

šnu terapiju parodontalne bolesti. No samo je nekoliko istraživanja provedeno da bi se utvrdio utjecaj pušenja na mlađu populaciju. Poznato je da je težina parodontalne bolesti izravno povezana s dnevnom količinom cigareta, ali i s godinama pušenja. Potrebno je prepoznati prve znakove negativna utjecaja kako bi se moglo djelovati.

Svrha ovoga istraživanja bila je odrediti postotak pušača među učenicima, utvrditi ima li razlike u parodontalnom statusu pušača i nepušača, te ustanoviti utjecaj pušenja na gubitak pričvrstka.

Istraživanje je provedeno na 517 srednjoškolskih učenika. Uzimani su podatci o dobi, mjestu stanovanja, socijalnom statusu, navici pušenja, navici pušenja roditelja, navikama oralne higijene i posjeta stomatologu. Parodontalni se je status prikupljao s pomoću CPI i LA indeksa. 34,6% ispitanika bili su redoviti pušači. Dob u kojoj srednjoškolci počinju pušiti sve je niža. Oni koji sada imaju 16 godina počeli su pušiti s 14, ali oni koji sada imaju 14 i 15 godina počeli su pušiti s 12. Djeca kojima roditelji puše imaju dvostruko veću vjerojatnost da i sami postanu pušači, u usporedbi s onom djecom kojoj roditelji ne puše. Krvarenje je češće u pušača (4,61) nego nepušača (4,19) ($p=0,001$). Pušači imaju znatno više sekstanata s kamenjem (1,47) nego nepušači (0,88) ($p<0,001$). Gubitak pričvrstka znatno je veći u pušača (1,68) nego nepušača (1,59) ($p<0,001$). Količina popušanih cigareta ima velik utjecaj na gubitak pričvrstka. Godišnji gubitak pričvrstka u redovitih i jakih pušača iznosi 0,07 mm. Navike oralne higijene ne razlikuju se između pušača i nepušača, ali učenici s lošom oralnom higijenom imaju veći gubitak pričvrstka. Pušenje utječe na parodontalnu bolest, čak i u mladoj populaciji. Zato je prijeko potrebno obavijestiti mlade pušače o negativnim posljedicama te navike.

Influence of Smoking on the Periodontal Status of Adolescents

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Different studies have proven that smoking is one of the most important risk factors for the occurrence, pro-

gression and successful therapy of periodontal disease. However, only few studies have been conducted to prove the influence of smoking in a younger population. As we know that the severity of periodontal disease is directly associated with the amount of daily smoked cigarettes and also with the duration of smoking, it is important to find out when the first signs of negative influence appear so that we can act appropriately.

The aim of this study was to determine if the periodontal status of smokers and non-smokers has differences, and to establish the influence of smoking habits on loss of attachment. The study was conducted on 517 high-school students. For each examinee data was taken concerning their age, place of residence, social status, smoking habits, smoking habits of their parents, oral hygiene habits and attendance to a dentist. The periodontal status was measured by the CPI and LA indices. Among the examinees 34.6% were regular smokers. Students who are now 16 started to smoke when they were 14, but students who are now 14 and 15 started at age of 12. Children whose parents smoke had a two-fold increase of becoming smokers themselves, compared to children whose parents did not smoke. Bleeding was more frequent in non-smokers (4.61), than in smokers (4.19) ($p=0,001$). Smokers had significantly more sextants with calculus (1.47) than non-smokers (0.88) ($p<0,001$). Loss of attachment was significantly greater in smokers (1.68) than in non-smokers (1.59) ($p<0,001$). The amount of smoked cigarettes had a great influence on loss of attachment. The annual loss of attachment in regular and intensive smokers measured 0.07 mm. Oral hygiene habits did not differ between smokers and non-smokers, but students with poor oral hygiene habits had greater attachment loss.

Smoking has an influence on periodontal health even in this young age population, therefore it is necessary to inform young smokers about the negative consequences that smoking has.