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Practices and awareness of the paediatricians regarding syrups and sugar free medicines in Chennai City

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ARTICLE INFO

Keywords:

Paediatricians
Sugar free
Dental caries
Medicines

ABSTRACT

Introduction: Paediatricians and paediatric health care professionals should develop the knowledge base to perform oral health risk assessments on all patients beginning at 6 months of age. Dentists are not the only health professionals to see children at high risk for tooth decay. Paediatricians have a key role in helping young patients before tooth decay becomes a reality.
Aim: 1. To assess Practices of the paediatricians regarding syrups and sugar free medicines in Chennai City. 2. To assess Awareness of the paediatricians regarding syrups and sugar free medicines in Chennai City.

Materials and Methods: The study consisted of 65 males and 45 females which totally comprised of 110 study subjects. The subjects were of age ranging between 28 and above 57 years old. The source of data was primary and was obtained through a questionnaire survey. The resulting data was coded and statistical analysis was done using SPSS (Statistical Package for Social Sciences) version 17.0 software, Chi-square test was applied to compare the percentages and the level of significance was set at 0.05.

Results: Though there was a difference in responses given by Paediatricians regarding their practices and awareness on syrups and sugar free medicines according to year of practices there was no marked difference noted between them.

Conclusion: In the present study, most paediatricians recognize that paediatric medicines can cause teeth problems, a high percentage are able to establish a relationship with the dental caries. Paediatric formulations without added sugar should be available to those responsible, and professionals could provide better and more intensive teaching on the proper oral hygiene care after use of these medicines.

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<http://dx.doi.org/10.1016/j.jpfa.2017.03.003>

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1. Introduction

The American Academy of Paediatrics (AAP) published a policy statement in May 2003 addressing the role that paediatricians can play in the oral health risk assessment of children.¹ Paediatricians need more knowledge and skill in addressing children's oral health because of the prevalence of dental disease, the racial and socioeconomic disparities in disease burden, and the limited access to dental care for many children.¹

Tooth decay is initiated when simple carbohydrates in the mouth are fermented by bacteria, which collect in a dense matrix called "plaque". Nearest to the tooth surface, salivary buffers are blocked out by the adherence of the growing plaques. This process causes a drop in the plaque pH adjacent to the tooth surface and the ionic dissolution of hydroxyapatite crystals. *Streptococcus mutans*, the major plaque-forming organism, grows rapidly at pH below 5.7, further fermenting any remaining carbohydrate substrate. Between meals, salivary buffering returns oral pH to more neutral levels. If carbohydrates containing snacks or medications are ingested between meals, oral pH has no opportunity to recover.²

Children's teeth are unlikely to be harmed by occasional brief courses of sugar containing medicines. Asthma, convulsions, and recurrent urinary tract infections, however, are examples of common disorders that provide a sizable number of children liable to be exposed to long term treatment with drugs. As a general rule, paediatricians are responsible for either beginning such treatment or for setting local standards for family practitioner guidance. Faced with the challenge of promoting compliance in a culture that has grown to demand that all tastes be inoffensive, paediatricians have passively promoted the manufacture and use of sucrose containing medicines.³

While dentists say that the kind of extensive tooth decay seen in children taking long-term medications is not as severe as that caused by putting an infant to bed every night with the nursing bottle, the decay is nonetheless serious enough to require extensive dental restorations. Sucrose, traditionally an inexpensive substance used to lend bulk and viscosity to medications, is what's causing the problem.⁴

Studies have shown that 50–60% prevalence of early childhood caries is seen in our country and further studies have indicated that this rate was more than other countries.⁵ This increased prevalence has to been taken into consideration for the use of alternative medicines.

2. Objectives

1. To assess Practices of the paediatricians regarding syrups and sugar free medicines in Chennai City.
2. To assess Awareness of the paediatricians regarding syrups and sugar free medicines in Chennai City.

3. Materials and methods

An epidemiological survey was carried out to assess Practices and awareness of the paediatricians regarding syrups and sugar free medicines in Chennai City.

3.1. Source of data

The source of data was primary and was obtained through a questionnaire survey.

3.2. Study population

The survey was conducted among the paediatricians to assess their practices and awareness regarding syrups and sugar free medicines in Chennai City.

3.3. Ethical clearance

Ethical clearance was obtained from institutional review board

3.4. Sample size

Sample size was calculated from the values obtained from the key article using the following formula

$$n = z^2 pq/L^2$$

Awareness of paediatricians that medicated syrup are sweet $p = 45\%$.

Paediatricians not aware that medicated syrup are sweet $q = 100-45 = 55\%$.

Level of significance $z = 1.96$.

Allowable error $L = 10\%$ final sample size was estimated to be 95.

3.5. Sampling methodology

Cluster sampling methodology was used. Among the hospitals in Chennai city which were providing exclusively health care for the children, 3 hospitals were selected randomly and all paediatricians employed in these hospitals were invited to participate to reach the required sample size.

3.6. Collection of data

A specially designed open and closed ended questionnaire which consisted of 15 questions was used to assess Practices and awareness of the paediatricians regarding syrups and sugar free medicines in Chennai City.

The questionnaire was pilot tested on a small group of (50) Paediatricians who were requested to complete it and to indicate any questions that they found unclear to answer.

The paediatricians were approached personally and the purpose of the study was explained to them and informed

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