



What we know about oral health-related quality of life on Bonaire.

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Aim of the study

To determine the relationship between oral health behavior (OHB), attitude, expected social outcomes (ESO), dental anxiety, and one's dentition characteristics with oral health-related quality of life (OHQoL).

Methods

51 dental patients in a general practice on Bonaire, a part of the Netherlands Antilles, filled out a questionnaire: **Dutch Oral Health Impact Profile-14** (OHIP-14, $\alpha=0.88$), **index of OHB** (10 items; tooth brushing, interdental cleaning and tongue cleaning), **Attitude** ($\alpha=0.83$), **ESO** ($\alpha=0.75$), and **Dental Anxiety Scale** (DAS, $\alpha=0.93$). **Dentition characteristics** of the patients (healthy dentition, slightly unhealthy dentition, mutilated dentition) were assessed by the third author.

Results

Unhealthy dentition, dental anxiety, a negative attitude towards OHB, and less value attached to negative social outcomes of having unhealthy teeth, were associated with a low perceived OHQoL. ^{Table 1.}

Table 1. Correlations

	DAS	Dentition characteristics	Attitude	ESO
OHIP-14	.444**	.343*	-.400**	-.308*

* is significant at 0.05 level ** is significant at 0.01 level

Dental anxiety and unhealthy dentition had independent effects on OHQoL, explaining **31.2 %** of the variance. ^(figure 1.)

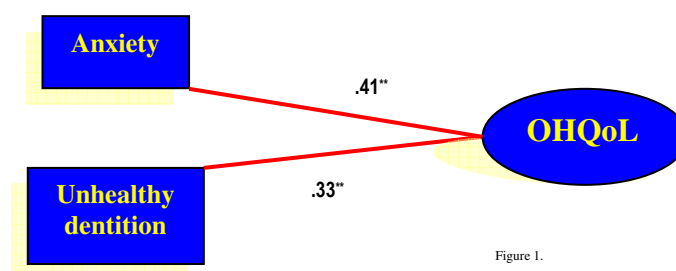


Figure 1.

Conclusions

OHQoL is related to independently assessed **dentition characteristics**, and to self report measures, especially a measure of **dental anxiety**. Oral health behavior itself was not associated with OHQoL. Subjective as well as objective factors were important for oral health-related quality of life.

Slade, G.D. (1997). Derivation and validation of a short form Oral Health Impact Profile. *Community Dentistry and Oral Epidemiology* 25: 284-90.