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Research Article

### SUCKING DIGIT HABIT AND ASSOCIATION WITH STATUS OF DENTAL CARIES AND ORAL HEALTH OF KIDS 6 MONTHS TO 13 YEARS OF AGE IN PAKISTAN

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**Abstract:**

**Purpose:** Non-nutritive sucking is the typical conduct in adolescence. The relationship among digit sucking, dental caries in addition oral wellbeing were concentrated through uncertain outcomes. The destinations of the current investigation remained to choose pervasiveness of, and association among digit sucking, caries and oral cleanliness rank of kids age a half year to 14 years, inhabitant in Ile-Ife, Punjab, Lahore, Pakistan.

**Strategies:** Our current research was conducted at Mayo Hospital Lahore from November 2018 to October 2019. A cross-sectional examination was directed in Ife Central Local Government Area of Punjab, Lahore. Information remained gathered via the family unit review utilizing a multi-stage testing method from kids between a half year and 14 years. Subtleties of every kid's socio-segment qualities, digit sucking propensities, caries status in addition oral wellbeing status remained gathered. The relationship between digit sucking, caries status in addition oral cleanliness status was decided utilizing Chi square and Logistic relapse.

**Results:** The average age of 994 examination members was  $6.9 \pm (4.3)$  years. The pervasiveness of digit sucking, caries also helpless oral cleanliness was 8.3%, 11.6% and 3.5% separately. The mean dmft score was  $0.23 \pm (0.81)$ , mean DMFT score was  $0.06 \pm (0.31)$  while mean Oral Hygiene File score was  $2.28 \pm (0.74)$ . Digit sucking expanded the chances of having caries (OR: 1.28; CI: 0.59–3.82) however diminished the chances of helpless oral cleanliness (OR: 0.59; CI: 0.36–2.02) unimportantly.

**Conclusions:** Digit sucking remained not the noteworthy indicator of caries in addition oral cleanliness status, despite the fact that the chances of with caries expanded while the chances of having helpless oral cleanliness diminished through digit sucking.

**Keywords:** Sucking Digit Habit, Pakistan, Punjab Province.

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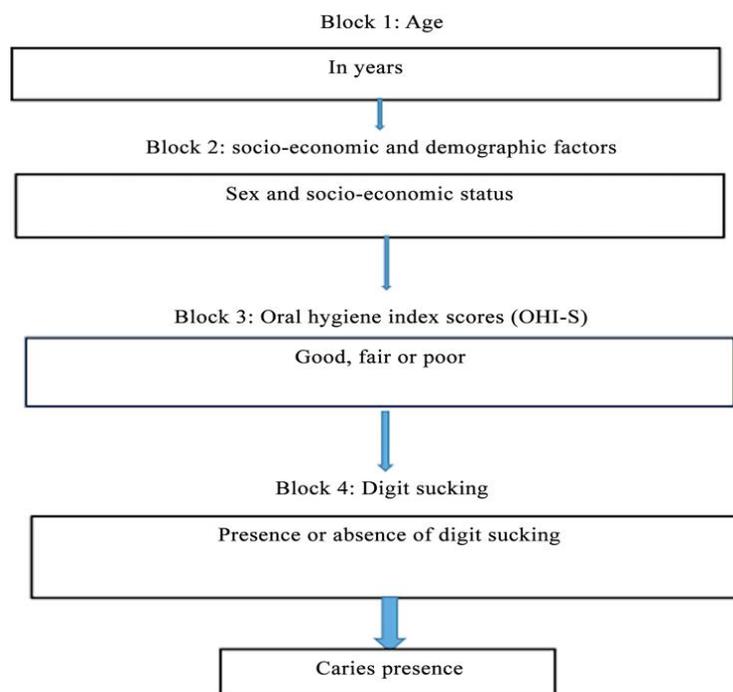


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**INTRODUCTION:**

The propensity is the tendency or inclination for some activity procured by visit redundancy, appearing itself in expanded office to execution and decreased intensity of opposition [1]. One of commonest oral propensities is sucking, a reflex present during childbirth, albeit oral constrictions in addition other sucking reactions were seen before birth. Sucking propensities would be nutritive (bosom also, bottle taking care of) or non-nutritive. The commonest type of non-nutritive sucking is digit sucking [2]. A few investigations have assessed their etiological aspects and recommend that weariness, fatigue, energy, hunger, dread, physical and passionate pressure, and inadequate fulfillment

of sucking need in earliest stages are circumstances that would animate digit sucking propensities [3]. Sucking may give satisfaction and a sense of security when a youngster faces troublesome occasions. It might likewise give the sentiment of heat in addition satisfaction. Hindering impacts of digit sucking remember aggravations for curve structure, intermittent otitis media, the chance of mishaps, advancement of latex sensitivity, tooth rot, oral ulcers and rest issues [4]. Others incorporate wrinkled, dry or rankled fingers, ulceration, corn arrangement, dishpan thumb just as diminished companion acknowledgment. Digit sucking may likewise go with practices like trichotillomania [5].

**Figure 1:****METHODOLOGY:**

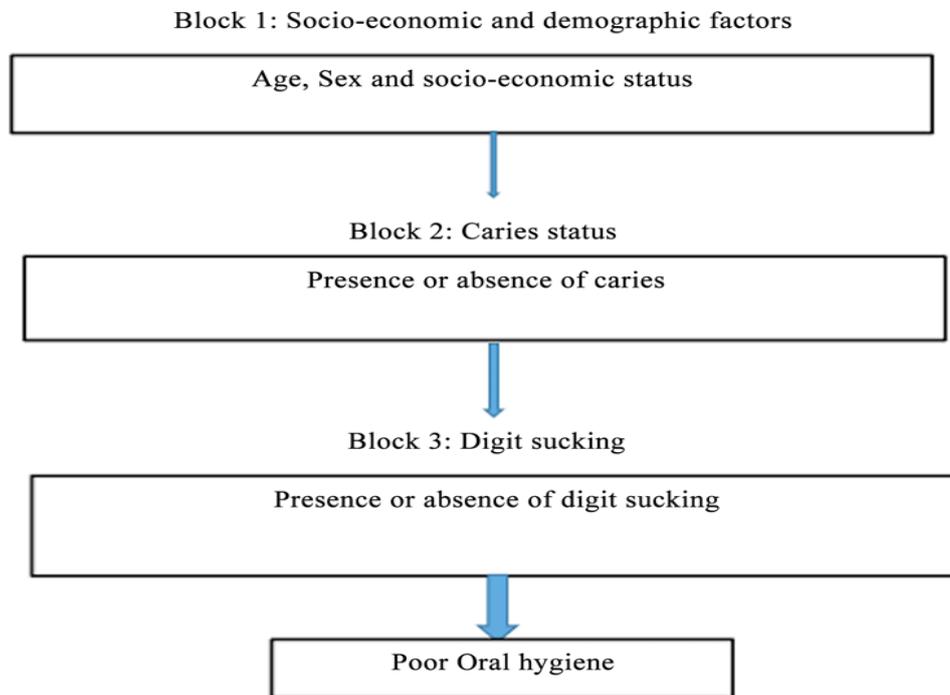
Our current research was cross sectional examination that selected members from Nationwide Population Enumeration locales in Ife Central LGA. Our current research was conducted at Mayo Hospital Lahore from November 2018 to October 2019. These geological destinations were chosen on the grounds that the members there knew about the direct of such surveys. Ife Central LGA is the semi-urban area of Punjab Province, which has the Obafemi Awolowo University furthermore, their Teaching Hospital. The 1993 evaluation put the number of inhabitants in LGA at 97,680 while the assessed populace for the year 2007 was 139,819. The youngster populace for LGA is about 15,500. Applicants were remembered for the examination on the off chance that they were between the ages of a half year and 14 a long time, living with their natural

guardians or lawful gatekeepers who assented to take an interest in the study. The test size was determined utilizing Leslie Fischer's formula for study populace >14,000. In view of a commonness of 36.2% of oral propensities for youngsters matured four to 16 years of age, controlled by Quashie-Williams et al, an example size of 2,013 youngsters was important to distinguish 348 youngsters with oral propensities, giving a non-reaction pace of about 13%.The examining strategy was a (three-level) multi-stage bunch inspecting planned for choosing qualified people with known likelihood. Stage 1 included the irregular determination of count regions inside the LGA. At the locales, each third family on every road was chosen. Stage 2 included posting qualified people inside family units. Stage 4 included determination of genuine respondents for interview. The periods of the 12 youngsters six to 10

months were adjusted to 1 year for simplicity of information investigation. Clear investigations were directed to decide the commonness of digit sucking, caries and oral cleanliness status. Bivariate investigation remained directed to test relationship

among subordinate factors (nearness of caries and oral cleanliness status) and free factors (youngster's age, sexual orientation, financial status). Anywhere fitting, chi square tests remained directed.

**Figure 2:**



### RESULTS:

Just the information of 996 youngsters selected for the examination were finished enough for investigation. This speaks to 93.2% of the proposed 2,013 examination members. None of the youngsters enlisted wouldn't take an interest. Members included 509 (52.3%) young men and 484 young ladies (48.2%) with a mean period of  $6.85 \pm (4.16)$  years. There were 498 (51.2%) study members in the 1 to multiyear age gathering and 498 (47.8%) in the 6 to multiyear age gathering, with mean times of  $3.15 \pm (1.35)$  and  $9.54 \pm (2.92)$  years respectively. Table 1 displays socio-segment also digit sucking profile of research members. Seventy three (8.3%) of them got digit sucking propensities. Sixty-one (78.6%) occupied with thumb sucking propensities although 18 (23.6%) sucked different digits. Most of youngsters with digit sucking

propensities (56.3%) fell into the 1 to multiyear age gathering. The predominance of digit sucking was most noteworthy among the multi-year olds in addition least between 8 and multi-year olds. There were no noteworthy contrasts in the extent of kids matured 2 to 6 years and 7 to 14 years ( $p = 0.27$ ), male and female members ( $p = 0.38$ ) and kids in the diverse financial classes ( $p = 0.42$ ) which imbibed their digits. Table 2 features caries profile of members. 107 kids (12.6%) had dental caries. Essentially a bigger number of females than guys (61.5% versus 38.5%;  $p = 0.01$ ), and that's only the tip of the iceberg kids in 7 to 14 years than the 1 to 6 years age bunch had caries (72.3% versus 27.9%;  $p = 0.01$ ). Here was not any noteworthy contrast in extent of kids from every of financial layers who had caries ( $p = 0.14$ ).

**Table 1:**

Variables	Good oral hygiene n = 541 (55.0%)	Fair oral hygiene n = 419(42.6%)	Poor oral hygiene n = 23(2.4%)	Total N = 983 (100%)	P value
<b>Age</b>					
1–5 years	346 (64.0%)	141 (33.7%)	1 (4.3%)	488 (59.6%)	<0.001
6–12 years	195 (36.0%)	278 (66.3%)	22 (95.7%)	495 (50.4%)	
<b>Sex</b>					
Male	273 (50.5%)	218 (52.0%)	12 (52.2%)	503 (51.2%)	0.89
Female	268 (49.5%)	201 (48.0%)	11 (47.8%)	480 (48.8%)	
<b>Socio-economic status*</b>					
High SES	158 (29.2%)	102 (24.4%)	5 (21.7%)	265 (27.0%)	0.29
Middle SES	218 (40.3%)	188 (45.0%)	8 (34.8%)	414 (42.2%)	
Low SES	165 (30.5%)	128 (30.6%)	10 (43.5%)	303 (30.8%)	
<b>Caries status</b>					
Caries present (DMFT > 0 and dmft > 0)	40 (7.4%)	59 (14.1%)	5 (21.7%)	104 (10.6%)	<0.001
Caries absent (DMFT = 0 and dmft = 0)	501 (92.6%)	360 (85.9%)	18 (78.3%)	879 (89.4%)	
<b>Digit sucking present</b>					
Yes	47 (8.7%)	22 (5.3%)	1 (4.3%)	70 (7.1%)	0.10
No	494 (91.3%)	397 (94.7%)	22 (95.7%)	913 (92.9%)	

\*SES could only be determined for 982 participants

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**Table 2:**

Variables	Caries present n = 104 (10.5%)	Caries absent n = 888 (89.5%)	Total N = 992 (100%)	P value
<b>Age</b>				
1–5 years	30 (28.8%)	467 (52.6%)	497 (50.1%)	<0.001
6–12 years	74 (71.2%)	421 (47.4%)	495 (49.9%)	
<b>Sex</b>				
Male	40 (38.5%)	468 (52.7%)	508 (51.2%)	0.01
Female	64 (61.5%)	420 (47.3%)	484 (48.8%)	
<b>Socio-economic status*</b>				
High SES	19 (18.4%)	247 (27.8%)	266 (26.8%)	0.13
Middle SES	48 (46.6%)	371 (41.8%)	419 (42.3%)	
Low SES	36 (35%)	270 (30.4%)	306 (30.9%)	
<b>Oral Hygiene Index Score**</b>				
Good oral hygiene	40 (38.5%)	501 (57.0%)	541 (55.0%)	<0.001
Fair oral hygiene	59 (56.7%)	360 (41%)	419 (42.6%)	
Poor oral hygiene	5 (4.8%)	18 (2.0%)	23 (2.4%)	
<b>Digit sucking present</b>				
Yes	8 (7.7%)	63 (7.1%)	71 (7.2%)	0.82
No	96 (92.3%)	825 (92.9%)	921 (92.8%)	

\*SES could only be determined for 991 participants

\*\*OHI-S could only be determined for 983 participants

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## DISCUSSION:

This examination is primary to decide commonness of digit sucking propensity, caries and oral cleanliness status of youngsters at the populace level in Ile-Ife. The pervasiveness of digit sucking, caries also helpless oral cleanliness amongst examination populace remained small [6]. Digit sucking remained not an indicator of caries and helpless oral cleanliness status. It anyway expanded chances of having caries and great oral cleanliness in

investigation populace, however these discoveries remained not critical [7]. Being the female also, matured 7 to 16 years were noteworthy indicators of nearness of caries for the examination populace. Having caries and being somewhere in the range of 7 and 13 years of age were additionally critical hazard aspects for helpless oral hygiene [8]. The utilization of the family unit review for research members' enrollment made discoveries of research generalizable to examination condition. This is on

grounds that enrollment strategy expanded the likelihood of including youngsters focused for the investigation from all the financial layers in the examination populace, regardless of their capacity to be tried out school or not. The hearty logical methodology likewise decreased the odds of false derivations [9]. Nonetheless, the enrollment of study members from specification locales acquainted with research concentrates naturally brought an inclination into the examination test. Notwithstanding this impediment, the examination had the option to give useful data on oral wellbeing position and their association through digit sucking propensities [10].

### CONCLUSION:

All in all, however the discoveries of this examination have expanded open data for relationship among digit sucking, caries also oral cleanliness status, this couldn't give indisputable proof on the relationship among factors. The non-huge affiliation between digit sucking, caries and oral cleanliness status, in addition earlier reports, on unfavorable impact of digit sucking on oral wellbeing makes it imperative to advance stopping of propensity when attainable.

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