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Research Article

**A CROSS SECTIONAL STUDY TO DETERMINE THE
FREQUENCY OF MEDICAL CO MORBIDITIES PRESENT IN
PATIENTS VISITING FOR DENTAL EXTRACTION IN SOUTH
PUNJAB****Dr Usman Tahir¹, Dr Fozia Yousaf², Dr Anna Malik³**^{1,2} Nishtar Institute of Dentistry Multan, ³ Multan Medical and Dental College Multan.**Article Received:** October 2019 **Accepted:** November 2019 **Published:** December 2019**Abstract:**

In the department of oral and maxillofacial surgery at the Nishtar hospital, Multan cross sectional survey was done in order to detect the occurrence of comorbidities in patients older than 30 years of age as this age group being more vulnerable to dental extraction led by those comorbidities. During the period of one year from August, 2018 to July, 2019 a total of 2520 patients visited the oral surgery OPD of hospital. In this study the medical and drug history of 768 patients was recorded on predesigned history sheets to find out various medical problems including hypertension, diabetes mellitus, hepatitis, compromised cardiac function and asthma. Among sample of 768, 359(46.8%) were males and 409 (53.2%) were females. Age ranged between 30 to 80 years. Out of these 54% were in 4th and 6th decade of life. Comorbidities were found to be among 246 (32%) of the patients.

In this study, the most widespread co morbidity was hypertension accounting for 113/768 (14.7%) patients followed by diabetes mellitus 63/768 (8.20%) It is a common observation that patients having deteriorating diseases also present simultaneously other co morbid conditions. Like insomnia and anxiety are associated with depression and dental treatment phobias and hypertension are usually found among diabetics as co morbidities.

Keywords: Dental extractions, hypertension, cardiac disease, diabetes mellitus.**Corresponding author:****Usman Tahir,**

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INTRODUCTION:

In an elongated and discrete form of medical history, we come to know that comorbidities are consequent to poorer health, complex treatment and increased health care costs. The word “co morbidity” may be mis conceptualized. It could be proper interpreted by different words or phrases like presence of one or more additional diseases, multimorbidity and morbidity burden and patient difficulty. Co-morbidity was defined by Feinstein as “any distinct clinical entity that has co-existed or that may occur during the clinical course of a patient who has the index disease under study” [1]. Occurrence of primary disorder, illnesses along with additional disease either mental or behavioral is known as Co morbidity [2].

For the better prognosis of individuals suffering from co existing diseases health care providers address better and well-equipped management [3]. Provision of safe and effective management of dental problem without causing any medical emergency is the basic aim of dental treatment. Which sometimes necessitates the treatment modification and availability of consultant according to co morbidity of the patient [4]. Proper medical history taking is the primary requisite for safe and successful dental treatment [4]. Literature shows the occurrence of medical comorbidities up to 64.2% alone or in combination. Dhanuthai reported 12.2% prevalence of comorbidities in dental patients [5]. Whereas 28.2% by Smeets and 73.3% by Maryam and colleagues [6]. Cardiovascular diseases were found to be the most common medically compromised conditions (57.87%) followed by endocrine disorders (35-73%), and numerous other systemic diseases in oral and maxillofacial surgery patients [7,8]. Medical emergencies are uncommon in dental practices, but often faced as an outcome of a dental procedure and

that could be lethal some- times [9]. The aim of the study is to identify the most common co morbid diseases encountered in our hospitals during dental extraction and provide safe and effective dental treatment.

METHODOLOGY:

This study was conducted at the Department of Oral and Maxillofacial Surgery at the Nishtar hospital, Multan from August, 2018 to July, 2019. Collectively 2520 patients visited Dental OPD during data collection. Examinations of 768 patients older than 30 years were accounted in this assessment. General and dental history was recorded by dental expert for each patient on predesigned detailed history Proformas.

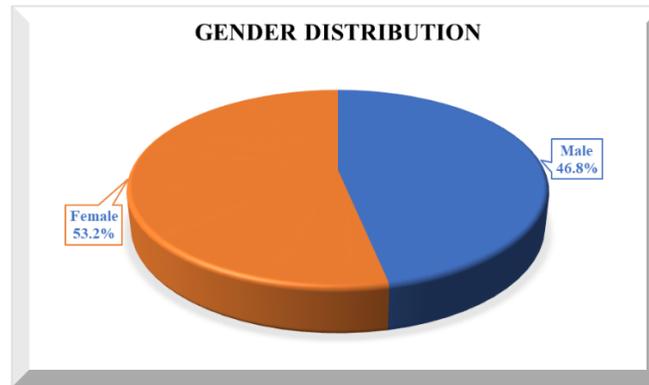
Therapeutic and medication history of patient had been recorded it was important to know the occurrence of different medicinal conditions like diabetes mellitus, hypertension, hepatic diseases, cardiac disorders as well as smoking and dietary propensities of the patient. Whole information was recorded in Microsoft Excel Spread sheet and were analyzed utilizing SSPS 20.

RESULTS:

From August, 2018 to July, 2019 summative assessment of 2520 patients was done who came to the oral maxillofacial surgery OPD. Number of patients having comorbidities was 246 (32%) out of 768. Patients with age ranged from 30 to 80 years were found to have more than one severe disease with advancement of age. Most of the patients found with collateral systemic illnesses were in their fourth decades of life. Male patients were 359(46.8%) and number of female patients was 409 (53.2%).

Table No 01: Patients Statistics

Statistics	Quantity	%age
Overall patients	2520	-
Patients came for extraction	768	-
Patients with comorbidities	246	32%
Male	359	46.8%
Female	409	53.2%

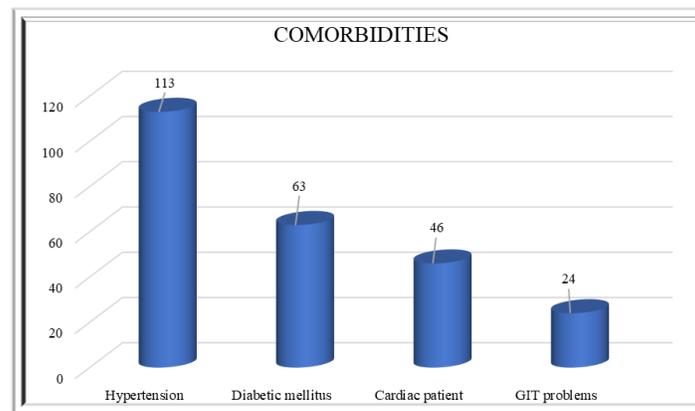


In this analysis, the most frequent comorbid condition found was hypertension representing 113 (14.7%) out of 768 subjects, the second most common disorder was found to be diabetes mellitus 63 (8.20%) patients.

Patients with cardiac diseases were 46 (5.89%) patients will GIT problems were reported as common as 24(3.12%).

Table No 02: Patients with Co-Morbidities

COMORBIDITIES	QUANTITY	%AGE
HYPERTENSION	113	14.7%
DIABETIC MELLITUS	63	8.20%
CARDIAC PATIENT	46	5.89%
GIT PROBLEMS	24	3.12%



In fourth decade of patients' life hypertension was found usual while diabetes mellitus was primarily seen among patients in their sixth decade of life. Among the third to fourth decade of life, peptic ulcer was the main issue noted. Moreover, male patients were largely seen in their 5th to 6th decade of life while females were confronting the same issues with the beginning of 4th decade of their life.

DISCUSSION:

For the safe and effective management, patients' proper medical history is important [4]. In order to achieve this, detailed history about patients' systemic

diseases, history and oral habits, the history Proformas were used as main source. Treatment modification is required, if patient is suffering from any medical or systemic illness during dental surgical procedure. Traditionally, in dental practice two most common methods have been employed for medical history taking, one is patient's self-reported and other is through interview [10].

The incidence of comorbidities increases with increasing age. Mostly patients 41-50 years present with some medical problems, which is evident from other studies also [11,12]. As discovered by national

health survey, one out of every three individuals aged 45 is hypertensive [13]. Delayed wound healing subsequent to dental surgical procedure, increased caries rate and periodontal diseases have been reported due to uncontrolled diabetes [14]. Patients suffering from hepatitis B, C and TB require special precautions during dental surgical treatment to prevent cross infection. During administration of local anesthesia anxiety reduction protocol is compulsory or alternate means can also be considered to anesthetize i.e. sedation or general anesthesia to avoid vasovagal syncope before and during dental treatment. It has been previously reported that rate of syncope increases with fear and anxiety created by dental management [15].

Similar study has also been conducted, where the age of dental patients who were afflicted with medically compromised conditions ranged from 30 to 80 years [4,16]. Another study conducted at the OMFS department at IDH, Islamabad show that hypertension was one of the most common diseases affecting people worldwide [17].

CONCLUSION:

A survey was conducted to determine the frequency of medical co morbidities present in patients visiting the Department of Oral and Maxillofacial Surgery for Dental extraction. It was found that hypertension and diabetes were more prevalent than other co morbid conditions and occurrence of hypertension increased with age.

REFERENCES:

- 1 Feinstein AR. The pre-therapeutic classification of comorbidity in chronic disease. *Journal of Chronic Diseases*.1970; 23:455- 68.
- 2 Gupta D, Sheikh S, Rashmi NC, Aggarwal A, Bansal R. Assessment of the awareness of dental professionals regarding identification and management of dental patients with psychological problems in routine dental operatory: a survey. *Oral Health Dent Manag*. 2014 ;13(2): 435.
- 3 Bavitz JB, Dental management of patients with hypertension. *Dent Clin North Am*. 2006; 50(4):547-62.
- 4 Lakhani MJ, Mehdi H, Kadi W. Co-Morbidities in patients requiring dental extraction. *PODJ* 2013; 33 (3):433-35.
- 5 Dhanuthai K, Sappayatosok K, Bijaphala P, Kulvitit S, Sereerat T. Prevalence of medically compromised conditions in dental patients. *Med Oral Patol Oral Cir Buccal*. 2009;14:287-91.
- 6 Smeets EC, Dejong KJ, Abraham-Inpijn L. Detecting the medically compromised patient in dentistry by means of the medical risk-related history. A survey of 29,424 dental patients in the Netherlands. *Prev Med*. 1998;27(4):530-35.
- 7 Bhateja S. High prevalence of cardiovascular diseases among other medically compromised conditions in dental patients: a retrospective study. *J Cardiovasc Dis Res*. 2012; 3(2):113-16.
- 8 Thornhill MH. Infective endocarditis: the impact of the NICE guidelines for antibiotic prophylaxis. *Dent Update*. 2012; 39(1): 6-10.
- 9 Feijoo FJ, Gorís RG, Varela MF, Carmona IT. Prevalence of systemic diseases among patients requesting dental consultation in the public and private systems. *Med Oral Patol Oral Cir Buccal*. 2012;17(1):89-93.
- 10 Aggarwal A, Panat SR, Talukder S. Self-reported medical problems among dental patients in western Uttar Pradesh, India. *Journal of dental education*. 2011; 75(12): 1635-40.
- 11 Meloto CB, Barbosa CMR, Gomes SGF, Custodio W. Dental practice implications of systemic diseases affecting the elderly: a literature review. *Braz J Oral Sci*. 2008; 7(27):1691- 99.
- 12 Kanwal S, Rehman B, Qiam Ud Din, Ahmad T. Comorbidities in oral & maxillofacial surgery patients: a hospital-based study. *JKCD*. 2013; 3(2):347.
- 13 Tariq R. Awareness of hypertension in Pakistan a need of time. *Escalating Research*. 2012; 1(3): 1-2.
- 14 Iqbal S, Kazmi F, Asad S, Mumtaz M, Khan AA. Dental caries and diabetes mellitus. *PODJ*. 2011; 31(1): 60- 63.
- 15 Zafar AK, Anwar A, Mohtada A, Bilal H, Lubnana S. Prospective comparative study to determine the risk of syncope in a dental chair in supine position during administration of local anesthesia. *PODJ*. 2009; 29(2): 241-44.
- 16 Khader YS, Alsaed O, Burgan SZ, Amarin ZO. Prevalence of medical conditions among patients attending dental teaching clinics in northern Jordan. *J Contemp Dent Pract* 2007;18: 60-67.
- 17 Siddiqi KM, Baig ZM. Pattern of Medical Conditions among Patients Attending Oral and Maxillofacial surgery survey over a period of one year. *Journal of Islamabad Medical & Dental College (JIMDC)*; 2016;5(1):26-29.