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ATTITUDE OF DENTAL STUDENTS

TOWARDS THEIR ORAL HEALTH CARE.

<sup>1</sup>Charan V.S.S, <sup>2</sup>Muralidharan N.P, \*<sup>3</sup>Dhanraj Ganapathy

Abstract

Oral health is defined as the oral condition that is free from any kind of disorder which affects the oral cavity and mouth .Generally it is a part of the overall health. Lifestyle and food habit play a important role in ones oral health. Also, there are identified factors that deteriorate the oral health, these include intake of high sugar, carbonated drinks, tobacco and smoking .In India a large number of populations are affected with dental caries and oral cancer. The majority of the factors those are responsible for oral problems are preventable by creating awareness. This study is mainly intended to evaluate the attitude of undergraduate dental students

towards their self oral care

Keywords: Oral, health, habit, students

I. INTRODUCTION

Oral health is defined as the oral condition that is free from any kind of disorder which affects the oral cavity and mouth [1]. Generally it is a part of the overall health. Lifestyle and food habit play a crucial role in ones oral health [2]. Also, there are identified factors that deteriorate the oral health, these include intake of high sugar, carbonated drinks, tobacco and smoking [3]. In India a large number of populations are affected with dental caries and oral cancer. The majority of the factors those are responsible for oral problems are preventable by creating awareness [4]. The dental professionals are the authoritative for educating the general population on oral health, for which they themselves should be role models. Oral hygiene is the practice of keeping one's mouth clean and free of disease and other problems (e.g. bad breath) by regular brushing and cleaning between the teeth. It is important that oral hygiene be carried out on a regular basis to enable prevention of dental

disease. (5)

The most common types of dental disease are tooth decay (cavities, dental caries) and gum diseases, including gingivitis, and periodontitis. Regular brushing consists of brushing twice a day:afterbreakfast and

<sup>1</sup> Graduate Student, Department of Prosthodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Chennai, India.

<sup>2</sup>Assistant professor, Department of Microbiology, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Chennai, India.

<sup>3</sup>Professor and Head Department of Prosthodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical And Technical Sciences, Chennai - 600077 Tamil Nadu, India.

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before going to bed. Cleaning between the teeth is called interdental cleaning and is as important as tooth brushing. This is because a toothbrush cannot reach between the teeth and therefore only cleans 50% of the surfaces. (6) There are many tools to clean between the teeth, including floss, flossettes, and interdental brushes. It is up to each individual to choose which tool he or she prefers to use. Community water fluoridation is the addition of fluoride to adjust the natural fluoride concentration of a community's water supply to the level recommended for optimal dental health, approximately 1.0 ppm (parts per million.

Fluoride is a primary protector against dental cavities. Fluoride makes the surface of teeth more resistant to acids during the process of remineralization. Drinking fluoridated water is recommended by some dental professionals while others say that using toothpaste alone is enough. Milk and cheese are also rich in calcium and phosphate, and may also encourage remineralization. Foods high in fiber may help to increase the flow of saliva and a bolus of fibre like celery string can force saliva into trapped food inside pits and fissures on chewing surfaces where over 80% of cavities occur, to dilute carbohydrates like sugar, neutralize acid and remineralize tooth on easy to reach surfaces. Sugars are commonly associated with dental cavities. Other carbohydrates, especially cooked starches, e.g. crisps/potato chips, may also damage teeth, although to a lesser degree (and indirectly) since starch has to be converted to glucose by salivary amylase (an enzyme in the saliva) first. Sugars that are higher in the stickiness index, such as toffee, are likely to cause more damage to teeth than those that are lower in the stickiness index, such as certain forms of chocolate or most fruits.

Sucrose (table sugar) is most commonly associated with cavities(7). The amount of sugar consumed at any one time is less important than how often food and drinks that contain sugar are consumed. The more frequently sugars are consumed, the greater the time during which the tooth is exposed to low pH levels, at which point demineralisation occurs (below 5.5 for most people). It is important therefore to try to encourage infrequent consumption of food and drinks containing sugar so that teeth have a chance to be repaired by remineralisation and fluoride. Limiting sugar-containing foods and drinks tomeal times is one way to reduce the incidence of cavities. Sugarsfrom fruit and fruit juices, e.g., glucose, fructose, and maltose can also cause cavities.(8)

Sucrose is used by Streptococcus mutans bacteria to produce biofilm. The sucrose is split by glucansucrase, which allows the bacteria to use the resulting glucose for building glucan polymer film and the resulting fructose as fuel to be converted to lactic acid.

Acids contained in fruit juice, vinegar and soft drinks lower the pH level of the oral cavity which causes the enamel to demineralize(9). Drinking drinks such as orange juice or cola throughout the day raises the risk of dental cavities tremendously.

Another factor which affects the risk of developing cavities is the stickiness of foods. Some foods or sweets may stick to the teeth and so reduce the pH in the mouth for an extended time, particularly if they are sugary.(10) It is important that teeth be cleaned at least twice a day, preferably with a toothbrush and fluoride toothpaste, to remove any food sticking to the teeth. Regular brushing and the use of dental floss also removes the dental plaque coating the tooth surface.(11).Two basic principles of evidence-based practice include acting

on the basis of research resources and evaluation, analysis, and interpretation based on specific practices (12). There are various reasons that clinical dentistry has become much more complex and challenging, such as the explosion of information in the field of dentistry, extensive changes and advances in the area of equipment and materials used in dentistry, emphasizing the development of specialized training in the area of dentistry, and the increased awareness of service receivers ((13). Although evidence-based practice was first introduced in the medical field, it quickly included other fields.

According to the results of this study, despite the positive attitudes of dentistry students toward evidence-based dentistry, their knowledge and awareness in this regard are poor (14). As mentioned earlier, knowing the level of knowledge, awareness, and attitude of dentistry students is necessary for properly planning their training. (15).

### II. METHODS AND MATERIALS

Α sectional questionnaire carried out to know the attitude of dental cross survey was students among the students of saveetha dental college. Convenient sample size of 100 students decided and data was collected by questionnaire. All the students were given a half an hour to one hour time to complete the questionnaire .the completed questionnaires were immediately collected and were analysed.

### Questionnaire:

I do not worry much about visiting the dentist?

a) Agree b) Disagree. c) Undecided.

I worry about colour of my teeth?

a) Agree. b) Disagree. c) Undecided.

I am concerned about sticky deposits on my teeth?

a) Agree. b) Disagree. c) Undecided

It is necessary to teach the correct brushing procedure?

a) Agree. b) Disagree. c) Undecided

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I am bothered having a bad breadth?

a) Agree. b) Disagree. c) Undecided

I often check my teeth in a mirror after brushing?

a) Agree. b) Disagree. c) Undecided

I feel sometimes I take too much of timeto brush my teeth?

a) Agree. b) Disagree. c) Undecided

Dental floss should be used regularly?

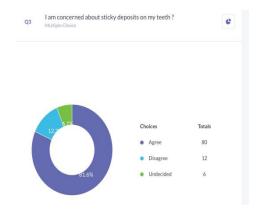
a) Agree. b) Disagree. c) Undecided

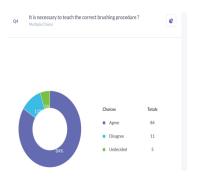
Mouth wash should be used regularly?

a) Agree. b) Disagree. c) Undecided

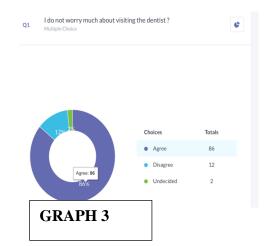
It is necessary to create awareness of dental problemsamong family members?

a) Agree. b) Disagree. c) Undecided



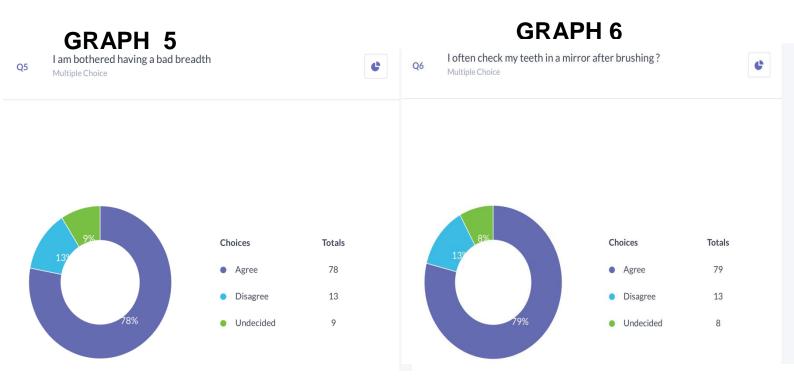


GRAPH 1 GRAPH 2

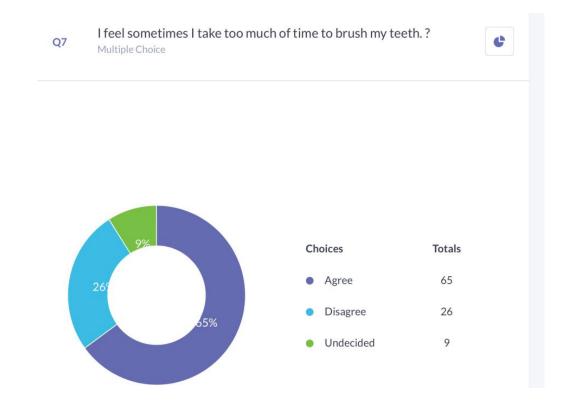




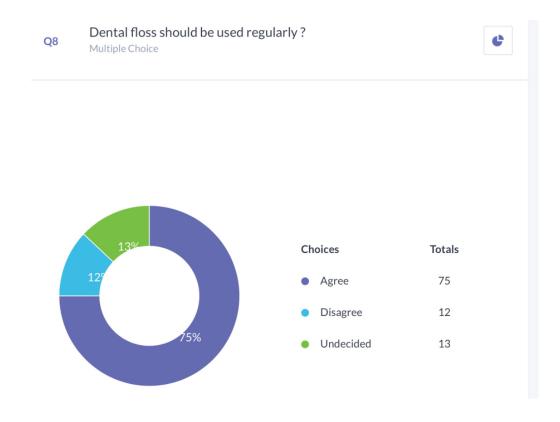
**GRAPH 4** 



# **GRAPH 7**

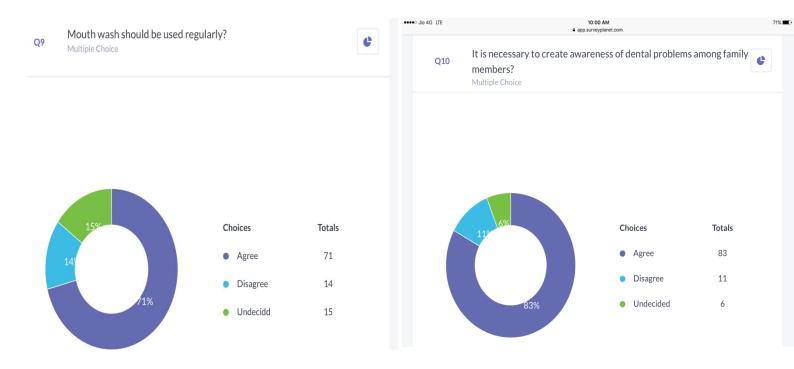


# **GRAPH 8**





# GRAPH 10



# III. CONCLUSION:

In this study 100 students were given the questionnaire, the data was then analysed and has been tabulated along the charts for each question. When asked about do you worry much about visiting the dentist the results show the majority (86%) agree with it while (12%) disagree with it and (2%) Are undecided about visiting a dentist(GRAPH 1). Majority of people(79%) worry about their colour of their teeth and (16%) does not worry about their colour of their teeth and rest (5%) are undecided about their colour of their teeth (GRAPH 2). When asked about are you concerned about sticky deposits on your teeth majority of (80%) agreed with it, (12%) disagreed with it and (6%) are undecided about it (GRAPH 3). The students were asked is it necessary to teach the correct brushing procedure majority of (84%) agreed with it whereas (11%) disagreed with it and (5%) are undecided about it (GRAPH 4). Majority of (78%) agreed are bothered having a bad breathe whereas (13%) disagreed with it(GRAPH 5). When people were asked do they check their teeth in a mirror after brushing majority of (79%) agreed with it, (13%) disagreed with it and (8%) are undecided(GRAPH 6). Majority (65%) agreed that sometimes they take too much of time to brush their teeth whereas (26%) disagreed with it and (9%) are decided with it (GRAPH 7). When they were asked should dental floss should be used regularly majority(75%) agree that dental floss should be used regularly and (12%) disagreed with it and (13%) are undecided(GRAPH 8). Majority (71%) agreed that mouth wash should be used regularly whereas (14%)

disagreed and (15%) are undecided(GRAPH 9). When they were asked is it necessary to create awareness of dental problems among family members (83%) agreed with it where as (11%) disagreed with it and (6%) are undecided (GRAPH 10).

## IV. DISCUSSION:

The importance of maintenance and promotion of oral health is emphasized not only among general population people but also with the risk categories. The risk categories include not only the people with habits like smoking, alcohol consumption, tobacco use, carbonated drink consumption but also with diseases like diabetes. Recently, there is a paradigm shift from a "surgical approach" to a "medical prevention strategy."(16) in the management of preventable oral problems. In this context, educating and motivating the patients gain the importance, for which care providers form the role models.(17) This study intended to evaluate the oral health behaviour and its determinants among the dental students who are the future dentists. Evaluating the students, gives the assessment of the curriculum which can be modified for the current scientific knowledge and requirement of society.

This study revealed the improvement in knowledge and attitude with the academic years which was shown by the high scores in the clinical students compared to pre-clinical.(18) Also, there was no gender bias with respect to oral health. The study also revealed that the majority of the dental students are aware of the ill effects of the smoking, alcoholism, tobacco and carbonated drinks on the oral health(19). The results are promising, current curriculum and teachers satisfy the need of the current scientific knowledge.(20)This study showed that knowledge and awareness of dentistry at saveetha dental college towards their health care were good and that they have a neutral attitude when compared to other dental research papers there is good awareness of health care among dental students in saveetha dental college.

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