



Title	Functional occluding units and satisfaction with dental condition in elderly
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Citation	The 78th General Session and Exhibition of the International Association for Dental Research, Washington DC., 15-19 March 2000. In Journal of Dental Research, 2000, v. 79 Sp Iss, p. 551, abstract no. 3260
Issued Date	2000
URL	http://hdl.handle.net/10722/53947
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3257 Self-assessed Oral Hygiene and Oral Health Needs of Asian Immigrants. J.T. CHAN, J.C. CHANG, S.H. KOH, J. SHEN* (University of Texas-Houston Dental Branch, Houston, Texas, USA)

The purpose of this study was to assess differences in attitudes, service utilization, and self-assessment of general and oral health status. The subjects were 152 participants of the 1999 Annual Chinese Health Fair in Houston. This study was approved by Committee on Protection of Human Subjects, UTHHSC. The subjects' age varied from 2.5 - 87 years; 86% were adults, 61% female, 63% had college education, and 75% were born in China. Number of years resided in US ranged from 0.5 month to 41 years (mean = 9.8 years). Among the adults, the mean age of male and female were 59.7 and 55.0 years old. While 63% reported in good or excellent general health, only 24% reported in good oral health and none reported as in excellent oral health. Fair to poor ratings were given by 8% for general health and 28% for dental health. 68% respondents brushed their teeth twice a day and 68% never used dental floss. Annual dental visit was reported in 36% of the respondents, 49% had less than one dental visit/year and 11% visited dentist only when the teeth hurt. As reasons for not having regular dental visits, 39% listed their good oral health, 28% listed financial burden, 11% were too busy and 9% would only visit dental office when needed. Interestingly, only 1% listed apprehension as the reason for not having regular dental visits. Among those listed as in good oral health, the mean number of missing teeth (excluding third molars) was 3.3. This study clearly demonstrated that oral health education, especially the importance of dental floss and regular visits to dental office, is urgently needed among the population of this study.

3258 Self-perception of oral health status of the elderly. S.R.C. SILVA*, R.A.C. FERNANDEZ (UNESP, School of Dentistry, Araraquara, Brazil)

The purpose of this study was to assess the self-perception of oral health status of the elderly. Results are based on interviews and clinical assessment of 337 subjects aged 60 years and over, functionally independents and who used to go to a Health Care in Araraquara, Brazil. A questionnaire with questions about the social characteristics of the sample, self-perception of oral health status and the GOHAI index was applied. A clinical examination was made to determine the prevalence of the main oral diseases. The objective of statistical tests was to determine the association among the social and clinic variables and the GOHAI index with the self-perception. Moreover the tests had to identify the self-assess predictors. The clinical examination revealed that 40.4% of the people were edentulous and among the dentate the dental caries and the periodontal disease had a significant prevalence. 42.7% of the dentate assessed their oral health status as regular and 55.8% of the edentulous assessed theirs as good. The social class, the GOHAI index and the decayed and missing teeth among the dentate, and also the level of education and the GOHAI among the edentulous, were associated to the self-assess. The multivariate analysis showed that the predictors of the self-assess were the GOHAI index (among dentate and edentulous), the missing teeth and the CPITN among dentate. These predictors explained 30% of the self-assess variability. As the perception had a small influence on the clinical conditions, the development of educated and preventive actions for these people are recommended.

3259 Public Health Dentist's Perceptions of Homebound Patient Dental Care TB ELISON*, AV STEWART, and LJ GOLDSMITH (Dept. Of Orthodontic, Pediatric, and Geriatric Dentistry, University of Louisville, Louisville KY 40292)

In many programs serving homebound patients, dental care is largely overlooked as an essential part of patient care. To determine what oral health care services are provided to persons dependent on home health services and what barriers prevent these services from being provided, two surveys were conducted through all 50 state agencies responsible for home health services. To gain a dentist's perception on the results of these two surveys, a questionnaire was developed and mailed to 87 members of the American Association of Public Health Dentistry to determine what their perceptions are on the need for homebound patient dental care, what they think about the role of home health care agencies in providing this service, and what they, as public health dentists, are doing to make sure homebound patients receive oral health care. Forty-seven (54.0%) of the dentists contacted responded to the request for information. Most (95.7%) feel that the homebound population is under served in regards to dental care. However only 23.4% are providing dental services to homebound patients. The same number (23.4%) are trying to significantly improve or expand the dental care services offered to homebound patients. Forty-three (91.5%) say that dental services are something most homebound patients need. However, only 42.6% know who provides these services to homebound patients in their area. Similar barriers were identified by both home health care agencies and the dentists surveyed. Thirty-four (77.3%) think that developing a closer liaison between home health care agencies and public health dentists would improve the amount and quality of dental care provided to these patients. These public health dentists feel that it is the responsibility of local home health care agencies and/or state/local dental societies to 1) ensure that the relationship between home health care agencies and public health dentists improves and to 2) train home health care agencies in regards to dental health care. Many (66.0%) feel that it would not be difficult to train home health care agencies to identify/treat the dental care needs of their patients, and also suggested what type of services they should be responsible for. Results from previous surveys suggested that the perceptions of home health care agencies and public health dentists were similar concerning dental care needs and preventive barriers to providing this care to homebound patients.

3260 Functional Occluding Units and Satisfaction with Dental Condition in Elderly J.K.S. Liu*, M.C.M. Wong, E.C.M. Lo (Faculty of Dentistry, The University of Hong Kong)

The objective of this study was to investigate the effect of functional occluding units (FOU) on satisfaction with dental condition among the Chinese elderly in Hong Kong. 1048 elderly aged 60-80 years old had completed a questionnaire which included the Geriatric Oral Health Assessment Index (GOHAI) and a single question to record their overall satisfaction with their current dental condition (in a 3-level Likert scale). The number and type of FOU from canine to third molar were recorded in an oral examination. Each canine and premolar could contribute 1 unit while each molar could contribute 2 units. Hence a maximum of 18 FOU could be obtained. Results showed that for those elderly who had no prostheses (n=283), the more the FOU they possessed, the higher the GOHAI score (r=0.25, p < 0.001). 24% of elderly were dissatisfied with their current dental condition. This proportion gradually reduced as the number of FOU increased and remained at around 10% for those elderly who possessed 10 or more FOU. However, among the denture wearers (n= 365), no significant association was found between the number of FOU and GOHAI score. Moreover, for those who possessed less than 10 FOU with natural tooth opposing natural tooth, around one-third of them were dissatisfied with their dental condition disregarded to the total number of FOU they possessed. In contrast, for those who possessed 10 or more FOU with natural tooth opposing natural tooth, none of them were dissatisfied. It is concluded that the number of FOU with natural tooth opposing natural tooth is a useful indicator for satisfaction with dental condition among this study population.

3261 INFLUENCE OF BEHAVIORAL ATTRIBUTES OF WOMEN ON THE GENDER BASED DIFFERENCES IN ORAL HEALTH. A. SAMANT* and V. KUMAR New Jersey Dental School, University of Medicine & Dentistry of New Jersey, Newark, NJ, USA.

Studies from Europe suggest that women have poor oral health compared to men. In contrast, surveys from the United States indicate better oral health in women. Biologic and hormonal variables might modulate oral physiology and health differently in men and women. However, gender related behavioral motivation in seeking dental care might also influence the differences in oral health. Present study was undertaken to investigate oral health in relation to the gender difference and assess potential influence of their behavioral differences on the oral health of men and women. **METHODS:** Two hundred forty one dental records of subjects attending the dental clinic of the New Jersey Dental School in the year 1996 were selected by random sequence for analysis. Behavioral attributes included aesthetic need, preventive cleaning at dental office, frequency of visit to dentist. Other parameters analyzed included reasons for seeking dental treatment and occurrence of tooth decay. Chi square and student t tests were used for statistical analysis. There were 122 women and 119 men. Differences between the two gender groups in age (women 39 ± 17 years; men 41 ± 16 years) and race distribution were not significant. **RESULTS:** 1. Tooth decay was noted more frequently amongst men (24%) than women (15%). 2. Significantly larger number of men (50.4%) had tooth pain as the presenting condition than women (29%). 3. Acute dental condition was the cause of first visit to dentist; more frequently in men (40%) than women (21%). 4. Motivation to seek dental care solely for self improvement and esthetic concern was significantly frequent in women (11.4%) than men (2%). 5. Women presented four times as often as men for routine checkup and cleaning. 6. More women had a prior dental examination (92%) than men (48%). **CONCLUSIONS:** Oral health in the median age group of 37 years is better preserved in women than men. Our study suggests that positive behavioral attributes observed in women namely motivation to seek frequent dental care, preventive dental health checkup and early intervention in the presence of known dental problems might account for some of the gender based differences in oral health. (The study was in part supported by a grant from the Colgate Palmolive)

3262 Utilization of dental services in relation to characteristics of patients. B. VAN DAM*, G. VAN ROSSUM, J. BRUERS and G. ZEEGERS (Dutch Dental Association)

In order to obtain information on the nature and scope of the utilization of dental services by the Dutch population, research has been conducted into this subject by the Dutch Dental Association (NMT) for several years. For this purpose the various dental procedures which dentists carried out on a sample of their patients in a particular year were recorded. Data was gathered from ninety-nine dental practices regarding the dental care utilization of 50,178 dentulous patients in 1997 upon whom in that year a dental check-up was performed. The data was analysed using SPSS (ANOVA) to investigate differences in dental care utilization, related to age, gender and insurance status of patients. A comparison of age groups shows among other things that most fillings (92.4 per 100 patients) were carried out in the group of young adults (aged 18 to 40 years) and least fillings (54.6 per 100 patients) among the youngsters (17 or less years old). Further comparisons were made within the age groups, with respect to insurance status and gender. Regarding fillings, it appears that among the youngsters, variation in the average number of this treatment is mainly related to the insurance status: both male and female youngsters under the national health scheme received more fillings than the privately insured male and female youngsters. Under the older adults (41 years and over) variation in the average number of this treatment is mainly related to gender: both men under the national health scheme and privately insured men got more fillings than women under the national health scheme and privately insured women. It can be concluded that differences between patients in dental care utilization are related to age, gender and insurance situation. This information is of importance to the NMT for setting out its policies and strategy with regard to dental manpower and dental economics in relation to (future) developments in utilization of dental services in The Netherlands.

3263 Results of the New York State Minority Health Survey. A. CHATTOPADHYAY*, J.V. KUMAR. (New York State Department of Health, Albany, NY).

One of the national health objectives for the year 2000 is to reduce health disparities within the U.S. population. Minority Health Survey (MHS) was started as an addendum to the Behavioral Risk Factor Surveillance System (BRFSS), a state-based, random-digit-dialed telephone survey, that collects self-reported data from a representative sample of adult, non-institutionalized civilians. This study reports findings from the 1997 New York State MHS which included 7 specific questions about oral health. Data were analyzed for 1836 MHS participants (46% African Americans, 39.5% Hispanics and 14.3% others). Fewer minorities (MHS vs BRFSS) visited a dentist within the past year (62.5% vs 71.3%). Among those aged 65 or above, 23% had lost all their teeth. Only 34% of those between 35-44 years age retained all their teeth. Within the past 1 year, 38% had no oral prophylaxis while 18.5% needed dental care but could not obtain it. Furthermore, 35.5% did not have any dental insurance and 20% had lost 6 or more teeth to caries/periodontal disease. Reasons for not visiting a dentist were: no reason to go (11.2%), cost (9%) and nervousness (4%). Age (p<0.05), highest education (p<0.05), dental insurance (p<0.05), income level (p<0.05), and marital status (p<0.05) were associated with visiting a dentist. This study demonstrates that some of the oral health objectives for the year 2000 have not been met for the minorities in New York state.

3264 Factors Influencing Use of Dental Services in a Rural Area. T. P. RAYBOULD*, T.A. SMITH, E. O. MARSHALL (Univ. of Kentucky, Lexington, Kentucky, USA).

Development of a general practice residency in a rural area was dependent on support of the local citizens. Information was needed to increase the use of dental services. Thus a study was conducted on the factors that influenced use of dental services by this population. At the request of the Menifee County Health Council, 101 residents completed a 16-item questionnaire on attitudes toward oral health and dental care. Respondents were selected by Council members as representative of the community. Seven reported they went to the dentist more frequently than every 6 months, 25 about every 6 months, 29 once a year, 14 every 2-3 years, 22 only when the need arises, and 4 never. This item was used as a dependent variable in a step-wise multiple regression analysis with other questionnaire variables as predictors. Seven variables were entered into the equation, resulting in a multiple R of .736 (p = .000). Factors contributing positively toward use of dental services included having a check-up or cleaning on the last dental visit, rating dental care as highly important, having dental insurance, perceiving oneself to have good dental health, and having had parents teach you the importance of dental care. Factors contributing negatively to use of dental services were having false teeth yourself and being afraid of the dentist. Number of dental visits in the last 12 months was correlated positively (p<.05) with having dental insurance, rating dental care as important, and the person's mother having false teeth. Number of visits was negatively correlated with having false teeth yourself. While influencing factors such as you or your mother having false teeth and having parents teach you the importance of dental care are historical and cannot be changed, efforts can be made to change the other 5 contributing factors and hopefully increase the use of dental services. Supported by HRSA grant 1 D30 DH1044-01.