.⁹⁻¹² A 2012 Cochrane review found that data “suggested that interventions conducted by oral professionals can increase tobacco abstinence rates [almost two fold] at 6 months or longer.”¹³

Unfortunately, the treatment of tobacco dependence continues to be inconsistent in many dental practices and primarily involves asking if tobacco is used. In Canada, more than 60% of smokers have seen their dentist or dental hygienist in the past year. During the annual dental visit, however, only 40% of these smokers were advised to quit. Of those who were advised, only 33% received assistance from their dental office in quitting.³ There has, however, been progress. In a 2014 survey of dental providers in the United States, more than 90% of dentists indicated that they ask about tobacco use and 45% refer patients for cessation medications, counseling, or both.¹⁴

ABSTRACT

Background. Tobacco use is the leading preventable cause of morbidity and premature mortality and is a significant factor in the development of oral disease. Tobacco dependence education (TDE) has not, however, been consistently integrated into predoctoral education. The authors conducted a study assessing the content and extent of TDE and intervention skills in US and Canadian dental schools.

Methods. In 2013, the authors contacted the academic deans of the 74 accredited US and Canadian dental schools to identify the educator who would be most appropriately described as the tobacco-use cessation “champion” at their institution. The authors e-mailed an introductory letter to each school’s champion with a hyperlink to a 45-item survey; 2 follow-up emails were sent with links to the survey.

Results. The response rate was 66% (N = 49). TDE was taught at 92% of dental schools; 90% of respondents indicated that faculty members were confident to extremely confident in teaching tobacco-related pathology. Only 49% reported this level of confidence in teaching students how to help patients quit tobacco. TDE is taught in periodontics (82%), oral pathology (77%), clinic (66%), oral diagnosis (59%), public health dentistry (55%), pharmacology (55%), oral medicine (52%), and other disciplines (less than 50%).

Conclusions. The survey responses revealed that TDE is not a curricular component in all US and Canadian dental schools. Faculty members were most confident in teaching tobacco-related pathology but may lack the interest and skills needed to integrate TDE as part of patient care.

Practice Implications. Patients who use tobacco in any form are at an increased risk of developing periodontitis, developing oral cancer, and having poorer surgical outcomes, emphasizing the need for the dental team to be well-prepared through predoctoral dental education.

Key Words. Dental education; tobacco; chewing; smoking cessation; tobacco-use cessation; tobacco smoking.

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1 Smoker Pre-Treatment Diagnostic Profile				
Additional ACCP resources on Disc* or, www.tobaccodependence.chestnet.org*				
		Loma Linda University School of Dentistry		AMERICAN COLLEGE OF CHEST PHYSICIANS
Diagnostic Factors	Mild	Moderate	Severe	Very Severe
Daily Cig Use	< 5	6 – 19	20 – 40	>40
1st Cig in AM	> 60 mins.	31 – 60 mins.	6 – 30 mins.	0 – 5 mins.
Nicotine Withdrawal Symptoms: (See 0-48 point NWS Scale*)	Intermittent, 11 – 20	Frequent, 21 – 30	Constant, 31 – 40	Constant, >40
FTND* (Fagerström Test for Nicotine Dependence*)	2 – 3	4 – 5	6 – 7	8 – 10
Health and Psych History	Healthy	Healthy	≥1 Chronic Medical Disease OR ≥1 Psychiatric Disease	≥1 Chronic Medical Disease AND/OR ≥1 Psychiatric Disease
Note: If answers fall in multiple categories, utilize the most severe category for treatment medications.				
Adapted from the American College of Chest Physicians Tobacco-Dependence Treatment Tool Kit, 3rd Ed., © 2010, with permission				
				ver. 1.0

Figure 1. Tobacco treatment medications bookmark sent to all dental schools for participation in the tobacco dependence education survey. Cig: cigarette. FTND: Fagerström Test for Nicotine Dependence. NWS: Nicotine Withdrawal Symptoms scale. Reproduced with permission from the American College of Chest Physicians Tobacco-Dependence Treatment Tool Kit, ©2010.³⁰

The authors of several studies have noted that clinicians who receive training in tobacco dependence treatment are more likely to provide assistance in the dental practice, and lack of training has been identified as a barrier to offering those services.¹⁵⁻¹⁸ The American Dental Association has long been a strong advocate for the training of oral health care professionals, and sponsored the Early Oral Cancer Detection and Tobacco Use Cessation *Dentist Saves Patient's Life* program in 2005-2006.¹⁹ Patients who use tobacco have indicated that they want their health care providers to help them quit their addiction.²⁰ The oral health team is strategically positioned to help hundreds of thousands of patients who use tobacco or are exposed to it.

Studies published in the past decade explored various aspects of tobacco dependence education (TDE) offered in oral health curricula.²¹⁻²⁵ The last comprehensive assessment of TDE in US dental schools (n = 49) was in 1989. One of the main issues the survey assessed was whether dental schools allowed smoking within their buildings (60% schools allowed smoking).²⁶ A similar survey in 1993 reported that only 14% (n = 50) of dental schools allowed smoking in their facilities.²⁷

The aim of this study was to identify the state of TDE in US and Canadian dental schools' curricula.

METHODS

The institutional review board at Loma Linda University (no. 5130234), Loma Linda, CA, approved this project. Additional review and approval was granted by Southern Illinois University Carbondale, Carbondale, IL; University of Detroit Mercy, Detroit, MI; and University of Illinois at Chicago, Chicago, IL. We used a cross-sectional survey design. We used an adapted version of an online survey used in a previous study,²⁵ and the survey consisted of 45 questions (survey can be found in the [Appendix](#), available online at the end of this article).

Topic areas included:

- the frequency and number of minutes spent on tobacco-related topics;
- the departments or subject areas in which TDE content was presented;
- what level of confidence faculty members had teaching TDE;
- perceived barriers when teaching TDE content;
- how clinical tobacco treatment was assessed.

The survey was hosted by SurveyMonkey and set for anonymous responses. We based the questions on the US Public Health Service 5As and 5Rs model.²⁸

We used the 2012-13 American Dental Education Association (ADEA) Directory of Institutions²⁹ to identify the 74 accredited dental schools and appropriate departmental contacts in the United States and Canada. We contacted the academic dean of each institution by telephone or e-mail to identify the person at each institution who was most knowledgeable about TDE in the curriculum to complete the survey.

We emailed an introductory letter explaining the study and requesting participation (implying consent) along with a hyperlink to the questionnaire to the identified faculty member (tobacco-use cessation "champion") in the autumn of 2013. All institutions received a thank-you packet that consisted of a DVD of a tobacco dependence curriculum (<http://tobaccofree.siu.edu>), an oral cancer screening examination DVD (<https://www.youtube.com/watch?v=TrquHxrOF7E>), and a tobacco treatment medications bookmark (Figure 1³⁰). We sent reminder e-mails with a link to the survey at day 10 and 20 to all schools. A hard copy of the survey was available if requested. All data were accessed online and consolidated in an SPSS database for analysis.

RESULTS

Of the 74 surveys sent via e-mail to dental schools in the United States and Canada, a total of 49 surveys were returned for a response rate of 66%. Results are presented here using descriptive data, as well as comments provided by respondents. Not all questions were answered by all respondents.

ABBREVIATION KEY. TDE: Tobacco dependence education.

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