

Attitude and Practice of Dentist Towards Providing Oral Health Care to the Patient with Special Health Care Needs in Nagpur Urban Region, India

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Abstract:

Introduction

Society Ethical And Moral Values Are Reflected In The Way It Takes Care Of Most Vulnerable Members In The Society That Is Children, Elderly People, Socioeconomically Deprived Citizen And Patient With Disabilities. Patient With Special Health Care Needs Are Among The Most Undeserved Category In Our Society. Censes Revealed That Over 26 Million People In India Are Suffering From One Or Other Kind Of Disabilities. These People Have More Dental Disease And Difficulties In Obtaining Dental Care Than Any Other Segment Of Population.

Aim

To Evaluate And Attitude And Practices Of Dentist Towards Providing Oral Health Care To PSHCN In Nagpur, Urban.

Material And Method

Aself-Administrated Questionnaire Based Cross Sectional Descriptive Study Conducted Among Dentist Of Nagpur, Urban. Questionnaire Includes 10 Close Ended Question And 1 Open Ended Question. The Questionnaire Emphasis On Knowledge Attitude And Facilities Available With The Dentist For Treating PSHCN.

Result

50.5% Of Dentist Has Positive Attitude Towards Providing Oral Health Care To Patient With Special Health Care Needs (PSHCN) But They Are Practicing Rare Due To Physical And Financial Barrier Less Exposure Inadequate Knowledge Especially In UG And General Dentist Other Than Pedodontist.

Conclusion

There Is Need Of Increasing CDE And Hands On Training Program, Additional Training To UG About Management Of PSHCN. Identification Of The difficulties In Treating PSHCN, Recommendation Could Be Made To Modify Dental School Curricula To Encourage Dentist To Provide Treatment'

Keyword: PSHCN, Positive Attitude, Rare Practice, Barriers.

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I. Introduction

The American Academy Of Pediatric Dentistry Define Special Health Care Needs As Those Which Include Physical Behavioral Cognitive Or Emotional Impairment Or Limiting Condition That Requires Medical Management Healthcare Intervention And Use Of Specialized Services Or Program Special Need Health Care Condition Impose Limitations In Performing Daily Self-Maintenance Activities[1]. Special Needs Consist Of Wide Array Of Diagnosis Like Autism Attention Deficit Hyperactivity Disorder, Intellectual Disability, Epilepsy, Migraines, Traumatic Brain Injury, Blood Problems, Cystic Fibrosis, Cerebral Palsy, Muscular Dystrophy, Down Syndrome, Arthritis, Physical Handicap, Vision, Speech, And Hearing Problems Etc. PSHCN Are The Among The Most Undeserved In Population, Having More Dental Problems Than Any Other Segment Of Population[1] And Are Most Likely Than Other Normal Children To Have Not Fulfilled Their Oral Care Needs. Although Data Concerning The Oral Health Condition Of Disables And Medically Compromised Patient

Are Rather Scarce Most Of The Studies Shows Higher Prevalence Of Oral Disease In These Patients Several Reason Can Explain These Findings Such As Accessibility Of Dental Care Facilities Willingness Of Dental Practitioner And Management Difficulties It Is Known That Most Of The PSHCN Do Not Receive Preventive Dental Care [3]. Persons With PSHCN Must Overcome Many Barriers To Procure The Health Care They Need And It Is Also Seen In Many Survey That Private Insurance And Well Educated Parents Had Unmet Dental Care Needsin Patient [5] With Disability The Oral Cavity And Its Functions Are Often Affected By For Example Problems Related To Eating Swallowing Speech And Communication Chewing Drooling Esthetics Malocclusion And Poor General Health Many Systemic Diseases Increase The Risk Of Oral Diseases [4]. Health Care For Individual With Special Need Require Specialized Knowledge Acquired By Additional Training As Well As Increase Awareness And Attention Adaptation And Accommodative Measure Beyond What Are Consider Routine Patients.Improving Attitude Towards Access Treatment And Quality Of Care Of PSHCN Is A Critical Public Health Issue For The Profession That Requires Joint Efforts By Dentist And The Community [1]. Hence The Survey Is Planned This Study Will Help In Identifying Various Barrier. Society's Ethical And Moral Values Are Reflected In The Way It Takes Care Of Its Most Vulnerable Members In Society.

II. Material And Method

It Is A Cross Sectional Descriptive Study. The Ethical Clearance For The Study Was Obtained From Ethical Committee Of Government Dental College And Hospital, Nagpur. The Study Was Conducted Among Dentist Practicing In Nagpur, Urban Region To Assess Their Attitude And Practice Towards Providing Oral Health Care To PSHCN.Sample Size Was 250 Dentists In Nagpur Urban Region Calculated By EPI-Info Software. Sample Size Calculated From Prevalence Rate In Pilot Study, The Prevalence Rate In Pilot Study Was 82.5%, Sample Size Obtained Was 222 But We Took It 250, Test Used For Calculation Of Sample Size Is Chi Square Test. Sample Population /Dentist Were Selected Randomly From The List Of Dentist In Nagpur Obtained From Indian Dental Association.A Self-Administrated Validated Questionnaire Were Used For The Study, It Include 10 Close Ended Question And 1 Open Ended Question. The Questionnaire Emphasis On Knowledge Attitude And Facilities Available With The Dentist For Treating PSHCN. The Questions In Questionnaire Was Segregated Which Include 5 Attitude Based And 6 Practice Based Questions. Frequency And Percentile Was Calculated For Category. P Value Less Than 0.001 Considered As Significant Value.Dentist Willing For The Study Were Included In Study While The Dentists Who Are Not Willing Or Not Present At The Day Of Survey Are Not Included.

Questionnaire Closed Ended

- 1) Do You treat PSHCN In Your Clinic?
A) Yes B) No
- 2) How Many Of PSHCN Patients Were Visiting In Your Clinic In Last Six Month?
A) < 5% B) 10-25% C) 25-50% D) None
- 3) Do You Treat PSHCN Of The Age Group Below 18 Yrs.?
A) Yes B) No
- 4) Do You Refer The PSHCN Patients Toother Specialty Clinic Or Other Treatment?
Center That Comes To Your Clinic?
A) Yes B) No
- 5) What Type Of Facilities Do You Have At Your Clinic For Treating PSHCN?
A) General Anesthesia Or Conscious Sedation
B) Wheel Chair
C) Lift
D) Fully Loaded Dental Chair
E) NONE
- 6) What Type Of Dental Treatment Do You Prefers The PSHCN Visiting Your Clinic?
A) Simple Small Restoration
B) Scaling
C) Complicated Treatment Like RCT/Extraction
D) Only Referral
E) Preventive Measure
- 7) Behavior Management Technique Used In Your Clinic Dealing With PSHCN?
A) Tell Show D
B) Voice Control

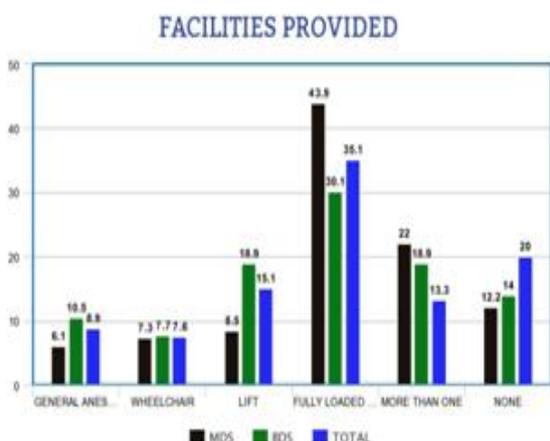
- C) Hand Over Mouth
- D) General Anesthesia
- E) Pharmacological Management
- 8) Do You Think Present Dental Academic Course Prepare The Dentist To Treat PSHCN?
 - A) Yes B) No
- 9) Have You Attend Any CDE Or Hands On Training For Treating PSHCN?
 - A) Yes B) No
- 10) What Do You Think Is The Main Obstacle In Treating PSHCN?
 - A) Less No Of Patients Utilizing Dental Services
 - B) Level Of Patients Disability
 - C) Communication Difficulties
 - D) Lack Of Necessary Equipment
 - E) Time Consuming
 - F) Complication Of Sedation And Concern With Low Payment
 - G) Low Payment
 - H) Inherent Systemic Problems That Produce Complication While Treating such Patient On Dental Chair.

Open Ended

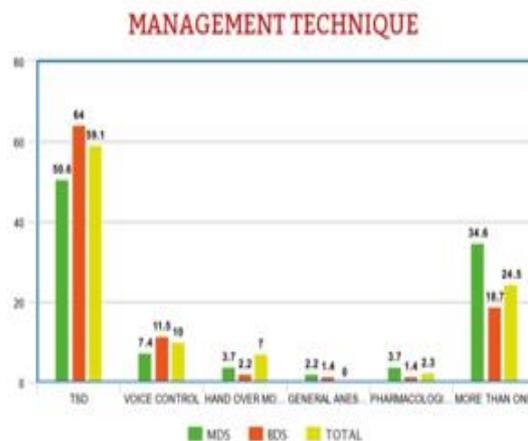
- 1) What According To You Would Improve The Practitioner’s Ability To? Care For PSHCN?

III. Result

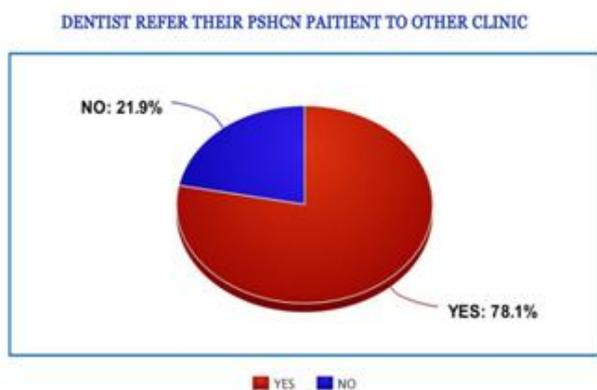
Total Response Rate Is 82.5% . 79.3% Were Mds and 84.2% Were BDS. Out Of Total 44.7% Of Dentist Treated Less Than 5% Of PSHCN Patients (P=0.06) In Last Six-Month. 58.5% Of MDS, 69.2% Of BDS And Total 65.4% Treat PSHCN Below 18 Yrs. Of Age 3.1% Of Dentist Has Fully Loaded Chair In Their Clinic, 9% Of Dentist Has General Anesthesia Facilities And 15% Dentist Has Lift Facility When The Clinic Is Not Located On Ground Floor. 20% Dentist Has More Than One Facility In Their Clinic. More Than Half Dentist Use Tells Show Do Technique For Management Of PSHCN. 25% Of Dentist Use More Than One Technique For Management Of PSHCN. 10% Used Voice Control For Management. 50% Dentist Think That Academic Course Is Not Reliable (0.001) Academic Course Not Make Them Prepared To Manage PSHCN. Only 3. % Of Dentist Attend CDE Programs (0.001). 16% Dentist Think The Main Obstacle While Treating PSHCN Is Communication Difficulties 11% Think Lack Of Necessary Equipment Is The Main Obstacle 8.3% Think Treating PSHCN Is Time Consuming 9% Dentist Think Main Obstacle Is Low Payment While 41.5% Of Dentist Think More Than One Obstacle Is Their During Treating PSHCN (0.003). Results About Facilities Available, Management Technique, Reliability On Academy Course, Whether They Attend CDE Programs Or Not And Various Barrier Is Given As Follows.



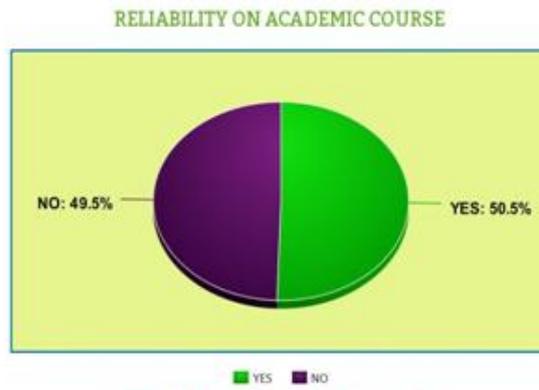
Graph 1- Facilities available in dental clinic for PSHCN



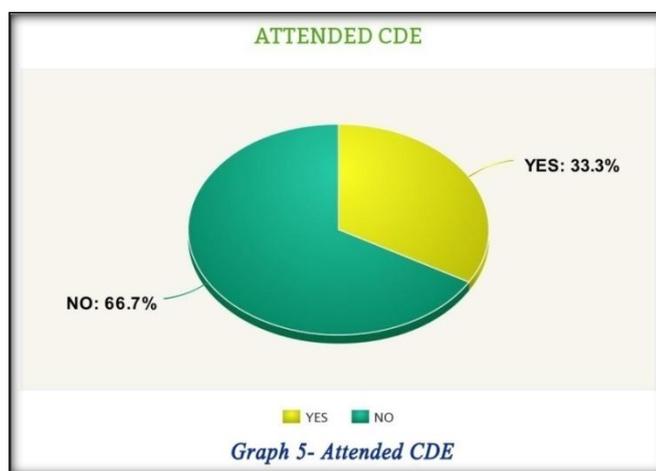
Graph 2- Management technique used by dentist for management of PSHCN



Graph 3- How many dentist refer their pshcn patient to other clinic



Graph 4- Reliability on Academic Course



Graph 5- Attended CDE

IV. Discussion

The Study Reports Findings Of Questionnaire Based Survey Of Dentist Regarding Their Attitude And Practice Towards Treatment Of PSHCN According To Study 85% Of Dentist Treated PSHCN Which Is More Than The Study Conducted In Mangalore And Accordance With Study Conducted In South Arabia.

44.7% Dentist Treat Less Than 5% Of PSHCN Patient In Week Which Shows Percentile Variation With South Arabia[3] Study Which Conclude 65.7% Of Dentist Treat Less Than 5% Of PSHCN Within Week. Salma Fset Al(2011) Conducted A Similar Survey Of Nebraska[8] The Result Of These Survey Stated That 97% Of The Dentist Treated PSHCN As Compared To The 82.5% In This Study, Another Study In Which 66% Irish[7] Dentist Claimed To Treat These Patient.

In This Study 65.4% Of Dentist Treat PSHCN Patient Below 18 Yrs. Of Age Which Is Less As Compare With The Study Conducted In South Arabia[3] Which Shows 88.8% Of Dentist Treat PSHCN Below 18 Yrs. If Age.

When Asked About Facilities Available Maximum Dentist Has Only Fully Loaded Chair And Not More Facilities Which Is Accordance With The Study Conducted In Mangalore And Baired WO Et Al(2008) In Leicestershire[7].

In This Study 43.9% Of Dentist Has Only Fully Loaded Dental Chairwhich Is More Than Study In South Arabia[3] Which Shows 38.8% Of Dentist Has Fully Loaded Chair Only According To This Study 9% Of Dentist Has General Anesthesia which Is Less Than The Study In South Arabia Which Shows 17.06% Of Dentist Has General Anesthesia Facility.

Regarding The Question On Preferred Method Of Behavior Modification Technique Majority Of Respond (60%) Favored Tell Show Do Technique Which Is Accordance With South Arabia Study Which Reported Tell Show Do Management Technique By 60.8% Dentist And Contras With The Study Conducted In UK And USA Which Shows Hands On Mouth Technique Used Most

50% Of Dentist In Current Studies Think That Academic Courses Is Not Reliable Which Is Accordance With Study Conducted By Dao Et Al (2005)[6]In Which Most General Dentists Think That Dental Course Doesn't Prepare Them For Treating PSHCN.

The Dentist Reports That Conducting CDE And Hands On Training On Management Of PSHCN Will Help To Overcome Barriers Faced By Dentist In Treating This Patient.

The Major Barrier In Treating Patient With PSHCN According To Dentist Was Communication Difficulties And 9% Of Dentist Found Concern With Low Payment An Obstacle This Is Contradictory With The Study Conducted In Mangalore And Accordance With The Seybold SV (2000) Who Reported Insufficient Reimbursement As A Major Reason Cited For Not Providing Dental Services To More Of These Patient [9].

Even Though Our Study Is Informative And Useful It Has Some Limitations Cross Sectional Studies Cannot Established Cause Effect Relationship A Large Sample Size Is Required If Data Are To Represent Nation The Result Presented On Paper Taken From Sample Size Which Does Not Represent Complete Population Of Dentist In Nagpur Urban.

V. Conclusion

Dentist Has Positive Attitude Towards Providing PSHCN Patientsbut They Are Practicing Rare Due To Physical And Financial Barrier, Less Exposure To These Patients, Inadequate Knowledge Especially In UG And General Dentist Other Than Pedodontist.

All The Barriers Among Providing Oral Health Care The PSHCN Should Be Successfully Reduced. Steps Must Be Taken Such As Increasing CDE And Hands On Training Program Additional Training To UG About Management Of PSHCN.

It Was Anticipated That By Identifying The Disturbances In Treating PSHCN Recommendation Could Be Made To Modify Dental School Curricula To Encourage Dentist To Provide Treatment.

Financial Rewards Endorsement And More Treatment Training Opportunities Would Raise The Quality Of Dental Services And May Increase Their Willingness To Treat PSHCN

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