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Research Article

**ANALYSIS OF DEMOGRAPHIC PROFILE OF PERCEPTION
OF PATIENTS ABOUT MALOCCLUSION AND TREATMENT**¹Dr Hira Ali, ¹Dr Shizah Shoaib, ¹Dr Aamna Shabbir¹Demontmorency College of Dentistry, Lahore**Article Received:** January 2019**Accepted:** February 2019**Published:** March 2019**Abstract:**

Introduction: The increase in average life expectancy and national income has led to an increase in the number of middle-aged or old adult patients receiving orthodontic treatment. Traditionally, the “so-called” adult orthodontic treatment has implied the treatment of adult patients in their 20s and early 30s, rather than adolescents. **Objectives of study:** The main objective of the study is to analyze the demographic profile of perception of patients about malocclusion and treatment. **Material and methods:** This cross sectional study was conducted in Demontmorency College of Dentistry, Lahore during 2018. The data was collected through a questionnaire. The participants of this questionnaire-based study were 598 adults aged over 20 years (230 men and 368 women) who visited the Dental Hospital. The participants' opinions regarding their consideration of receiving orthodontic treatment were recorded using a specially designed questionnaire. The questionnaires were completed by 653 participants, of whom 598 were selected after screening the responses for inaccuracies. **Results:** In the total sampled population adjusted according to age, women (52.2%) had a higher rate of interest than did men (42.6%; $p < 0.05$). No statistically significant differences were observed between the sexes in any of the age groups. The order of priority of chief complaints showed definite differences according to age. Protrusion was the first chief complaint for those in their 20s and 30s, and spacing was the one for those in their 40s to 60s. **Conclusion:** It is concluded that patients place a lot of emphasis over their facial appearance and beauty. Not surprisingly, parents primarily the mothers, were responsible for seeking treatment for young and adolescent children.

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INTRODUCTION:

The increase in average life expectancy and national income has led to an increase in the number of middle-aged or old adult patients receiving orthodontic treatment. Traditionally, the “so-called” adult orthodontic treatment has implied the treatment of adult patients in their 20s and early 30s, rather than adolescents. This notion of “adult patients” has been gradually changing to include middle-aged or old adult patients [1]. These changes have been reported worldwide. The main reasons behind this change in perception are the improved capacity of the profession to treat problems and the patients' desire to maintain their natural teeth and improve their function as well as appearance [2].

Middle-aged and old adult patients are more likely to have periodontal problems, as well as bone turnover rates and psychological profiles that differ from younger patients [3]. Information about the limitations and possibilities of orthodontic treatment, which may differ from those of younger patients, should be provided to these patients [4]. This, in turn, requires accurate estimation of the patients' perceptions toward treatment. Teeth form an essential component for body image and for self-perception [5]. Aesthetic preferences related to facial characteristics are formed early in life and self-esteem of a person appears to be related to perception of his appearance. Surveys have found that the aspect of appearance with which people are most dissatisfied is their teeth especially malocclusion of front teeth is considered much more influential in self-perceptions of dental attractiveness than those in the posterior [6]. Therefore, one of the main reasons for seeking orthodontic treatment is for improving aesthetics. Studies have shown that malocclusion can lead to psychological problems such as low self-esteem and can lead to poor social acceptance from peers and society [7]. Numerous studies have been carried out internationally about the perception of patients about their teeth and seeking of treatment based on this perception. In Pakistan, very few studies have been carried out [8].

Objectives of study

The main objective of the study is to analyze the demographic profile of perception of patients about malocclusion and treatment.

MATERIAL AND METHODS:

This cross sectional study was conducted in Demontmorency College of Dentistry, Lahore during 2018. The data was collected through a questionnaire. The participants of this questionnaire-based study were 598 adults aged over 20 years (230 men and 368 women) who visited the Dental Hospital. The participants' opinions regarding their consideration of receiving orthodontic treatment were recorded using a specially designed questionnaire. The questionnaires were completed by 653 participants, of whom 598 were selected after screening the responses for inaccuracies. Among the participants who had considered receiving orthodontic treatment, the chief complaints were inquired and their reasons for not receiving orthodontic treatment yet were surveyed. The final section of the questionnaire collected demographic data regarding the participants' age, sex, and area of living.

Statistical analysis

The data were analyzed with SPSS package program. Statistical analyses were carried out by the help of simple correlation tests and backward LR model of multiple variables binary logistic regression.

RESULTS:

In the total sampled population adjusted according to age, women (52.2%) had a higher rate of interest than did men (42.6%; $p < 0.05$). No statistically significant differences were observed between the sexes in any of the age groups. The order of priority of chief complaints showed definite differences according to age. Protrusion was the first chief complaint for those in their 20s and 30s, and spacing was the one for those in their 40s to 60s.

Table 01: Percentage of interest in orthodontic treatment compared by sex and age

Age group (yr)	Male, yes (% within male age group)	Female, yes (% within female age group)	p-value
	42.6	52.2	0.015*
20s	57.9	67.1	NS
30s	43.5	58.0	NS
40s	39.2	50.6	NS
50s	35.0	49.0	NS
60s	36.0	34.8	NS
70s	18.2	30.0	NS

DISCUSSION:

Results showed that patients rated straight teeth to be most important feature followed by face shape. Patients' perception about irregular teeth was the main reason for treatment followed by need to enhance their facial appearance [9]. This is in line with a previous study in Pakistan which found strong psychosocial impact of altered dental aesthetics on the emotional state of an individual [10]. Onyeaso and Sanu also reported that adolescent children rate attractiveness (popularity) higher than young children who are more concerned with peer judgement of their appearance [11].

The results of this study showed no statistically significant association between oral aesthetic self-perception and previous orthodontic treatment [12]. These data are in agreement with those found by Mandall et al. According to the authors, while individuals with minor normative malocclusion can have a poorer oral aesthetic self-perception [13], orthodontically treated individuals do not show a statistically significant difference in relation to oral

aesthetic self-perception when compared with untreated individuals [14].

CONCLUSION:

It is concluded that patients place a lot of emphasis over their facial appearance and beauty. Not surprisingly, parents primarily the mothers, were responsible for seeking treatment for young and adolescent children

REFERENCES:

1. Choi SH, Kim JS, Kim CS, Hwang CJ. The influence of age on lip-line cant in adults: a cross-sectional study. *Korean J Orthod.* 2016;46:81–86.
2. Lim SH. Survey on the environment of the orthodontic practice by KAO, 2010 (Part I) *Korean J Clin Orthod.* 2012;1:21–26.
3. Jung MH. Age, extraction rate and jaw surgery rate in Korean orthodontic clinics and small dental hospitals. *Korean J Orthod.* 2012;42:80–86.

4. Jung MH. Current trends in orthodontic patients in private orthodontic clinics. *Korean J Orthod.* 2009;39:36–42.
5. Mandall NA, Wright J, Conboy F, Kay E, Harvey L, O'Brien KD. Index of orthodontic treatment need as a predictor of orthodontic treatment uptake. *Am J Orthod Dentofacial Orthop.* 2005;128:703–707.
6. Kerosuo H, Kerosuo E, Niemi M, Simola H. The need for treatment and satisfaction with dental appearance among young Finnish adults with and without a history of orthodontic treatment. *J Orofac Orthop.* 2000;61:330–340.
7. Hassan AH, Amin Hel-S. Association of orthodontic treatment needs and oral health-related quality of life in young adults. *Am J Orthod Dentofacial Orthop.* 2010;137:42–47.
8. Soh J, Sandham A. Orthodontic treatment need in Asian adult males. *Angle Orthod.* 2004;74:769–773.
9. Jung MH. Evaluation of the effects of malocclusion and orthodontic treatment on self-esteem in an adolescent population. *Am J Orthod Dentofacial Orthop.* 2010;138:160–166.
10. Livas C, Delli K. Subjective and objective perception of orthodontic treatment need: a systematic review. *Eur J Orthod.* 2013;35:347–353.
11. Reichmuth M, Greene KA, Orsini MG, Cisneros GJ, King GJ, Kiyak HA. Occlusal perceptions of children seeking orthodontic treatment: impact of ethnicity and socioeconomic status. *Am J Orthod Dentofacial Orthop.* 2005;128:575–582.
12. Josefsson E, Bjerklín K, Lindsten R. Factors determining perceived orthodontic treatment need in adolescents of Swedish and immigrant background. *Eur J Orthod.* 2009;31:95–102.
13. Tayer BH, Burek MJ. A survey of adults' attitudes toward orthodontic therapy. *Am J Orthod.* 1981;79:305–315.
14. Tulloch JF, Shaw WC, Underhill C, Smith A, Jones G, Jones M. A comparison of attitudes toward orthodontic treatment in British and American communities. *Am J Orthod.* 1984;85:253–259.