



# Dental students' knowledge and attitudes toward patients with epilepsy



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## ABSTRACT

**Background:** Inadequate knowledge and negative attitudes toward epilepsy can affect the provision of health services for patients with epilepsy.

**Aim:** The aim of the present study was to assess the knowledge and attitudes toward epilepsy among clinical dental students in Jordan.

**Method:** The study was conducted using a 21-item questionnaire to assess professional experience with epilepsy, knowledge about epilepsy, social tolerance, and willingness to care for patients with epilepsy among dental students at the University of Jordan.

**Results:** More than one-third of dental students believed that epilepsy is due to insanity or mental illness. Only 45% were able to identify convulsion or shaking as a sign of epilepsy, and more than one-third did not know how to act in case of an epileptic seizure in the dental clinic. Disappointingly, 43.4% of the respondents were of the opinion that people with epilepsy should not have children, and only 38.6% thought that people with epilepsy should be employed at the same jobs as other people. About 50% indicated that their families would be concerned about them treating patients with epilepsy, and 30% believed that knowing that patients with epilepsy were treated in their clinic might make other patients reluctant to continue their treatment there.

**Conclusion:** The results revealed an inadequate level of knowledge and negative attitudes toward epilepsy among dental students at the University of Jordan. There is an urgent need to educate dental students about epilepsy.

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## 1. Introduction

Epilepsy is a neurological disorder characterized by an enduring predisposition to generate seizures [1]. It is one of the most prevalent brain disorders, with an estimated worldwide prevalence of four to ten per thousand population [2].

Social acceptance of people with epilepsy is largely dependent on several population ideas and often represents a considerable problem for patients and their families. People with epilepsy are still socially discriminated against on the grounds of widespread negative public attitudes, misunderstandings, and defensive behavior [3,4].

Negative attitudes toward patients with epilepsy among health-care workers is particularly important because it can affect the provision of health services for this patient population. In fact, previous studies indicated that there are disparities in the provision of health services including dental care for patients with epilepsy compared with the general population [5].

Studies about attitudes of health-care workers have demonstrated that dental care professionals have a generally negative attitude toward

patients with epilepsy [6,7]. This is generally attributed to social and cultural beliefs. However, the contribution of knowledge and experience acquired during undergraduate training on the attitude of dental professionals toward patients with epilepsy is unknown. Assessing the knowledge and attitudes of dental students toward epilepsy is vital because they represent the future workforce in the field of dentistry. Therefore, the purpose of the present study was to assess the knowledge, attitudes, and practice of dental students toward patients with epilepsy in Jordan. The findings of the present study will help in identifying deficiencies in knowledge about epilepsy among dental students and factors that might influence their attitude toward patients with epilepsy.

## 2. Materials and methods

This study was conducted at the Faculty of Dentistry at the University of Jordan, Amman. The Faculty of Dentistry Research Ethics Committee reviewed and approved the study. All dental students in the clinical years (4th year and 5th year) were eligible to participate in the study. A questionnaire developed by Aragon et al. [6] was slightly modified and employed in the present study. The questionnaires were distributed near the end of the academic year to all 4th- and 5th-year students at their clinical sessions and were returned once completed. Incompletely filled questionnaires were excluded. The questionnaire elicited information about demographics (3 items), personal experience with

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epilepsy (2 items), knowledge about epilepsy (4 items), social tolerance (4 items), current practice (3 items), and willingness to care for patients with epilepsy (5 items). Responses to knowledge questions were assessed as correct or incorrect, and knowledge scores were calculated for each respondent. A score of 10 indicated that the student answered all the factual questions about epilepsy correctly, and a score of zero indicated that the student did not answer any question correctly.

Statistical analysis was performed using SPSS for Windows release 17.0 (SPSS Inc., Chicago, IL, USA). Descriptive statistics were generated. Student's t-test was used to examine differences between groups. Results were considered significant if P-values were less than 0.05.

### 3. Results

#### 3.1. Demographic characteristics and personal experience with epilepsy

Of the 214 dental students registered in the 4th and the 5th year level during the academic year 2012–2013, 171 returned completely filled questionnaires and were included in the study (response rate: 79.9%). The mean age of the survey respondents was  $22.1 \pm 0.81$  years (range: 22–24 years), with 66.1% being female. Only 38% of the respondents knew someone with epilepsy, and 33.3% had witnessed epileptic seizures (Table 1).

#### 3.2. Knowledge about epilepsy (Table 2)

About one-third of the respondents attributed the cause of epilepsy to brain tumors (39.8%) and insanity (38%) followed by accidents (31.6%), inherited disease (29.8%), birth defects (29.2%), and stroke (25.1%). Nearly 39.8% attributed epilepsy to all the above mentioned causes, and 9.9% did not know the cause of epilepsy. Although convulsion or shaking is the most familiar recognizable feature of epilepsy, only 45% of the dental students were able to identify it as a sign of epilepsy. Very few of the respondents were aware that loss of consciousness (24.6%), behavioral change (18.7%), and period of memory disturbance (17.5%) are features of epilepsy. Most dental students (71.9%) agreed that medical history and physical examination cannot identify all patients with epilepsy.

In answers to questions about treatment of epilepsy, the majority of students (87.7%) believed that medications can effectively control epileptic seizures. However, only 18.1% of the students did know that anti-epileptic drugs can occasionally produce malformations in babies of mothers with epilepsy, and 19.9% were aware of the fact that anti-epileptic drugs have advanced significantly over the past 10 years. In case of epileptic seizures in the dental clinic, 56.7% would move patients to an area where they cannot hurt themselves, and 54.4% would call for emergency help if the seizure lasted more than 3 min. Disappointingly, 25.7% of the students thought that they should put something in the patient's

**Table 1**  
Demographic data of dental students and their personal experience with epilepsy.

Factor	Number of respondents (%)
<i>Gender</i>	
Male	58 (33.9)
Female	113 (66.1)
<i>Year of study</i>	
4th year	91 (53.2)
5th year	80 (46.8)
<i>Do you know or have ever known anyone with epilepsy</i>	
Yes	65 (38)
No	106 (26)
<i>Have you ever seen anyone having epileptic seizure</i>	
Yes	57 (33.3)
No	114 (66.7)

**Table 2**  
Dental students' responses to multiple choice questions about their knowledge of epilepsy.

Questions and responses	Number of respondents who answered yes for each choice (%)
<i>Cause of epilepsy</i>	
Inherited disease <sup>a</sup>	51 (29.8)
Accident <sup>a</sup>	54 (31.6)
Insanity	65 (38)
Brain tumors <sup>a</sup>	68 (39.8)
Birth defects <sup>a</sup>	50 (29.2)
Stroke <sup>a</sup>	43 (25.1)
All of the above	68 (39.8)
Don't know	17 (9.9)
<i>An epileptic attack is</i>	
A convulsion or shaking	77 (45)
A loss of consciousness	42 (24.6)
An episode of behavioral change	32 (18.7)
A period of memory disturbance	30 (17.5)
Any of the above <sup>a</sup>	97 (56.7)
Don't know	8 (4.7)
<i>Drug therapy in epilepsy</i>	
Is seldom effective in controlling seizures	21 (12.3)
Is best given as two or more drugs that work together	44 (25.7)
Has advanced significantly over the past 10 years <sup>a</sup>	34 (19.9)
Occasionally produces malformations in babies of mothers <sup>a</sup> with epilepsy	31 (18.1)
Can be stopped abruptly after seizures are controlled for a year	16 (9.4)
All of the above	47 (27.5)
Don't know	50 (29.2)
<i>Epileptic seizure in the dental chair</i>	
Put something in the patient's mouth to prevent him/her from choking with his/her tongue	44 (25.7)
Hold the patient tight so the patient stops shaking	19 (11.1)
Put the patient in the Trendelenburg position	32 (18.7)
Administer oxygen	18 (10.5)
Call emergency immediately	39 (22.8)
Time it, and if it exceeds 3 min, call emergency <sup>a</sup>	93 (53.4)
Move the patient to an area where he/she cannot hurt him/herself while having the seizure <sup>a</sup>	97 (56.7)

<sup>a</sup> Indicates the correct answers.

mouth to prevent him/her from choking with his/her tongue, and 11.1% thought that they should hold the patient tight to stop him/her from shaking.

Students' knowledge about epilepsy was much less than adequate. The mean knowledge score was 3.61 out of 10 ( $\pm 2.12$ ). There was no significant association between the students' gender and year of study and their knowledge about epilepsy ( $P > 0.05$ ) (Table 3).

#### 3.3. Social tolerance toward people with epilepsy

About one-third of the students would object to their children having an association with persons with epilepsy or their relatives getting married with a person with a history of epilepsy. Disappointingly, 43.4% of the respondents were of the opinion that people with epilepsy should not have children, and only 38.6% thought that people with epilepsy should be employed at the same jobs as other people (Table 4).

#### 3.4. Students' clinical experience and attitude toward providing dental treatment to patients with epilepsy

Only 13 (7.6%) students treated patients with epilepsy during their clinical course. Although more than 95% of the respondents assumed that they have an ethical responsibility to treat patients with epilepsy, 11.7% refused providing dental treatment to patients with epilepsy. When asked about the reasons for refusal, 88.3% of the students reported that they were afraid of epileptic seizures during dental treatment

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