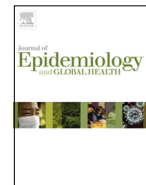




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Relationship between oral clinical conditions and daily performances among young adults in India – A cross sectional study

Ramesh Nagarajappa ^{a,*}, Mehak Batra ^b, Sudhanshu Sanadhya ^c, Hemasha Daryani ^d, Gayathri Ramesh ^e

^a Department of Public Health Dentistry, Rama Dental College Hospital and Research Centre, A-1/8, Lakhanpur, Kanpur, Uttar Pradesh, India

^b Department of Public Health Dentistry, Pacific Dental College and Hospital, Airport Road, Debari, Udaipur, Rajasthan, India

^c Department of Public Health Dentistry, Government Dental College, Subhash Nagar, Jaipur, Rajasthan, India

^d Department of Public Health Dentistry, Hitkarni Dental College, Jabalpur, Madhya Pradesh, India

^e Department of Oral and Maxillofacial Pathology, Rama Dental College Hospital and Research Centre, A-1/8, Lakhanpur, Kanpur, Uttar Pradesh, India

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Abstract Objective of the present study was to investigate relationship between oral health-related quality of life using Oral Impacts on Daily Performances (OIDP) scale and specific clinical dental measures. A cross sectional descriptive survey was conducted among 800 students. Oral health status and impacts were assessed using WHO guidelines and OIDP index respectively. Chi square test and multiple logistic regressions were employed for statistical analysis. Participants with caries were significantly ($p \leq 0.05$) more likely to have an impact on cleaning (OR = 2.487) and sleeping and relaxing (OR = 8.996). Similarly participants with oral mucosal conditions were more likely to have an impact on eating (OR = 3.97), cleaning (OR = 2.966) and physical activities (OR = 11.190). Dental Aesthetic Index (DAI) impacted on cleaning (OR = 2.134), emotional stability (OR = 3.957) and social contact (OR = 3.21). OIDP Index showed acceptable psychometric properties in the

* Corresponding author at: Department of Public Health Dentistry, Rama Dental College Hospital and Research Centre, A-1/8, Lakhanpur, Kanpur 208024, Uttar Pradesh, India. Tel.: +91 9621168883.

E-mail address: rameshpcd@yahoo.co.in (R. Nagarajappa).

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context of an oral health survey. Subjects presented a strong and consistent relationship between dental status and perceived impacts.

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1. Introduction

From the contemporary definitions of health clinical measures have serious limitations. They tell us nothing about functioning of the oral cavity and symptoms such as pain and discomfort. Furthermore, they do not consider the attitudes and behavior of patients, which in turn influence the effectiveness of treatments in oral health [1]. Additional motivation for measuring both negative and positive changes in oral health status has stimulated the development of sociodental indicators to supplement clinical indicators, by adding a social impact dimension [2]. Sociodental indicators are the measures of oral health-related quality of life (OHRQoL) which have been developed from basic conceptual frameworks of role function.

Oral Impacts on Daily Performance (OIDP) is a newly developed indicator that attempts to measure oral impacts that seriously affect the person's daily life. OIDP was developed in 1996, earlier it was called as Dental Impacts on Daily Life (DIDL) [3]. OIDP was used first among low dental disease Thai population [4], and in 2003 it was used among Tanzanian students [5]. It is based on an explicit conceptual framework, the World Health Organization's International Classification of Impairments, Disabilities and Handicaps, ICDH, which has been amended for dentistry by Locker consisting of the following key points; impairments, functional limitations, pain and discomfort and disability and handicap. Impairments refer to immediate biophysical outcomes of disease, commonly assessed by clinical indicators. Functional limitations are concerned with functioning of body parts whereas pain and discomfort refer to the practical aspects of oral conditions in terms of symptoms. Finally, ultimate outcomes of disability and handicap refer to any difficulty in performing activities of daily living and to broader social disadvantages.

The use of oral health-related quality of life indicators and measures of perceived needs has highlighted the large difference between normative and perceived assessments of dental treatment needs, and demonstrated an inconsistent relationship between clinical measures and oral symptoms and impacts. Overall the associations

between clinical indicators of normative needs and measures of oral health-related quality of life were weak. However, the associations were better for specific clinical conditions such as missing teeth, particularly anterior teeth [6]. Because of different findings for overall and specific clinical conditions it was worthwhile an attempt to investigate the relationship between oral health-related quality of life using the OIDP scale and specific clinical dental measures for need assessment among students attending various colleges located in Udaipur city, Rajasthan, India.

2. Materials and methods

2.1. Study design and study population

A cross-sectional descriptive survey was conducted among students attending various degree colleges of Udaipur city, Rajasthan, India from September 2011 to February 2012. Subjects willing to participate, who were mentally and physically fit for the study were included. Subjects with systemic diseases and on antibiotic therapy in the previous six months were excluded from the study.

2.2. Ethical considerations

Our research was conducted in full accordance with the World Medical Association Declaration of Helsinki. The study protocol was reviewed by Institutional Ethics Committee of Pacific Dental College and Hospital, Udaipur and was granted ethical clearance. An official permission was obtained from respective Principals of the concerned colleges. Subjects who agreed to participate signed a written informed consent form.

2.3. Pilot survey

A pilot study was carried out among 100 students from 2 private colleges to determine the feasibility of using the OIDP scale and to check its psychometric properties, validity and reliability in Udaipur city. Face and content validity were tested in the pilot study with regard to content, wording, scoring method and ease and appropriateness of questionnaire administration. For internal reliability,

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