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# Socioeconomic factors and complete edentulism for female patients at King Saud University, Riyadh, Saudi Arabia

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### Abstract

*Introduction:* Edentulism is the loss of all permanent teeth due to different biological and non-biological factors. Prevalence of edentulism varies considerably between countries, geographic regions and different patients' backgrounds.

*Purpose of the study:* To assess the relationship between socio-demographic factors and edentulism in a sample of patients in Riyadh.

*Materials and methods:* The sample comprised of 279 female patients, edentulous in either arches who attended King Saud University dental institution in the Riyadh region, patients filled out a questionnaire which covered their age, area of living, education level, monthly income, dental preventive attitudes and the reason of attendance.

*Results:* Majority of patients (44%) were uneducated, almost 60% of subjects had a monthly income of less than 3000 SR living mainly in south and east of Riyadh, 71.3% of subjects were considered to have a negative attitude. Increase in the dental preventive attitude was noticed as the degree of education increases.

*Conclusion:* The study revealed a relationship between sociodemographic variables and complete edentulism with age, educational level and socioeconomic status playing a vital role in edentulism and denture demand.

More emphasis should be given on improving educational and the socioeconomic status among citizens in south and east of the capital.

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Keywords: Edentulism; Income; Socioeconomics; Dental attitude; Education

## 1. Introduction

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Edentulism is defined as the loss of all permanent teeth [1] and is the terminal outcome of a multifactorial process involving biologic processes (caries, periodontal disease, pulpal pathology, trauma, oral cancer) as well as non-biologic factors related to dental procedures (access to care, patient's preferences, treatment options etc.) Poor oral health has been shown to have a

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negative effect on peoples overall health and quality of life [2,3].

Epidemiologic studies on edentulism and tooth loss vary considerably, with great differences evident in prevalence between countries, between geographic regions within countries, and between patient groups with various backgrounds. Some studies reported that the incidence of edentulism correlated with educational levels and income status with those in the lower levels exhibiting higher risks of becoming totally edentulous [4,5] on the other hand, reported increase in the number of elderly dentate individuals pose the challenge of higher demands for dental care.

Epidemiological data on health and its related issues are very important in order to plan for future care [6] Nevertheless; the prosthodontics field has not gained the same epidemiological interest, as caries and periodontitis and the data obtained are often difficult to interpret. Prosthodontics has a very important role in restorative dentistry as the primary objective of dental care is maintaining a natural functional dentition for life.

There are no available studies that have investigated the prevalence of complete edentulism or the association between complete edentulism and socioeconomic factors in Riyadh. In order to plan for future oral health care provisions for the society, collecting epidemiological data on oral health particularly related to prosthodontics and its related issues are very important.

The purpose of this study was to assess the relationship between socio-demographic factors and edentulism in Riyadh.

### 2. Materials and methods

The study group comprised 279 patients who attended King Saud University dental institution (female section) in the Riyadh region for complete denture treatment for the academic year 2011–2013. Only patients who were completely edentulous in both or either arch were selected. A prepared questionnaire that contains eight questions was developed, all subjects were interviewed and the study purpose was explained, questions were personally filled after the subjects signed a consent form.

The questionnaire included:

- Age
- Need of complete denture (whether in one or both arches).
- Reason for attendance: new complete denture or a replacement of existing dentures.

- Problems with existing dentures: esthetics, broken, loss of retention and instability, occlusal relationship, or need a spare set of dentures.
- Period of edentulousness: less than 1 year, from 1 to 5 years, or longer than 5 years.
- Education: uneducated, primary school, secondary, high or university.
- Monthly income: Less than 3000 SR, 3000 SR 10,000 SR, 10,000 SR 15,000 SR, more than 15,000 SR.
- Region of accommodation: north, south, east, west or center of Riyadh.
- Dental preventive attitude: positive (seeks dental advice and treatment regularly) or negative (seeks dental treatment only when in pain).

Data were analyzed using frequency distribution tables. In this study the *t*-test was used to evaluate two sample means, and chi-square tests were used to evaluate the relationship between two classified variables.

## 3. Results

Majority of subjects were between the ages of 50-59 years, Table 1 shows the age distribution among subjects. Two hundred thirty-one subjects (82.8%) needed both maxillary and mandibular dentures, while 48 needed complete denture for one arch. Eighty-four subjects (30.1%) were referred for fabrication of their first set of complete dentures, while 195 patients (70%) needed replacement of their existing dentures.

Majority of subjects who required dentures replacement was because of loss of retention, and the least required a spare set of dentures (Table 2).

Majority of subjects (62.3%) were edentulous for longer periods (over 5 years) while 10.75% were edentulous for less than one year, the rest of the subjects' period of edentulousness was between 1 and 5 years (26.95%).

One hundred twenty-three subjects (44.1%) were uneducated, 96 of them referred for both maxillary and mandibular complete dentures, 24 (8.6%) patients had

Table 1Age distribution among subjects.

Age groups (years)	Frequency (percent)
30-39	9 (3.2%)
40-49	27 (9.7%)
50-59	123 (44.1%)
60-69	81 (29%)
Above 70	39 (14%)
Total	279 (100%)

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