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My tooth is ill: about the mental representation of the concept of caries in children (phase I)

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ABSTRACT

Introduction: Dental caries has a negative impact on children's oral health-related quality of life (QVRSO) [1], suggesting the need to understand how the oral clinical condition may interfere with the child's daily life. The acquisition of information that interacts with the child's mental schemas consolidates her ability to think inter and intrapsychic thought and knowledge of the world around her [2]. Same happens with the mental representation of the concept of caries that consequently influences the internalisation of salutogenic habits at the level of the biopsychosocial development of the infant patient [3]. In the present study we intend to evaluate the mental representation that children internalise about the concept of dental caries.

Materials and methods: The sample of the present study consists of a total of 880 children, from 4 to 9 years, of both genders (51.7% girls, 48.3% boys).

Instruments: (i) Sociodemographic questionnaire, data on age, sex, schooling and whether or not the participant has already resorted to a Dental Medicine consultation.

Procedures: Data was collected at two moments: M1, where the child was asked to draw a *Healthy Tooth* on a sheet of paper and M2, where the child was asked to draw a *Sick Tooth* on another sheet using only a pencil of graphite and no rubber. Subsequently, the child was asked to respond to an open-ended questionnaire composed by three distinct questions, with the aim of evaluating the mental representation of the concept of (a) *Dental decay*, (b) *Healthy teeth* and (c) *Sick teeth*. NVivo software was used in order to carry out the content analysis of the written narrative, referring only to the first question (a) What is a dental decay for you?. The written answers were subjected to a content analysis grid that encompasses 13 elementary analytical categories.

Results: Of note, 611 children who participated in the study had already attended a Dental Medicine consultation (69.4%), while 269 (30.6%) had never visited a health care unit. According to the results obtained in relation to the question (a) *What is a dental decay for you?,* 13 categories were created in which six were prominent, which seem to illustrate the mental representation of the concept of dental decay in this age group, namely: *Do not know* (18.5%), *Bugs/Monsters* (16.7%), *Teeth damage* (11%), *Bad oral hygiene* (9.6%), *Rotten tooth* (7.9%), *Teeth colouration* (7.3%), being curiously the category Bacteria, only referenced with a percentage of 2.2%.

Discussion and conclusions: Since caries is an aetiological source of pain and malaise, it is important to recognise the mental perception of children about this concept, in order to contribute to the (re) conceptualisation of the concept of Oral Health Education, to the level of caries aetiology.

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Oral health goes to school

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ABSTRACT

Introduction: Preventive dental care is an essential component of comprehensive health care and early epidemiological diagnosis plays a crucial role in the secondary prevention of oral disease [1,2]. The aim is to characterise oral hygiene habits, to measure dental plaque and gingivitis.

Materials and methods: On behalf the "VI edition of the health fair of Alhos Vedros", promoted by UCSP (Personalize Self-Care Unit) of Alhos Vedros – Portugal in 2018, with the theme "Health goes to school". Resorted to basic and disposable observation material, we observed a population composed with children, adults and elderly people and registered the presence of visible plaque and gingivitis (Figures 1–3). Subjects were answered two questions about oral hygiene habits. The sample was obtained by convenience and treated descriptively by the prevalence of cases.

Results: Twenty-nine people were observed, aged 5–77 years. 79% of individuals brushed their teeth twice or more times daily, with a higher brushing frequency among the younger population. 65.5% of the individuals brushed their teeth with toothpaste, and 34.5% used toothpaste associated with a mouthwash (without plaque developer). 76% of the population observed had visible plaque, and more than half were children aged between 5–14 years. 48.3% of the population had gingivitis, most frequently on the adult population (68.4%), compared to 31.6% in the population aged 5–14 years (Figures 1–3).

Discussion and conclusions: The youngest population has higher prevalence values for brushing and bacterial plaque. The prevalence of gingivitis was higher in the adult population. The use of bacterial plaque developer may benefit the oral hygiene of this population.

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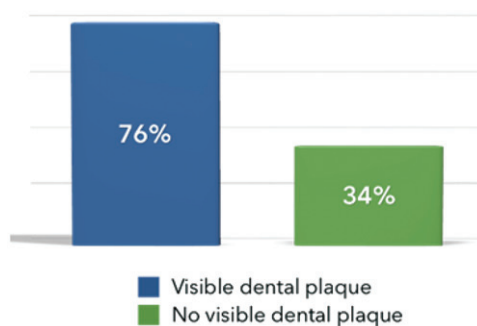
Figure 1. Prevalence of visible dental plaque.