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Research Article

**A CROSS SECTIONAL STUDY TO KNOW THE EDENTULOUS
PATIENTS AMONG LOWER SOCIOECONOMIC SOCIETY**¹Dr.Nadia Naheed, ²Dr Sana Iqbal, ³Dr.Sumaira Batool¹Punjab Medical College Faislabad, ²Institute Of Graduation ; Altamash Institute of Dental Medicine, Karachi, MCPS Trainee in Oral Surgery ; Abbasi Shaheed Hospital, Karachi. ³Punjab Medical College Faislabad.**Article Received:** March 2019**Accepted:** April 2019**Published:** May 2019**Abstract:****Objective:** The aim of this study was to report the incidence of edentulous patients in the lowest socioeconomic group.**Study design:** A cross-sectional study.**Location and Duration:** In the Prosthodontic Department of Punjab Dental Hospital, Lahore for one year duration from September 2017 to September 2018.**Methods:** Data were collected from five patients who reported the treatment criteria and met the selection criteria. The distribution of the population studied by gender is 48.6% male and 51.4% female.**Results:** The largest population group was over 60 years (26%) and the smallest group was under 20 years of age (2%). 49.2% complete dentition was observed.**Conclusion:** This study shows that lower socio-economic population has an insufficient oral health status according to WHO standards.**Keywords:** incidence of edentulous patients, low income group.**Corresponding author:****Dr. Nadia Naheed,**
Punjab Medical College, Faislabad.

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INTRODUCTION:

There is no epidemiological evidence suggesting that tooth loss or specific oral diseases are a necessary companion of aging. Teeth loss is a general indication of the severity of oral diseases in which the individual or society is living, because tooth loss can be the result of tooth decay, periodontal disease and trauma. Teeth loss also reflects the non-disease aspects of the dental delivery system, including diseases, beliefs, behaviours, treatment costs, access to and use of dental services, restriction of dental services, and a variety of dental treatment options. Thus, the common tooth loss model in a population is a reflection of the cost and adequacy of the availability of preventive services and treatment, as well as cultural services. The aim of this study was to determine the basic data on the prevalence of tooth loss in a socioeconomic group in Lahore. These data may be useful in planning the health system. The tooth loss pattern was evaluated in many populations selected in different countries. In developing countries, data on oral diseases are collected primarily to help plan the health system. At the same time, epidemiological data may provide a better understanding of the nature of oral diseases and changes in disease patterns at the population level.

TABLE 1: AGE AND SEX DISTRIBUTION

Age	Male	Female	Total	Percent
<20	5	5	10	2.0
21 to 25	21	12	33	6.6
26 to 30	15	17	32	6.4
31 to 35	10	22	32	6.4
36 to 40	11	31	42	8.4
41 to 45	16	30	46	9.2
46 to 50	20	34	54	10.8
51 to 55	37	31	68	13.6
56 to 60	16	36	52	10.4
>60	92	39	131	26.2
TOTAL	243	257	500	100.0

In this study, 35% of patients in the 36-45 age group were edentulous.

Of the patients older than 60 years, 78.62% (103 out of 131) were edentulous (Table 2). The male-female relationship was the same.

This is because such population studies have limited access to formal oral health services.

MATERIALS AND METHODS:

This cross-sectional study examined 500 patients in Punjab Dental Hospital Lahore, Department of Prosthodontics for one year duration from September 2017 to September 2018. Only patients belonging to the lower socioeconomic group were included in the study. Patients with less than six family members and 5000 rupees (\$ 83) a month were excluded from the study. The data were collected by the instructor. Patients were examined and information like gender, age, socioeconomic status and lost teeth was collected on proforma. Before the survey, the auditors who participated in the research were calibrated and the examination method of the patients was standardized. All data were analyzed on a personal computer using descriptive statistics and chi-square test using Windows version of SPSS 17.0 for Windows.

RESULTS:

Analysis of the results showed that 103 cases without 246 teeth were over 60 years old and this was the largest group (43,90%).

TABLE 2: DISTRIBUTION OF EDENTULOUS CASES IN AGE GROUPS

Age	Total cases	Edentulous cases	Percent
<20	10	0	0
21 to 25	33	0	0
26 to 30	32	1	3.12
31 to 35	32	3	9.37
36 to 40	42	11	26
41 to 45	46	21	45.65
46 to 50	54	30	55.55
51 to 55	68	44	64.73
56 to 60	52	33	63.46
>60	131	103	78.62

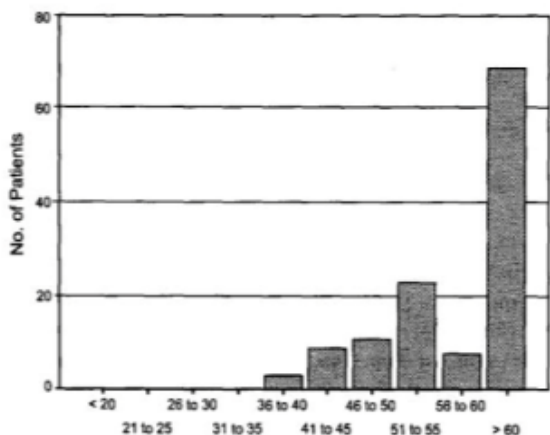


Fig 1. Age Distribution in Edentulous Males

DISCUSSION:

Increased tooth loss is with progressing age. As age increases, the number of partial edentulous patients decreases, which leads to complete edentulousness. The World Health Organization's global oral health indicators show that 75% of the population should have at least 20 functional teeth at 35 to 44 years of age. Over 60 years of age, 50% of the population should have at least 20 teeth. The percentages are given in three groups. First 500 cases in total. The second is only in edentulous cases, ie, 246. The third in individual age groups. In total, 500 cases and 131 cases are older than 60 years, ie 26%. In 500 cases, 246 were without teeth, ie 49.2%. In 246 irrational cases, 103 were over 60 years old, that is, 43.92%. In 131 cases aged 60 years old, 103 were edentulous, 78.62% of patients over 60 years of age were edentulous.

In the United States, 30% of 65 years of age patients were edentulous. In the United Kingdom, Scotland had the highest level of edentulous with 39%, Ireland with 26%, Northern Ireland with 26%. In a study on Native Americans, the edentulous to this study were found to be 58.3%. In Finland, the level of tooth loss was found to be 54% in the age group above 64 years. The level of tooth loss found in this study is higher than that of less developed countries such as 60% in Brazil and 60% in Spain. This study shows the same level of tooth loss in both genders, which is not consistent with other studies showing a higher level in women. This difference may be due to the cultural values that impose restrictions on the free movement of women. Results can vary if the study is conducted at community level. On the other hand, in our study, it was found that low income level was directly related to angry level in parallel with other studies. This tooth

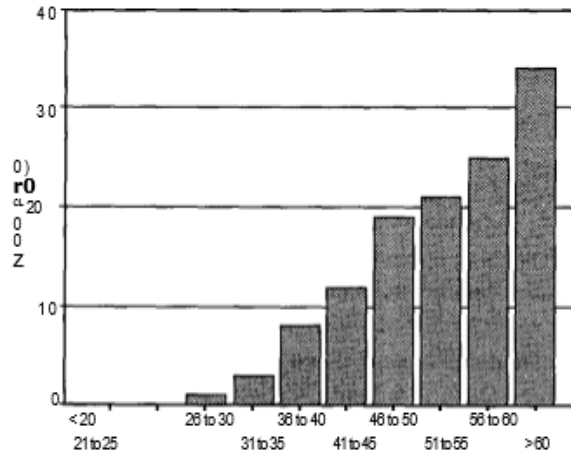


Fig 2. Age Distribution in Edentulous Females these

loss pattern may show a neglected behaviour in the oral health of the population.

CONCLUSION:

The study shows that the oral health status of the subject population is poor. Teeth loss begins at an early age and results in edentulous at the age of 30 years. The standards are far behind the WHO 2000 Global Indicators for Oral Health.

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