

Reasons for Use of Dental Services in Connection with Premature Tooth Loss

Radosveta Stojanova Andreeva¹, Hristina Ivanova Arnautska²

¹Department of Pediatric Dentistry, Medical University of Varna

²Department of Orthodontics, Medical University of Varna

Abstract: *There are many reasons for visiting the dental offices. In this study we discussed three of them: preventive dental examination, defect noticed by parents and pain. The aim of the study is to find out the reasons for dental services among children with and without premature tooth loss of primary teeth. Methods and materials: the study covers 140 children between 6 and 9 years old. The control group consists of 50 children and the clinical group consists of 90 children with prematurely extracted teeth. The patients from the clinical group were divided into three groups of 30 patients. A special questionnaire was filled from the parents of the examined children about the history of dental visits and reasons for use of dental services. Results: For a majority of the children from the control group (42%), the main reason for visiting a dentist was a preventive dental examination. Only 3,3% from the first group and 10% from the second and the third group visit dentist for such a check. Majority of children from the examined groups visit the dentist because of a defect spotted by parents (53,3% for the first group and 60% for the second and third group). Pain is the reason for visiting a dentist in 43% of the children from the first group and 18% for the control and 30% for the second and the third group. Conclusion: Majority of the children with premature tooth loss were "problem-oriented visitors" rather than "prevention oriented visitors".*

Keywords: dental services, premature extraction, primary teeth

1. Introduction

However, oral diseases are largely preventable by regular home oral care and preventive dental visits [1,2]. Preventive dental visits help in the early detection and treatment of oral diseases. But the provision of preventive dental care for children depends on each parent's initiatives in utilizing dental care. Dental care use is influenced by a complex set of factors. Behavioral, socioeconomic, and culturally related predisposing enabling and need-based factors contribute to people's decisions to either forgo care or seek professional assistance for dental problems [3,4,5,6]. To improve oral health outcomes, an adequate knowledge of the way individuals use health services and the factors predictive of this behavior is essential [7].

Aim: To find out the reasons for dental services among children with and without premature tooth loss of primary teeth.

2. Methods and Materials

The study covers 140 children between 6 and 9 years old. The control group consists of 50 children and the clinical group consists of 90 children with prematurely extracted teeth. The patients from the clinical group were divided into three groups of 30 patients.

- Patients that have lost one or more tooth extracted in the dental clinic, of that come to the clinic during the first 2 month after the extraction and have no orthodontic

problems.

- Patients with premature temporary teeth extraction 6 or more month before they come to the dental office without severe orthodontic problems.
- Patients with premature temporary tooth extraction and have severe orthodontic problems (II and III class Angle).

The control group consists of 50 children with intact denture.

A special questionnaire was filled from the parents of the examined children about the history of dental visits and reasons for use of dental services. The children are divided into another two groups: those who visit dental office because of pain or a defect noticed by parents called, "problem-oriented visitors" and who have preventive visits, called "prevention oriented visitors".

3. Results

For a majority of the children from the control group (42%), the main reason for visiting a dentist was a preventive dental examination. Only 3,3% from the first group and 10% from the second and the third group visit dentist for such a check. Majority of children from the examined groups visit the dentist because of a defect noticed by parents (53,3% for the first group and 60% for the second and third group). Pain is the reason for visiting a dentist in 43% of the children from the first group and 18% for the control and 30% for the second and the third group (Table 1).

Table 1: Distribution of children surveyed groups depending on the reasons for the visit to the dentist

Reason Group	Preventive Dental examination		Defect		Pain		Total	
	Number	%	Number	%	Number	%	Number	%
Control group	21	42.0	20	40.0	9	18.0	50	100
Group 1	1	3.3	16	53.3	13	43.4	30	100
Group 2	3	10.0	18	60.0	9	30.0	30	100
Group 3	3	10.0	18	60.0	9	30.0	30	100
Statistical significance	$\chi^2=25.70$, df=6, P<0.001							

Statistically significant difference was found in the distribution of groups depending on the reason for the visit to the dentist (P <0.001). While in the control group patients visiting dentist for prophylactic examination in the other groups leading cause is a „defect of the tooth noticed by the parent or the child”, followed by „pain“.

4. Discussion

These results show that in children without premature loss of deciduous teeth, the preventive oral health care is much more better than in children from other groups (with premature loss of deciduous teeth), where visits to the dentist are mainly related with carious lesions and pain. Similar results have been reported in some other studies[8,9]. Pain was the predominant reason for visiting a dentist for not a small percentage of children from the examined groups. But for the majority of them, the decayed teeth is the main reason for visiting dental offices. The pain is the predominant reason for dental visits has been shown in many other studies[1,8,10,11,12]. Dental pain adversely affects the quality of life, normal functioning, and daily living of people, and most dental visits are aimed at immediate relief of pain. Patients often present themselves for dental care at the later stages of dental disease when overt symptoms such as pain and extreme discomfort appear, rather than earlier, i.e., a problem-oriented visit rather than a prevention-oriented one.

Only a small percentage of the examined children had visited a dentist for routine oral examination and most of them are from the control group (without premature tooth extraction). This shows that people do not believe in the value of regular dental visits, and they have very poor preventive practices. The findings of the study showed that the „defect noticed by parents“ was the main reason for visiting a dentist for the examined groups. As flag bearers of oral health, dental practitioners across locations must be willing not only to provide dental care to patients but also to educate them regarding the importance of regular dental care, discuss barriers for dental care, and promote attitudinal changes towards a positive health-seeking behavior. An active assessment of and attention to factors that facilitate and hinder dental service use is crucial while formulating oral health policies.

5. Conclusion

Majority of the children with premature tooth loss were „problem-oriented visitors“ rather than „prevention oriented

visitors“. The parents and dentists have to emphasize the prevention of this children.

References

- [1] Cohen LA, Bonito AJ, Eicheldinger C, Manski RJ, Masek MD, Edwards RR, et al. Behavioral and socioeconomic correlates of dental problem experience and patterns of health care-seeking. *J Am Dent Assoc.* 2011;142:137–149.
- [2] Arora SA, Jayna A, Sharma A, Atri M. Socio-demographic factors influencing preventive dental behaviors in an adult dentate population: a questionnaire based study. *Indian J of Dental Advancements.* 2011;3:483–491.
- [3] Stewart DC, Ortega AN, Dausey D, Rosenheck R. Oral health and use of dental services among Hispanics. *J Public Health Dent.* 2002;62:84–91.
- [4] Formicola AJ, Stavisky J, Lewy R. Cultural competency: dentistry and medicine learning from one another. *J Dent Educ.* 2003;67:869–875.
- [5] Bachrach CA, Abeles RP. Social science and health research: growth at the National Institutes of Health. *Am J Pub Health.* 2004;94:22–28.
- [6] Atchison KA, Dubin LF. Understanding health behavior and perceptions. *Dent Clin North Am.* 2003;47:21–39.
- [7] Poudyal S, Rao A, Shenoy R, Priya H. Utilization of dental services in a field practice area in Mangalore, Karnataka. *Indian J Community Med.* 2010;35:424–425.
- [8] Al-Shammari KF, Al-Ansari JM, Al-Khabbaz AK, Honkala S. Barriers to seeking preventive dental care by Kuwaiti adults. *Med Princ Pract.* 2007;16:413–419.
- [9] Manski RJ, Magder LS. Demographic and socioeconomic predictors of dental care utilization. *J Am Dent Assoc.* 1998;46:432–439.
- [10] Ekanayake L, Mendis R. Self-reported use of dental services among employed adults in Sri Lanka. *Int Dent J.* 2002;19:151–156.
- [11] Jaafar N, Jalalludin RL, Razak IA, Esa R. Investigation of delay in utilization of government dental services in Malaysia. *Community Dent Oral Epidemiol.* 1992;20:144–147.
- [12] Kuthy RA, Odom JG, Salsberry PJ, Nickel JL, Polivka BJ. Dental utilization by low-income mothers. *J Public Health Dent.* 1998;58:44–50.

Author Profile

Radosveta Andreeva is Faculty of Dental Medicine, Medical University of Varna, 55 Marin Drinov Str., 9002 Varna, Bulgaria.