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Research Article

ANALYSIS OF COMMON FACTORS RESPONSIBLE FOR NON-TREATMENT OF PARTIAL EDENTULISM

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Abstract:

Introduction: One of the most important oral health indicators is the ability to retain more number of teeth throughout life. Edentulism or complete tooth loss is prevalent worldwide among older people. **Aims and objectives:** The main objective of the study is to analyze the common factors responsible for non-treatment of partial edentulism. **Material and methods:** This cross sectional study was conducted in Punjab Dental Hospital, Lahore during March 2018 to November 2018. The data was collected through non-probability sampling technique. The data was collected from 100 patients who visited the OPD of the hospital. All the demographic and social factors were counted for this study analysis. Intra oral examination was carried out. Participant who are in the age group of 18-35 years were involved in the study. **Results:** The data were collected from 100 patients of both genders. The proportion of population with partial edentulous was more and a chi-square analysis for gender difference revealed statistically highly significant difference. Loss of teeth reflects a major public health problem in many countries. Edentulism has a significant impact on health and the overall quality of life. Studies on self-perception have shown that tooth loss is associated with aesthetical, functional, psychological, and social impacts on individuals. **Conclusion:** It is concluded that prevalence of partial edentulism among study population was high. They require community-based oral health programs to increase the awareness and reduce the risk for tooth loss.

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INTRODUCTION:

One of the most important oral health indicators is the ability to retain more number of teeth throughout life. Edentulism or complete tooth loss is prevalent worldwide among older people. Earlier studies have shown that edentulism affects the health and the overall quality of life of the elderly [1]. Earlier studies have shown an association between socio-demographic factors, lifestyles, and tooth loss these surveys helps get an information necessary to assess treatment needs. Tooth loss is mainly attributed to dental caries and gum disease.

However, factors that lead to tooth extraction are not always dental in origin [2]. The complex interaction between dental diseases, the tendency to use dental care, dental attitude, and affordability of non-extraction treatment have been related to the incidence of tooth loss. Women with a low education level, low economic status, and those who did not brush their teeth showed a higher average of missing teeth [3]. Age, gender, low family income, and rural domicile have been associated with edentulism. Tooth loss impairs the quality of life, and also it affects the well-being of the person. Missing teeth can interfere with chewing ability, diction, and esthetics. Low self-esteem related to tooth loss can hinder an individual's ability to socialize, hamper the performance of work and daily activities, and lead to absence from work [4].

It has been reported in literature that bad oral health can affect general health, life quality and economic condition of the individuals. Partially and complete edentulous condition is an essential indicator of the oral health of a population [5]. An edentulous space in maxilla and mandible is due to one or multiple missing teeth. The reasons for extraction are periodontal pathologies, dental caries, and traumatic injuries, as a part of orthodontic treatment and pre-prosthetic preparation, impactions, hypoplastic tooth, hyperdontia, loss of tooth material, over-eruptions, neoplastic and cystic lesions [6].

Aims and objectives

The main objective of the study is to analyze the common factors responsible for non-treatment of partial edentulism.

MATERIAL AND METHODS:

This cross sectional study was conducted in Punjab Dental Hospital, Lahore during March 2018 to November 2018. The data was collected through non-probability sampling technique. The data was collected from 100 patients who visited the OPD of the hospital. All the demographic and social factors were counted for this study analysis. Intra oral examination was carried out. The number and location of missing teeth were recorded. Common factors for not replacing missing teeth were documented. Clinical examinations were conducted in accordance with the procedures and diagnostic criteria. Participant who are in the age group of 18-35 years were involved in the study.

Statistical analysis

The data were collected and analyzed using SPSS version 21.0. Chi-square tests were performed and *P* values were calculated for each characteristic. *P* < 0.05 (95% level of confidence) was considered statistically significant.

RESULTS:

The data were collected from 100 patients of both genders. The proportion of population with partial edentulous was more and a chi-square analysis for gender difference revealed statistically highly significant difference. Loss of teeth reflects a major public health problem in many countries. Edentulism has a significant impact on health and the overall quality of life. Studies on self-perception have shown that tooth loss is associated with aesthetical, functional, psychological, and social impacts on individuals.

Table 01: Distribution of study subjects according to gender and type of edentulousness

Table 6: Distribution of study subjects according to gender and type of edentulousness				
Gender	Partially edetulousness (%)	Dentulous (%)	Edentulous (%)	P value
Male	47.9	45.5	50	0.000
Female	51.6	15.67	50	
Total	100	55.78	100	
P<0.05				

Table 02: OHI-S and edentulism among study subjects.

OHI	Partially edentulous (%)	Dentulous (%)	Edentulous (%)	χ^2 value and <i>P</i> value
Good	32 (11.1)	10 (18.5)	5 (11.9)	8.964 0.062 (NS)
Fair	132 (45.8)	31 (57.4)	16 (38.1)	
Poor	124 (43.1)	13 (24.1)	21 (50.0)	
P<0.05, NS: Non-significant, OHI-S: Simplified oral hygiene index				

DISCUSSION:

The term “quality of life” is often used as an umbrella term that covers various concepts, that is, health status, function, and life conditions. In general, quality of life (QoL) is defined as an individual’s perception of his or her position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, and concerns. Perception of QoL varies among individuals and fluctuates over time for the same person as a result of changes in any of its component parts [6]. QoL is partly affected by a person’s oral health. Perceptions of how oral conditions affect daily function and well-being are referred to as oral health-related quality of life (OHQoL). OHQoL has been widely used in clinical studies as an outcome to assess the quality, effectiveness, and efficacy of oral health care [7].

Increasingly, it is recognized that patients’ perceptions of their oral health are important in evaluating well-being and determining health care outcomes. The exclusive use of clinical measures has been generally criticized because they provide little insight into the psychosocial aspects of health and do not adequately reflect the health status, functioning, and perceived needs of edentulous and elderly individuals [8]. Edentulism may lead to changes in most of the domains leading to poorer QoL (e.g. impaired mastication, denture trauma, aesthetic concerns, or negative self-perception). Teeth have an important role in facial appearance, speech, and eating ability. There is overwhelming evidence showing the negative effect of edentulism on OHQoL. Edentulism negatively influences not only oral function, but also social life and day-to-day activities. Compromised oral function has been linked to decreased self-esteem and a decline in psychosocial well-being [9].

People of lower social classes tend to place very little value for health in general and oral health in particular. They give little or no importance for preservation of their teeth for the entire lifetime and prefer extraction over restoration. In regards to oral hygiene status, a majority of the individuals (45.8%) belonged to the fair group. This could be a direct reflection of low interest in oral health care causing subsequent total tooth loss. Dental caries and periodontal disease are the two main risk factors for partial tooth loss [10].

CONCLUSION:

It is concluded that prevalence of partial edentulism among study population was high. They require community-based oral health programs to increase the awareness and reduce the risk for tooth loss.

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