



MDJ

## Chief complaint, treatment need and factors Affect Late Attendance to Dental Clinic in a Sample Collected from Iraqi Patients

Dr. Warkaa M. Ali B.D.S, M.Sc.\*

### Abstract

This study conducted on (470) subjects attending dental clinic in Baghdad. Information was collected from all patients regarding their age, sex and chief complaint at the time of presentation. This was followed by clinical examination. Chief complaint of the majority of patients was toothache (47.02%) while the rest were come for various reasons. All of the patients examined were in need of some type of treatment. (56.60%) of patients needed conservative treatment, (14.89%) extraction, (5.79%) prosthodontic treatment, (8.64%) periodontal treatment, (2.34%) fixation of bridge, (0.2%) surgical operation and only medication were (5.74%).

The factors that affect the delay attendance of dental patients to the clinic were studied after direct question to the patients who gave nearly the same causes mentioned in other previous similar studies which reflect the great need to dental health education and improvement of the dentist-patient interaction.

### Introduction

Dental attendance of Iraqi patients has been investigated by several studies<sup>(1)</sup>. There are certain factors, found to influence delay attendance of patients to dental clinic such as socioeconomic status, dental anxiety, dental knowledge and beliefs and patient-dentist interaction<sup>(2)</sup>.

Attention to what patients believe about dental disease was a routine part of preventive therapy in dental practice for at last quarter-century and dentist is the principle source of information about dental diseases, so the patient-dentist relationship is an important factor<sup>(3)</sup>.

The interaction between dentist and patient during dental treatment may influence the frequency of dental visits in the future because this interaction

may increase the dental fear of the patient<sup>(4)</sup>.

Dental anxiety is not distributed evenly throughout the population, but it is related to a number of variables; such as sex, age, education, socioeconomic status, employment status, marital status and ethnic group<sup>(5)</sup>.

Socioeconomic status is still an important factor affecting the attendance of Iraqi patient to the dental clinic in the last two decades<sup>(1)</sup>. It prevent the patient from regular attendance to dental clinic and made him neglected the routine check up of his oral health as a preventive measure.

The aim of this study was to investigate chief complaint dental treatment needs and the factors which affect the delay attendance of dental

\* Department of Oral Pathology, Collage of Dentistry, Mustansiria University.

patients by statistical analysis to sub-population.

## Material and Methods

A sample consisted of 470 patients were utilized in the present study. The age of the subjects ranged from 5-70 years old This included (219) males (46.60%) and (251) females (53.40%). The distribution of 470 patients by sex is presented in table (1).

A full dental history was taken from the patients regarding their chief complaint, followed by full dental examination to confirm the presence of carious teeth, periodontal problems and missing teeth.

## Results

The majority of patients complained of toothache (221) = (47.02%), while (178) = (37.87%) of them complained from carious teeth with out pain. Other patients vary in their complaint table (2).

The group of late attendance to dental clinic composed of 345 = (73.4%) from total sample of patients who gave different reasons of their delay, and the major causes included: poor dental health education (220) = (63.76%), low income (73) = (21.15%), dental anxiety (52) = (15.07%). The distribution of this group is shown in table (3).

## Clinical findings and treatment needed

All patients in our study were dentate. No edentulous patients were seen in the clinic. After examination; a total of 470 patients were in need of certain type of dental treatment because the majority of them had at least one tooth that was decayed. In this study the patients who refused the proper treatment due to personal factors were excluded.

About 56.60% of the sample needed conservative treatment, which included restoration of teeth with (amalgam filling and light cure filling). The need of extraction was seen in 14.89% of them .Patients who needed periodontal therapy were 8.64%, while those who needed prosthodontic were 5.79% which include partial and fixed prosthesis. Pediatric-patients were 6.38% including (filling, extraction, and fluoridation).

Other different cases varied from (fixation of bridges, operation and only medication). The treatment needed of the patients is shown in table (4).

## Discussion

The range of male to female ratio in our study was in agreement with that reported in Iraqi population attended public clinic <sup>(1)</sup>.

While the age factor is not the same because we included the pediatric patients in the study. Increased female attendance may be explained by better dental health behavior as compare to male <sup>(6,7)</sup> because the oral hygiene level is usually related to sex and women were found to have better oral hygiene index scores than men <sup>(8)</sup>.

The majority of patients reported toothache as a chief complaint and this is similar to that in public clinic <sup>(1,9,10)</sup>. The majority of patients believe that toothache is resembled to any type of body pain which could be treated without possibility of tooth loss.

They didn't know that dental pain (toothache) represents the late stage of dental caries (irreversible pulpitis) because many of them were surprised when the dentist told them that the tooth needed a root canal treatment or extraction. This in agreement with Van Palenstein et al who said that treatment demand because of pain was the most frequent demand among patients .The reasons for late attendance to the dental

clinic were varied. One of the important reasons is poor dental health education<sup>(11)</sup>. While the other factor was the low income; specially in the absence of good dental care in primary health care center since 1990 (Iraq block aid), which made the patient didn't attend dental clinic even in case of pain that made him ignore his or her oral health for years<sup>(12)</sup>, and in comparison with high social inequalities or middle classes, lower social classes have poorer dental health on nearly every criterion.

Although the prevalence of dental anxiety in Iraqi patients wasn't investigated properly but in this study we found that traumatic dental experience, attitude, dentist's behavior and personality and subjective feeling of pain which are factors affect dental anxiety<sup>(5)</sup>, represented major factors affect late attendance to dental clinic.

Bad past dental history was one of the factors that affect delay attendance of Iraqi patients to dental clinic. Many patients either suffer from improper dental treatment by dentist which makes them lose confidence to the other dentists, or due to local oral factors.

The nature of dental visit is unpleasant, to say the best and evokes in many persons fear of pain and feelings of anxiety<sup>(13)</sup>. The interaction between dentist and patients during dental treatment may influence the frequency of dental visits in the future because this interaction may increase the dental fear of the patients<sup>(4)</sup>.

In Iraq the direct communication between the dentist and the patients represents the major method of dental health education because it's effectiveness in explanation the causes of different dental diseases and various methods of preservation and treatment.

But many dentists are very uncomfortable when working in the field of dental health education. They

are trained as surgeons and they can count and measure their work output when repairing the damage caused by dental diseases<sup>(14)</sup>.

So as a result of this study we concluded that there must be great deal or attention paid on improving the patient-dentist interaction, in order to reduce or prevent late dental attendance and to improve oral health status, and we suggest establishing a dental constitute associated with Iraqi dental association working up to routine evaluation and assessment to the dentist ethics and behavior with patients, and also making a routine meetings to discuss the most problems concerning this interaction.

## References

- 1- Saad,AL-Ani and Muna,S.Merza :Oral findings in a sample collected from a public clinic in Baghdad.Mustansiria D.J.2006,4:327-329.
- 2- Clarkson JE and Worthington HV:Association between untreated caries and age ,gender and dental attendance in adults. Community Dent.Oral Epidmiol.1993;21:126-8.
- 3- Bader,JD,Rozier RG,Mcfall WT,Ramsey DL: Dental patients' knowledge and beliefs about periodontal disease. Community Dent.Oral Epidemiol.1989;17:60-4.
- 4- Hans V,Horst GTer,Prins PJM,Veerkamp J: General method for analyzing dentist-patient interaction. Community Dent.Oral.Epidemio.1989:173-6.
- 5- Stouthard MEA,Hoogstraten J: Prevalence of dental anxiety in Netherlands. Community Det.Oral Epidemiol. 1990;18:139-42.
- 6- Sogaard AG, Aaro LE and Heloe LA: Irregular users of dental services among Norwegian adults. Acta Odontol.Scand.1987;45:371-81.
- 7- Sogaard AJ,Gry Henj and Host D: Recent changes in health related dental behaviors in Norway. Community Dent.Oral Epidemiol.1991;19:241-5.
- 8- Athanassouli T,Koletsis-Kounari H,Mamai-Homata H,Panagoulos H: Oral health status of adult population in Athens Greece. Community Dent.Oral Eidemiol.1990;17:82-4.

- 9- Razak IA, Jaafar N, Jalalludin RL, Esar: Patients preference for exodontia versus preservation in Malaysia. Community Dent. Oral Epidemiol. 1990;18:131-2
- 10- vanPalenstein Helderma WH, Davda SV, Fazal SR.: Reasons for delayed demands for dental treatment and expectations regarding dental treatment among patients in Tanzania. Odontostomatol. Trop., submitted.
- 11- Regant GA: Relationship between dental knowledge and tooth cleansing behavior. Community Dent. Oral Epidemiol. 1979;7:191-4.
- 12- Peterson PE: Social inequalities in dental health towards a theoretical explanation. Community Dent. Oral Epidemiol. 1990;18:153-8.
- 13- Schuurs AHB, Duivnvoorden HJ, Thooden vanVelzen SK, Verhage F, Makkes PC: Value of teeth. Community Dent. Oral Epidemiol. 1990;18:2-6.
- 14- Dunning JM: Principles of dental public health .1980.3d ed. Harvaed University Press Cambridge, Mass and London ;p 122-123.

Table(1): Distribution of 470 subjects by sex

Sex	No.	%
Male	219	46,60
Female	251	53,40
Total	470	100%

Table(2) Distribution of chief complaints among 470 subjects.

Chief complaint	No.	%
Toothache*	221	47.02
Cariou teeth with out pain	178	37.87
Others	71	15.11
Total	470	100

\*toothache could be due to caries ,mobility, tooth sensitivity and other causes

Table(3) Distribution of late attendance group to dental clinic(345 patients)

Factors	No.	%
Poor dental health education	220	63.76
Low income	73	21.15
Dental anxiety	52	15.07
Total	345	100

Table (4) Distribution of 470 subjects needing special dental treatment.

Type of treatment	No.	%
Conservative	266	56.60
Extraction	70	14.89
Prosthodontics	27	5.79
Periodontal therapy	38	8.64
Fixation of bridge	11	2.34
Pedodontic	30	6.38
surgical operation	1	0.2
Medication	27	5.74
Total	470	100