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Role of community pharmacists in providing oral health advice in the Eastern province of Saudi Arabia



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Abstract Objective: To determine the frequency of patients seeking oral health advice and willingness of community pharmacists to provide oral health information in the Eastern Province of Saudi Arabia.

Methods: A cross-sectional study with sample size ($n = 332$) of randomly selected community pharmacists across the province. The questionnaire comprised of 25 questions divided into 3 sections. Frequency distributions of different categorical variables were calculated and Pearson's chi-square tests were performed to compare categorical variables. Statistical significance was determined at p -value $< 0.05\%$. SPSS version 22 was used for statistical analyses.

Results: Of the 332 pharmacists, 279 agreed to participate in the study, yielding a response rate of 84%. About 71% of pharmacists provided less than 30 oral health advices and 29% of them gave ≥ 30 oral health advices daily. Oral ulcer (64.2%), dental pain (59.5%) and bleeding gums (54.5%) were the three most common oral conditions encountered by the pharmacists. More pharmacists (90%) were approached for advice about tooth whitening products, tooth brush and mouth wash in large cities compared with 66.7% of pharmacists in small cities of the province. Lack of interaction with dental professionals was recognized the most important barrier to providing oral health services to the clients. Almost one third (35.8%) had formal oral health training in their undergraduate program and only 26.5% of them were always confident in providing oral health advices.

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Majority (93.5%) of respondents recognized their important role in providing oral health advices and 98.2% were enthusiastic to provide oral health information.

Conclusions: Community pharmacists are approached frequently for oral healthcare advices. Majority of them had no oral health training. Almost all of them were willing to provide oral health information in the community. It is essential to provide continuous oral health education to the pharmacists to better serve oral health needs of the community.

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1. Introduction

The practice of community pharmacists has developed over the years from traditional dispensing of medicine to more profound public and professional involvement in health care which is valuable to the community (Amien et al., 2013). General healthcare system considers the community pharmacists as healthcare advisers, preventers, promoters and educators (Mann et al., 2015). It was reported that about 26.5% of respondents considered the pharmacist as their first choice of healthcare provider, and in the case of emergency, approximately 37% of respondents identified the pharmacist as their first choice of healthcare provider (Sello et al., 2012).

Various factors contribute to the active role played by the community pharmacies in healthcare system as they are situated in important geographical locations which enable the public an easy access to healthcare professionals and offer minimal time and effort for symptomatic relief without hospital appointments and fees (Anderson, 2007; Steel and Wharton, 2011). In Saudi Arabia, lack of time and difficulty in scheduling appointments with physicians or dentists were the main reasons people seek care from pharmacists (Abou-Auda, 2003).

Oral problems may indicate unfortunate consequences (Macpherson et al., 2003). The most common oral health complaints for which community pharmacists are approached include oral ulcers, toothache, gingival bleeding and loose dentures. Less frequently consulted oral health-related issues are teething problems, mouth rinse choices, and selection of toothbrush and toothpastes (Amien et al., 2013). However, the benign conditions of many oral lesions, such as oral thrush and oral ulcers, lead many individuals to avoid the dentist visit and head toward the community pharmacist to instantly relieve the symptoms (Amien et al., 2013). A recent study in Riyadh, Saudi Arabia reported that 69.7% of consumers were comfortable in seeking oral health advice from the pharmacist, 10.6% did not feel comfortable, and 9.2% did not have a chance to ask for an advice (Bawazir, 2014). Therefore, community pharmacists have an important role in recognizing and managing a wide variety of oral health conditions and diseases (Sheridan et al., 2001).

Regardless the well-situated position of community pharmacists to provide healthcare advice on oral and dental problems, limited number of studies have investigated the advisory role played by community pharmacists to address oral health problems. Most of these studies were conducted in UK (Chestnutt et al., 1998; Maunder and Landes, 2005) South Africa (Gilbert, 1998), and India (Priya et al., 2008). In addition, limited oral health training was offered to community pharmacists to address oral healthcare needs of the community

and recognized the importance of additional training (Sowter and Raynor, 1997). Therefore, it is important to inquire how often community pharmacists encounter patients complaining about oral health problems including most prevalent oral conditions, and the level of oral health training provided to them.

There is a paucity of evidence about the role of community pharmacists in the oral healthcare-seeking behaviors of Saudi communities and their influence to address the oral health complaints in the Eastern Province of Saudi Arabia. It is useful to compare oral health advice seeking behaviors in community pharmacies in big and small cities in the country. The aim of the study was to determine the frequency of patients seeking advice about oral health complaints in community pharmacies. The study evaluated the prevalence of the most common oral health-related complaints encountered by community pharmacists in addition to the recommendations for dental pain and frequently requested dental products.

2. Methods

A cross-sectional survey was conducted on the registered community pharmacists in the Eastern Province, Saudi Arabia. A list of all the registered community pharmacies in the Province (853 pharmacies) was obtained from Saudi Ministry of Health (MOH). Hospital-based pharmacies were excluded. The sample calculations were made based on total number of pharmacist, 95% confidence interval, anticipated percentage of frequency and design effect which yielded a minimum sample size of 266 pharmacies (Schaeffer et al., 1990). However, the sample size was increased to 332 pharmacists in order to compensate for the non-response and missing information in the questionnaires. Simple random sampling technique was employed using Microsoft Excel 2010. The administrative division of Eastern Province is divided into two categories of cities i.e., category A and B cities. Category A cities (Dammam, Khobar, Al-Ahsa, Jubail, etc.) have larger population and better access to healthcare services, and improved environmental conditions compared to category B cities (Ras Tanura, Khafji, Abqaiq, etc.) (Saudi Regions Law, 1992). The participants were approached in person in both category A and B cities and consents were obtained from those who participated in the survey.

The questionnaire was created based on previous studies (Chestnutt et al., 1998; Maunder and Landes, 2005; Priya et al., 2008) Initial draft of questionnaire was developed and discussed among the researchers of the study and faculty members experienced in dental public health research, and necessary changes were made to improve the instrument. A pilot study was conducted to check the methodology of the study,

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