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Quality of life and oral health impact profile in Turkish dental patients

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KEYWORDS
Oral health related quality of life (OHR-QoL);
SF36;
Quality of life (QoL);
Oral health impact;
Dental patients;
Evidence based practice

Abstract
Background: OHRQoL, oral health impact assessment and QoL in oral health have become central to dental and oral health research. Researchers studying oral health problems have used OHRQoL as an outcome measure to determine the effect of treatment on QoL in health technology assessment.
Aim: Here we aimed to evaluate the effect of oral health related quality of life and oral health impact dimensions on general health related quality of life.
Method: Outpatients (n=527) at a public dental hospital were incorporated into the study. Data were collected using a survey, including questions addressing socio-demographic features, oral health related quality of life (Oral Health Impact Profile-14 [OHIP14] and Oral Health Related Quality of Life – United Kingdom [OHRQoL-UK]) and general health related quality of life (SF-36).
Results: We found that OHIP-14, OHRQoL-UK responses significantly correlated with the physical and mental health dimensions of the SF-36. Our data will be useful for health managers and decision makers in health planning and reimbursement policies.
Conclusion: The research results are expected to provide important evidence based information to health managers and decision makers in health planning, health technology assessment, and reimbursement policies.

Introduction

Oral and dental health-related problems are important issues in health care systems. Oral and dental diseases are particularly important public problems in Turkey. Quality of life (QoL), health status and oral health impact assessments have been studied in different health care systems [1,2]. Oral health-

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related quality of life (OHRQoL) has important implications for the clinical practice, dental research, health care management and outcome measurement [3]. Health-related QoL (HRQoL) is a multidimensional concept regarding QoL (QoL) that relates specifically to health and disease. In oral health, OHRQoL and oral health impact assessments are important outcome indicators [4]. Johansson [5] (p. 3) defined OHRQoL as "a subjective concept, which is based on the assumption that aspects of oral health affect the individual's or dental patients' QoL. OHRQoL aims to measure the individuals' subjective experiences of their QoL in relation to their mouth and teeth related health problems". Locker and Allen [6] (p. 409) defined OHRQoL as "the impact of oral disease and disorders on aspects of everyday life that a patient or person values, that are of sufficient magnitude, in terms of frequency, severity or duration to affect their experience and perception of their life overall".

Inglehart &Bagramian have suggested that a person's OHRQoL is their assessment of how the following four different groups of factors affect their personal well-being, QoL and health status: 1) functional factors; 2) psychological factors; 3) social factors; and 4) experience of pain and discomfort related to oral health diseases [7]. QoL (QoL), Health-related QoL (HRQoL) and OHRQoL measures have been widely used in health, medical and outcome research in recent years. This trend reflects the recognition that many treatments for chronic and oral health diseases fail to provide a cure and that the benefits of therapy may be limited [8]. OHRQoL is a significant predictor of general health and well-being [3].

In traditional approaches, medical outcomes have been measured using objective clinical indicators (e.g., physiologic tests and disease status). Recently, there has been a gradual shift toward including evaluations of medical outcomes from the patient's perspective in health services management and evidence based practice [8]. There has been little research into the relationships among QoL, OHQoL and general health status within oral health services in terms the patients' perceptions [9]. Here we aimed to investigate the oral and general health-related QoL in dental patients.

OHRQoL, oral health impact assessment and QoL in oral health have become central to dental and oral health research. Researchers studying oral health problems have used OHRQoL as an outcome measure to determine the effect of treatment on QoL [3]. According to Gift et al. [10], OHRQoL may be conceptualized as an integral part of general health, as it has an obvious overall impact on an individual's health status and well-being. Oral and dental health status are closely associated with QoL [11] and impaired OHQoL could originate from poor oral health status and oral health impacts [12].

The relationships between socio demographic characteristics, health status, QoL, clinical variables and OHRQoL are unclear [3]. Oral and dental health problems affect a majority of the Turkey population. However, little research (restricted to clinical trials) has addressed QoL, health status and oral health impact assessment issues in Turkey. Psychological and social well-being, QoL and health impact assessments of oral and dental diseases can be useful for oral health policy planning. However, the effect of OHRQoL and oral health impacts on the physical and psychological QoL have yet to be investigated. Here we conducted a study to investigate OHRQoL, oral health impact and general QoL in oral and dental patients in Turkey. We aimed to determine the predictors of physical and psychological QoL in oral health in terms of oral health impact and OHRQoL.

Method

This cross-sectional study was based on a self-administered survey.

Participants

Participants (n=527 adults) were from the Kirikkale Oral and Dental Health Center in Turkey, between November 1, 2013 and April 30, 2014. Approval of this study was obtained from the Directorship of Kirikkale Oral and Dental Health Center. All study subjects gave their informed consent. Data were collected via face-to-face interviews during 30–40 min sessions. Participants were given instructions and explanations of the various aspects and questions contained in the questionnaire, which was generally completed at the polyclinic in the presence of one of the investigators. Subjects were excluded from the study if they failed to correctly answer survey questions or because of very high dental and oral disease severity. All participants provided informed consent, including authorization for limited release of protected health information.

Instruments

Oral Health Impact Profile (OHIP-14) and Oral Health related QoL-United Kingdom (OHQoL-UK); and Short-Form General Measure of Health (SF-36), which is a general measure of health status, were used for data collection. OHIP and OHQoL-UK were translated, adapted into Turkish and validated by Mumcu and colleagues [13].

The SF-36 scale of the RAND Corporation Medical Outcomes survey (Medical Outcomes Study) was used to measure health related QoL in dental patients. The SF-36 Health Survey is a generic outcome measure designed to examine a person's perceived health status. The SF36 includes mental and physical dimensions of general QoL and is considered an important instrument for evaluating health related QoL and health status, and has been applied internationally [14–17]. The SF-36 survey, which concentrates on the participants' experiences, feelings, beliefs, perceptions and convictions concerning their health-related QoL during the past 4 weeks. The SF-36 survey questions relate specifically to eight QoL life indicators (physical functioning, physical roles limitation, emotional roles limitation, social functioning, bodily pain, mental health, vitality, general health) and two summary measures that revolve around both physical and mental health (physical QoL, mental QoL). Thirty-five items were used to construct eight scales. An additional item was used to measure health transition.

The SF-36 Health Survey items and scales were constructed using the Five Point Likert method of summated ratings. Answers to each question are scored (some items needed to be recoded). These scores are then summed to produce raw scale scores for each health concept, which are then transformed to a 0–100 scale, in which 0 indicates an unwanted poor health status and 100 refers good health or

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