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Original research article

Tobacco smoking among dentists in Poland

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ABSTRACT

Introduction: Nicotine dependence is a reversible risk factor of numerous oral cavity diseases. Dentist should be non-smoking and have knowledge on diagnosis and treatment of nicotine addiction.

Aim: The aim of this survey is the assessment of prevalence of nicotine dependence among Polish dentists, factors associated with this addiction and knowledge on minimal anti-nicotine intervention acquired during pre- and post-graduate training.

Material and methods: From October 2013 to March 2014 during 5 dental conferences dental practitioners (881 persons) were given anonymous proprietary questionnaires on nicotine use. 544 questionnaires were qualified for analysis, response rate 61.7%.

Results: Group of active nicotine users consisted of 72 persons (13.2% of respondents). The average duration of smoking was 20 years and number of cigarettes smoked daily was 15. Median level of nicotine dependence score 5 and predominance of scores in the range of 4-6 on Fagerström test indicate that most frequent was moderate dependence. As many as 44.4% of dentists in this group had no attempts to quit the addiction. Non-smokers prevailed among women, pedodontists and younger practitioners. Active nicotine users prevailed in dentists above 44 years of age, male, dental surgeons and maxillofacial surgeons. Up to 397 (73%) respondents declared they were never acquainted with the basis for minimal anti-nicotine intervention.

Conclusions: The prevalence of nicotine addiction among Polish dentists is lower by 10% compared to the general population, although in relation to current foreign studies its the average level. Main factors associated with active nicotine use in this occupational group include male gender, increasing age and surgical dental specialties. It should be intended to reduce number of nicotine users among Polish dentists by 5%. For this purpose professional anti-nicotine knowledge should be disseminated more.

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1. Introduction

In 2015 World Health Organization assessed that tobacco use kills an estimate of 6 million people worldwide each year, with over 5 million in direct consequence of nicotine use and more than 600 thousand as the result of second-hand smoke exposure.¹ Besides well-known general complications smoking is also an independent risk factor of pathologies in the area of interest of dentists—oral cancer and precancerous lesions of oral mucosa, periodontitis, periimplantitis, halitosis and birth defects, e.g. cleft lip and cleft palate. According to Association for Dental Education in Europe (ADEE) recommendations dental school graduate curriculum should include the ability to diagnose and treat nicotine dependence.² World Dental Federation (FDI) recommends that continuing education programs include elements of tobacco use control. FDI emphasizes that assistance in nicotine dependence recovery is one of the responsibilities of a dentist, a part of a dental practice.³ In order to credibly perform minimal anti-nicotine intervention, the dentist must be free from this addiction themselves.

According to data of European Commission of February and March 2012 the average percentage of nicotine users over the age of 15 years for the 27 EU countries was 28%. The highest percentage was noted in Greece (40%), Bulgaria and Lithuania (36%), Austria and Spain (33%) and Poland and Hungary (31%), while the lowest in Sweden (13%) and Portugal and Slovakia (23%).³ According to these reports the most active smokers in Europe are men (32% vs. 24%), people aged 25 to 39 years (37%) and unemployed (49%). The most recent point of reference for our observations were the results of national study conducted on a sample of 21 756 Poles over the age of 18 included in Social Diagnosis 2015.⁴ These results suggest that the current percentage of active nicotine users in Poland is 24.4% (it diminished by 25.7% in relation to 2000). Groups of adult Poles who smoke cigarettes most often include: men (31.1% vs. 17.8%), people aged 45 to 59 years (31.8%), residents of West Pomeranian (31.6%) and Lower Silesian voivodeship (29.7%), with basic vocational education (31.4%) and unemployed (37.3%).⁴ Occupations most strongly correlated with active nicotine use are auxiliary mining and construction workers (60.2%) and construction workers (46.3%), while most weakly correlated are financial specialists (11.5%) and primary school teachers (10.6%); percentage of smoking general practitioners, dentists and veterinarians was 23.6%.⁴ Percentage of active nicotine users among students in their final year of medicine in 2012 in Poznan was 12%,⁵ and among students of all years of dental medicine in 2010 in Cracow 8.4%.⁶ Despite continuous decrease of the percentage of daily nicotine use among Polish students of medical faculties, it remains much higher than the one noted in the end of 90s in US medical students, which ranged between 2% and 3%.⁷

2. Aim

The aim of this article is to present the results of the survey and evaluate the prevalence of nicotine use among Polish dentists and attempt to identify factors most strongly

associated with this addiction. Evaluation also included dissemination of knowledge on minimal anti-nicotine intervention acquired during pre- and post-graduate training.

3. Material and methods

From October 2013 to March 2014 during 5 dental conferences organized by regional medical chambers or Polish Dental Association in Warsaw, Szczecin, Wroclaw and Lodz all dental practitioners (881 persons) were given anonymous proprietary questionnaire on nicotine use. In the general part of the survey dentists entered their age, voivodeship of residence, number of years of practice, specialty (in case of several asked to select one) or general practice (specialty in general dentistry, lack of specialty or during specialization) or post-graduate internship. In the detailed part respondents answered the question “Was I learned how to professionally treat nicotine dependency” by selecting one of four options (No – 0; Yes, at the university during studies – 1; Yes, as a part of postgraduate training – 2; Yes, individually – 3). Next they chose one of three options and possibly gave further details:

- “I have never smoked tobacco” (adopted and quoted WHO definition: never smoked a cigarette or smoked fewer than 100 cigarettes in the entire lifetime);
- “I smoked in the past” (smoked at least 1 cigarette per day but currently do not smoke and the period of abstinence is more than 365 days) – including data: period of active smoking in years, average number of cigarettes per day, duration of abstinence in years, number of attempts to quit, reasons to quit;
- “I currently smoke” (at least 1 cigarette per day for at least 6 months) or do not smoke and the period of abstinence is shorter than 365 days – including data: period of active smoking in years, average number of cigarettes per day, questions from Fagerström test⁸ determining nicotine dependency on a scale from 0 to 10, number of attempts to quit, undertaken forms of nicotine addiction treatment.

Only questionnaires containing clear answers to all of the questions were qualified for analysis. There was a total of 544 questionnaires, response rate was thus 61.7%. Prevalence of nicotine dependency was estimated in the following age groups: 23–34 years, 35–44 years, 45–59 years and 60 and above years. The following subgroups were separated: periodontists, preventive dentistry and endodontics specialists, prosthodontists, orthodontics, pediatric dentists, dental and maxillofacial surgeons, general dentists (lack of specialty or during specialization training, specialty in general dentistry) and interns. For former and current smokers pack-year value was calculated and quit attempts were evaluated (professional or not). The intensity of nicotine addiction in the group of active smokers was estimated with the use of Fagerström test.

In statistical analysis Pearson's test, nonparametric Spearman correlation and logistic regression were used. Statistically significant were results with $P \leq 0.05$. Statistica 12 software was used.

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