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Research Article

**THE MOST COMMON CHIEF COMPLAINTS IN PATIENTS
PRESENTING TO OPD AT PUNJAB DENTAL HOSPITAL,
LAHORE**¹Dr. Hafiz Muhammad Abdullah, ¹Dr. Adnan Haider, ¹Dr. Madeeha Jamil¹House Officers at Punjab Dental Hospital, Lahore.**Article Received:** February 2019**Accepted:** March 2019**Published:** April 2019**Abstract:**

Background and objective: One of the key elements in clinical history taking is chief complaint. The aim and objective of this cross-sectional study was to ascertain the commonest chief complaints of patients presenting in OPD at Punjab Dental Hospital, Lahore. **Methods:** This observational, cross-sectional study was carried out at outpatient department of Punjab dental hospital, Lahore. Specifically designed data extraction forms were used to survey 1,024 patients, which comprised demographics and questions relating to presenting complaints of the patients. **Results:** The commonest chief complaint of the patients was dental pain, followed by tooth replacement, decayed teeth and sensitivity. The number of patients presented for routine dental checkup was alarmingly low. **Conclusion:** Prevalence of pain as the most common presenting complaint is a symptom of ignorance and negligence towards dental health. This warrants immediate attention to be drawn towards educating patients about oral and dental healthcare.

Keywords: Chief complaint, Presenting complaint, CC, Dental health.**Corresponding author:****Dr. Hafiz Muhammad Abdullah,**

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INTRODUCTION:

Oral health plays a pivotal role in general health and wellbeing of an individual. Evidence shows interrelationship between oral health and general wellness of a person. Oral disease is remarkably related to overall health and certifies as a critical public health dilemma owing to high prevalence. Oral diseases not only possess a considerable influence on quotidian tasks but also have a psychological impact. WHO delineates oral health as a state of absolute freedom from all kinds of diseases that affect oral tissues in any way including orofacial pain, malignancies, sores and infections, birth defects, gum diseases, tooth decay and loss and diseases that curb an individual's ability to perform activities like smiling, mastication, speech etc. [1]

The fundamental step in judicious treatment planning is detecting and defining the problem. [2] Accuracy of diagnosis depends largely on extracting appropriate information from the patient. One of the key elements in history taking is chief complaint (CC) or presenting complaint (PC). [3] The chief complaint is a concise statement by patient, of the primary problem that led to him or her to encounter health professional. Due to this, it is also referred to as reason for encounter (RFE). [4] Chief complaint is obtained during initial part of the visit and is documented in exact words used by the patient so

that it precisely indicates patient's perception of the disease or problem. [5]

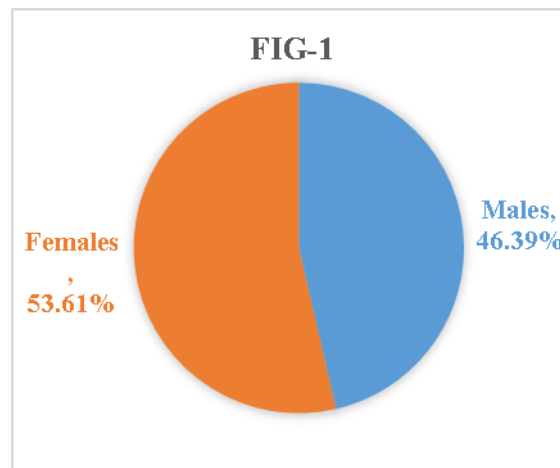
Punjab dental hospital is one of the largest dental hospitals in Pakistan and is the only government dental hospital in Lahore. Around 500-600 patients daily visit the outpatient department of the hospital. [6] This study was conducted in Punjab dental hospital to gather data about the most common presenting complaints of patients visiting OPD of the hospital and to correlate this information to the level of awareness of patients about oral healthcare.

MATERIALS AND MEHODS:

The research was carried out in outpatient department of Punjab dental hospital, Lahore during the month of October 2018. 1,026 randomly selected patients were surveyed with the help of a thoughtfully devised questionnaire. It consisted of demographic variables and carefully selected questions about presenting complaint. Patients under 16 years of age were evaluated with assistance from parents/guardians. Informed consent was taken from the patients/guardians and they were offered absolute privacy. The data was inserted into SPSS25 software for statistical analysis.

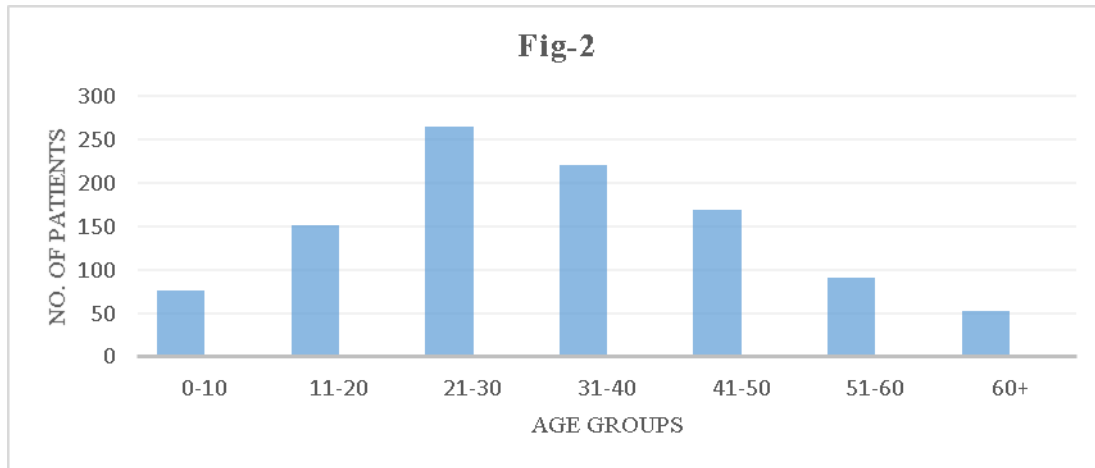
RESULTS:

Of 1026 patients analyzed, 476 (46.39%) were males and 550 (53.61%) were females. Figure 1 illustrates patient distribution based on gender.



Age of patients ranged from 1 to 90 years. The mean age of the sample was computed to be 33.23. The most prevalent age group was 21-30 (25.82%).

Figure 2 represents distribution of patients with respect to age groups.



The most common chief complaint was dental pain (46.59%), followed by tooth replacement (10.14%), dental decay (8.58%) and sensitivity (4.87%). The number of patients presenting for routine dental check was the lowest (0.38%). All other complaints consisting of less than 10 were grouped as 'Others'

(they included retained teeth, TMJ disorders, bad breath, burning sensation, cleft lip and palate, prenatal teeth etc.). Table 1 shows percentage distribution of patients with respect to gender and chief complaints.

Table-1: Percentage distribution of patients with respect to gender

Presenting complaint	Males		Females		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Pain	215	44.97%	263	55.03%	492	47.95%
Missing teeth	51	49.04%	53	50.96%	104	10.14%
Decayed teeth	37	42.05%	51	57.95%	88	8.58%
Sensitivity	18	36.00%	32	64.00%	50	4.87%
Esthetics	22	46.81%	25	53.19%	47	4.58%
Food impaction	25	58.14%	18	41.86%	43	4.10%
Swelling	18	47.37%	20	52.63%	38	3.70%
Discoloration	16	43.24%	21	56.76%	37	3.61%
Mobile teeth	21	67.74%	10	32.26%	31	3.02%
Bleeding gums	11	45.83%	13	54.17%	24	2.34%
Fractured/worn-out filling	3	20.00%	12	80.00%	15	1.46%
Prosthesis repair/replacement	8	57.14%	6	42.86%	14	1.36%
Mouth ulcers	4	33.33%	8	66.67%	12	1.17%
Routine dental checkup	3	75.00%	1	25.00%	4	0.38%
Others	14	51.85%	13	48.15%	27	2.63%

When data was analyzed to find out chief complaints in different age group, dental pain turned out to be the most prevalent complaint in all age groups. Tooth decay and esthetics were more common in younger

age groups whereas tooth mobility and missing teeth were prevailing in older age groups. Table 2 illustrates percentage distribution of presenting complaints in various age groups.

Table-2: Percentage distribution of chief complaints with respect to age groups

Chief complaints	1-10 (N=76)	11-20 (N=151)	21-30 (N=265)	31-40 (N=221)	41-50 (N=169)	51-60 (N=91)	60+ (N=53)
Pain	8.33	14.02	27.03	23.78	15.85	7.52	3.45
Missing teeth	0	2.88	18.27	20.19	25.96	21.15	11.54
Decayed teeth	11.36	13.64	25.00	31.82	11.36	4.55	2.27
Sensitivity	0	10	44	22	20	0	4
Esthetics	12.76	65.96	17.02	2.12	2.12	0	0
Food impaction	2.32	4.65	46.51	13.95	18.60	9.30	4.65
Swelling	13.16	23.67	18.42	18.42	18.42	5.26	2.63
Discoloration	8.11	21.62	35.13	21.62	5.40	2.70	5.40
Mobile teeth	0	0	0	9.68	25.80	41.93	22.58
Bleeding gums	4.17	16.67	33.33	29.17	8.33	0	8.33
Fractured/worn-out filling	0	13.33	33.33	6.67	40	6.67	0
Prosthesis repair/replacement	0	7.14	0	28.57	21.43	14.29	28.57
Mouth ulcers	0	8.33	33.33	16.67	16.67	16.67	8.33
Routine dental checkup	0	50	50	0	0	0	0
Others	33.33	7.41	11.11	18.52	22.22	11.11	3.70

DISCUSSION:

Punjab dental hospital where this study was carried out is situated in Lahore, which is the second most populous city in Pakistan and the largest city in the province of Punjab. [6] This is the only public sector hospital in the heart of Punjab dedicated solely to dentistry. It caters to dental needs of not only the population of Lahore but it also provides dental health facilities to nearby cities. [5] Therefore, this study surveyed patients from Lahore and its surrounding areas. According to this survey, the major problem causing patients of all ages to visit dental hospital is dental pain, which is compatible with other studies carried out previously in Sri Lanka (1985), Malaysia (1987), Tanzania (1993) and Saudi Arabia (2017) [7, 8, 9, 10]

Other complaints show varying frequencies in different age groups. In younger patients, the most common reason for seeking dental treatment is esthetic concern. Out of 47 patients whose complaint was esthetic concern, 37 patients (78.72%) belong to age group 1-20. This indicates the demand for orthodontic treatment in young age. A study performed at University of Mosul also showed unvarying results. [11] Majority of patients belonging to age group 21-40 came to OPD with complaints of decayed teeth, sensitivity and food impaction. This signifies the demand for restorative dental care in middle age group. The need for prosthetic care in age groups 41-60 and >60 is highlighted by

predominance of complaints of missing teeth, mobile teeth, worn out or fractured restorations and prosthesis repair and replacement in older age groups. These findings in elderly patients are in accordance with the study at University of Mosul. [12] Gender based analysis of the data reveals overall greater attendance of female patients. This can be attributed to more esthetic consideration in females as compared to male patients. In the present study, the commonest complaints in male patients (after dental pain) are tooth mobility and food impaction. This can be tied to higher prevalence of smoking and tobacco chewing in males [12] and highlights the periodontal treatment needs of the male patients. Attendance by female patients was chiefly due to esthetic concerns, sensitivity and oral ulceration. Other studies prove these findings to be true in female patients. [11, 13]

Unfortunately, asymptomatic patient visits to the hospital are very few and far between. In this research, only 4 patients out of the entire sample seem to care genuinely for their oral and dental health and presented for routine dental check-up. More than 99% patients ended up in OPD only when they had certain symptoms and more than 60% of these symptoms were those that caused some sort of discomfort to the patient. Thus, majority of the patients comes to dental clinic in later stage of the disease when preventive treatment has no role. This is an alarming situation that demonstrates the lack of knowledge about dental treatment needs and

significance of oral health in general population in third-world countries. [14] This needs to be dealt with straightaway. The need of the hour is to make strategies to spread oral health awareness, to educate general population on large scale and to provide cost-effective dental treatment.

CONCLUSION:

Deficient knowledge regarding oral health often leads people to think little of dental morbidities, judging only by severity of symptoms. As indicated by this study, there is no trend of regular dental checkups in a developing country like Pakistan. With very few exceptions, people presented to dental clinic with some sort of complaint or symptom. This portrays the picture of a society where dental health is one of the most neglected component of health system. This demands prompt solutions consisting of multi-centric researches to collect data for judicious treatment planning, devising efficient ways to enlighten general population about preventive treatment of oral diseases and designing an efficacious health care delivery system that provides adequate treatment facilities with finite monetary resources.

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