Comparison Of Oral Health Status And Behaviorbetween First And Fifth Years Of Al-Mustansiriyah Dental Students

Athraa A. Mahmood, B.D.S., M.Sc. (1)

ABSTRACT

Background: Periodontal diseases and dental caries are the most common oral diseases, but they can be adequately prevented by adopting a specific health behavior and plaque control.The study was carried out to determine and compare oral health status; it included both caries experience, gingival health and oral hygiene behavior betweenfirst and fifth yearsof Al-Mustansiriyahdental students.

Materials and methods: Total sample of the study consisted of 50 students at first year (25 males, 25 females)and 60 students at fifth year (30 males, 30 females). Plaque andgingival indices,dental caries indices (DMFS and DMFT) wererecorded to evaluateoral health status for each student. Further questionnaires were given to evaluate different oral hygiene habits.

Results: The mean values of plaque and gingival indicesin the first year were higher than fifth year for males and females with highly significant difference at ($P \leq 0.01$);whereas the mean values of plaque index were (1.17, 0.83 for males of first and fifth years respectively and 1.02, 0.47 for femaleof first and fifth years respectively)and the mean values of gingival index were(0.89, 0.51 for males of first and fifth years respectively and 0.78, 0.31 for femalesof first and fifth years respectively). As well as, the mean of (DMFS and DMFT) were showed higher values among females than maleswhere (8.88, 6.48 for males and 10.16, 7.08 for females)in first year, while(11.90, 8.73for males and 13.33, 9.16 for females) infifth year. The percentagesof tooth brushing, mouthwash, dental floss, and tooth picks usingfor fifthyear students were higher than first year students.

Conclusion: Differences of oral health statusand behavior rates between first and finalyearsstudents can be attributed to low level of dental education infirst year studentswhoseneed the improvements of oral hygiene education in futurewhich include the importance of proper tooth brushing and using of interdental aids to prevent the periodontal diseases and dental caries.

Keywords: Tooth brushing,plaque index, gingival index, dental students. **(J Bagh Coll Dentistry 2017; 29(2):77-71)**

INTRODUCTION

Oral hygiene is the practice of keeping the mouth healthy and clean by brushing and flossing to prevent tooth decay and gingival disease sothe purpose of oral hygiene is to prevent the buildup of bacterial plaque, whichis generally accepted as the predominant etiological factor in periodontal disease (PD) and is also regarded essential for the initiation of dental caries (DC) [1, 2]. Consequently preventive programs of the (PD) and (DC) are based on plaque control [1, 3].

Dental caries is a highly prevalent chronic oral infectious disease of microbiological origin affecting hard tissues of the tooth, characterized by alternating phases of demineralization and remineralization.[4,5]It can be arrested, restricted and potentially reversed in its early stages, but it is often not self-limiting and without proper care can be progress until the tooth is destroyed. [6], also it can affect either genders with all age groups with all socioeconomic conditions [7].

Many studies were conducted to evaluate the decayed, missing and filled surfaces and teeth (DMFS) and (DMFT). The results showed that the caries prevalence was high and it increased with age and over time, especially since the relatively recent economic growth, which has resulted in an increased consumption of refined sugar, higher than other developing countries [8-14]. Lack of awareness about oral health practices has also contributed to increase dental caries[15, 16].

One of the general objectives of teaching dentistry is to train experts to motivate patients to adopt good oral hygiene practices. They are more likely to be able to do this if they themselves are motivated[1, 13].

Dental students are representative of the educated, urbanized, influential, and motivated class of individuals.They should be convinced that (DC) and (PD) are preventable, and should possess the knowledge and conviction of preventive principles in planning and implementation of programmers and possess leadership in this aspect[17, 18].

Reports on the impact of education on the oral hygiene of dental students are different. **Lang et al,** in**1977**was studied oral hygiene of Danish dental students, while**Cavaillon et al,**in **1982**wasstudied oral hygiene of French dental students at the University of Paris; where both

(1) Assistance Lecturer, Department of Periodontal Dentistry, College of Dentistry, University of Al-Mustansiriyah.

authors noted a clear improvement in the oral hygiene practices of students during their studies. On the other hand, **Meister et al,**in **1980**did not showany improvement in the oral hygiene of students, in spite of having received information and education in a study at the University of Marquette (Michigan) in United States of America [19, 20, 21].

The aim of the present study was to determine and compare oral health status (DC and gingivitis) and oral hygiene behavior among first (1st) and fifth (5th)years of Al-Mustansiriyah dental students to find out if they are practicing the dental health regimes effectively during their studying period and to assess the import of dental study on improvement of oral health status.

MATERIALS AND METHODS

The sample of the study consisted of 110 dental students;50 students at 1styear (25 males and 25 females) and 60 students at 5thyear (30 males and 30 females) of Al-Mustansiriyah dental college, theywere randomly recruited and enrolled voluntarily in the study after a well explanation of purpose of the investigation.

In this study, all students were systemically healthy, cooperative and not taking any antibiotics during the last three months [22].Any pregnant and in menstrual cycle females, student had history of chronic systemic diseases with known associations with (PD) (e.g. diabetes mellitus) and any student with retentive factor of plaque (e.g. orthodontic appliance) were excluded from this study.

Oral examinations of students were carried out at the dental clinics teaching hospital department of periodontics of Al-Mustansiriyah University, under standard conditions, using plane mouth mirrors, William's periodontal probes and artificial light. All teeth were examined with the exception of third molars.Oral health status was evaluated by measurement the plaque index (PLI) [23], gingival index (GI)[24],(DMFS)index and (DMFT)index[25].Radiographs were not taken for any of the participants because of practical limitations.

Further questionnaires were given to evaluate different oral hygiene behavior that includes:

- How often do you clean your teeth daily?
- Are you use dental floss, mouthwash and tooth picks?

Statistical methods for analysis of the results of the study were performed using (IBM® SPSS® Statistics version 21, 2012).

RESULTS

The study sample was composed of 110 dental students;50 students at 1st year aged (17-19 years) divided into (25 males and 25 females) and 60 students at 5thyear aged (21-23 years) divided into (30 males and 30 females), this was shown in Table (1).

The means of (PLI) and(GI) were higher in the 1st year students than in the 5thyear students for males and females (means of PLI were 1.17, 0.83 for males and 1.02, 0.47 for females while means of GI were 0.89, 0.51 for males and 0.78, 0.31 for females at 1stand 5th years respectively) as shown in Table (2) and Figure (1)

Caries experience by gender was shown in Table (3); wherethe means of(DMFT) and (DMFS) indices showed higher values among females than males(8.88, 6.48 for malesand 10.16, 7.08 for females in 1st year students, while 11.90, 8.73 for males and 13.33, 9.16 for females in 5th year students).

For comparisons among students, ANOVA test was used; the results showed that there was high significant (HS) difference at P-value ≤ 0.01 among and within students for both (PLI) and (GI), as shown in Table (4).While, the least significant difference (LSD)test was performed for multiple comparisons between each two groups; the results showed that there wasnon-significant (NS) difference at P-value ≥ 0.05 between 1st year-males and 1st year-femalesfor both (PLI) and (GI), whilethere was significant (S) difference at P-value <0.05between 5th year-males and 5th year-females for (GI), whereas there was(HS) difference at P-value ≤ 0.01 between1st year-males and 5th year-males; 1st year-males and5th year-females; 1st year females and 5th year-males; 1styear-females and 5th year-femalesfor both (PLI) and (GI), and5th year-maleswith5th year-females for (PLI),as shown in Table (5).

Also, ANOVA test was showed that there was(HS) difference at P-value ≤ 0.01 among and within groups for both (DMFS) and (DMFT) indices, as shown in Table (6). While, LSD test was showed that there was(NS) difference at P-value ≥ 0.05 between 1st year-males and 1st year females; 5th year-males and 5th year-females for both(DMFS) and (DMFT) indices,and 1st year-females with 5th year-males for (DMFS) index, whilethere was significant (S) difference at P-value < 0.05 between 1st year-males and 5th year-males for (DMFS) index, and1st year females with 5th year-males for (DMFT) index,whereas there was (HS) difference at P-value ≤ 0.01 between 1st year-males and5th year-females; 1styear-females and 5th year-femalesfor

both(DMFS) and (DMFT) indices, and1st year-males with 5th year-males for (DMFT) index,as shown in Table (7).

The percentagesfor once, twice and more than twice per day of tooth brushing in5thyear students were(43%, 40%, 16% respectively for males) and (33%, 56%, 10%respectively for females),while the percentages in1st year students were (48%, 44%, 8% respectively for males) and (40%, 48%, 12% respectively for females), as shown in Table (8).

The rates of mouthwashusing in1st year students were(16%, 20%) andin 5th year were(20%, 23%) for males and females respectively. While, of dental floss using in 1st year studentswere(20%, 24%) and in5th year students were(43%, 63%) for males and females respectively. Whereas, of tooth picksusing in1st year studentswere (28%, 24%) and in5th yearstudents were(30%, 6.7%) for males and femalesrespectively, as shown in Table (9).

DISCUSSION

This study was performed on dental students only;50 dental students at 1st year aged (17-19 years) divided into (25 males and 25 females) and 60 dental students at 5th year aged (21-23 years)to determine and compare oral health status and oral hygiene behavior among them. One might expect that dental students have good oralhygiene and periodontal health than other subjects in the community, butfrom the presented results of this study it's clearthat most of dental students didn't demonstrate an effective oral hygienethis could be due to differences in oral hygiene habits and oral hygiene practice among different subjects [26, 27].This resultwas agreed with **Christopher et al, in1994**;**wali**in **2002; Al-Jubouryin 2006; AL-Muhamadawyin2009**. [3, 27, 28, 29]

Our findings were showed that females students had lower means of (PLI) and (GI)than males students; which were in agreement with **Howat et al,**in **1979; Locker et al,**in **2000; Al-Jubouryin 2006;AL-Muhamadawyin2009**[3, 27, 30, 31]. This result may be possiblydue to the fact that females take care of their teeth and oral health better than males as a result ofgreater social pressure on females to be physically attractive [32].A statistically significant improvementin oral hygiene and periodontal health status (PLI) and (GI) were found between 1stand 5th year students, this may be attributed tothat5th year students were more successful for removing plaque than 1st yearstudents due toentirely devoted to comprehensive dental care,also the awareness andthe knowledge of the presence of disease and its management was poor in the 1st year students[1, 18].This was in agreement with some other studies **Howat et al.** in **1979**;**Lang et al**,in **1977**; **Cavaillon et al**,in **1982**; **AL-Muhamadawy**in**2009**[3, 19, 20, 30], while**Elmostehv et al,**in **1969** ; **Meister**in **1980**and **Tenenbaum**in **1980** were not showed any improvement of either effective personaloral hygiene or gingival health between pre-clinical and final-year dental students due to the absence of improvement of the oral hygiene practices in students, in spite of having received information and education[1, 21, 26].

The evaluation of (DC) is important. It gives an opportunity to improve hygiene, diet, and implement preventive measures in a population. The overall prevalence of (DC) in this study(DMFS and DMFT) among females was higher than males; this could be attributed to the earlier eruption of teeth in females than males which enhance longer exposure to the cariogenic oral environmental factors or may be easier to food supplies by females and frequent snacking during food preparation[33]. This result wasin agreementwith **Al-Azawi** in **2000; Eugenio et al,**in **2005; Hala** in **2006;Abdullah** in **2009**;**Rashid et al,**in **2010;Shaikhet al,**in **2014**[11, 16, 27, 34, 35, 36].Also the means of (DMFS and DMFT) indices were higher in 5th year studentsthan 1st year studentscaries prevalence was high and it increased with age[9, 10]. These results are attributed to the irreversibility of caries process and accumulative nature of the disease on the one hand, and the paucity of planned preventive programmers in Iraq (including different methods of fluoride application) on the other hand [16, 37]. So the people are verysusceptible to (DC) throughout their lifetime. [38].This result was in agreement with**Maatouk et al**,in **2006**[13]and **Al-Huwaizi**and **Khamis**in **2010**[14].

The mean of (DS) component for 1styear students was found to be higher than 5th year students; this result was opposite to the result of 5th year students, which showed that the mean of (FS) component had higher than 1st year students, and this result was reflected the low care about dental health among dental students in 1styear in comparison with 5th year students, in addition greater motivation and ease of access to dental consultation of 5th year students.This result was in agreement with **Maatouk et al**, in**2006**[13].

Many students in 1styear were brushing their teeth at least once a day but lack the knowledge of proper tooth brushing techniques, also, this study was reported that very few students were

used practice flossing and at least some students were used mouthwash and toothpicks[39, 40] ,while large proportion of the students in 5th year were brushed their teeth twice daily with the knowledge of proper tooth brushing techniques and interdental cleaning aids such as flossing,which indicate that their training appear to have influenced their oral hygiene effectively.This result was in agreement with **Maatouk et al**,in **2006**[13].

CONCLUSION

The results of this study confirmed the need for extensive and continual exposure of dental students towards plaque control and prevention proceduresand starting from the 1styear and continued throughout their courses in order that the graduated dentist having ample knowledge and are capable of implementing and maintaining thorough preventive measures for their patients.

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Table 1: Descriptive statistical resultsof student's ages.

Groups	Gender	No.	Mean	S.D
1st year students	Males	25	18.04	0.53
	Females	25	18.12	0.52
5th year students	Males	30	22.13	0.57
	Females	30	22.06	0.44

Table 2: Descriptive statistical results of (PLI) and (GI) for each group.

Groups	Index	Gender	Mean	S.D
1st year students	PLI	Males	1.17	0.32
		Females	1.02	0.33
	GI	Males	0.89	0.41
		Females	0.78	0.46
5th year students	PLI	Males	0.83	0.28
		Females	0.47	0.27
	GI	Males	0.51	0.29
		Females	0.31	0.19

Table 3: Descriptive statistical results of dental caries for each group.

			DS	MS	FS	DMFS	DT	FS	FT	DMFT
1st year	Males	Mean	5.96	1.40	1.52	8.88	5.08	0.28	1.12	6.48
		S.D	2.79	2.70	1.44	3.52	2.46	0.54	1.05	2.41
	Females	Mean	6.52	1.60	1.84	10.16	5.16	0.32	1.52	7.08
		S.D	3.74	2.78	1.65	5.18	2.67	0.55	1.22	2.78
5th year	Males	Mean	5.63	2.66	3.76	11.90	4.86	0.53	3.33	8.73
		S.D	3.01	4.09	3.69	5.58	2.51	0.81	3.27	3.25
	Females	Mean	4.53	2.00	6.90	13.33	3.63	0.40	5.13	9.16
		S.D	2.35	2.81	4.26	4.18	1.97	0.56	3.38	2.87

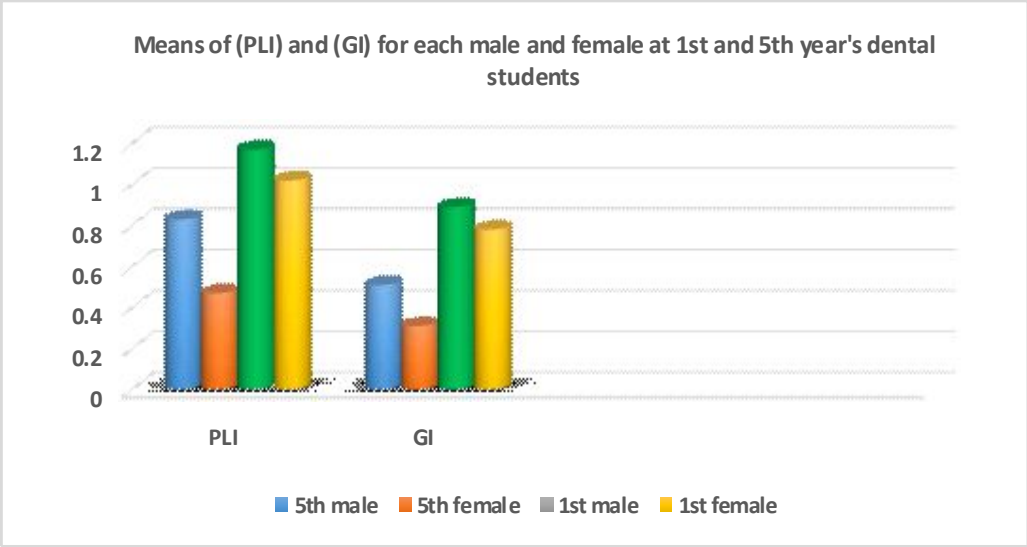

Figure (1): Bar chart graph for means of (PLI) and (GI) for each for each group.

Table 4: ANOVA test for plaque and gingival indices.

Index	ANOVA	SS	df	MS	F-test	P-value	Sig.
PLI	Among groups	7.65	3	2.55	27.85	0.000	**
	Within groups	9.70	106	0.09			
	Total	17.35	109				
GI	Among groups	5.69	3	1.89	15.49	0.000	**
	Within groups	12.98	106	0.12			
	Total	18.67	109				

Table 5: LSD test to compare the means of (PLI) and (GI) among groups.

Index	Groups		MD	SE	P-value	Sig.
PLI	1st year-males	1st year females	0.14	0.08	0.093	NS
		5th year-males	0.34	0.08	0.000	**
		5th year-females	0.69	0.08	0.000	**
	1st year-females	5th year-males	0.19	0.08	0.017	**
		5th year-females	0.55	0.08	0.000	**
	5th year-males	5th year-females	0.35	0.07	0.000	**
GI	1st year-males	1st year females	0.11	0.09	0.264	NS
		5th year-males	0.38	0.09	0.000	**
		5th year-females	0.58	0.09	0.000	**
	1st year-females	5th year-males	0.27	0.09	0.005	**
		5th year-females	0.46	0.09	0.000	**
	5th year-males	5th year-females	0.19	0.09	0.030	*

Table 6: ANOVA test for DMFS and DMFT.

	ANOVA	SS	df	MS	F-test	P-value	Sig.
DMFS	Among groups	312.82	3	104.27	4.68	0.004	**
	Within groups	2357.36	106	22.23			
	Total	2670.19	109				
DMFT	Among groups	135.74	3	45.24	5.48	0.002	**
	Within groups	874.11	106	8.24			
	Total	1009.85	109				

Table 7: LSD test to compare the means of DMFS and DMFTamong groups.

	Groups		MD	SE	P-value	Sig.
DMFS	1st year-males	1st year females	-1.28	1.33	0.339	NS
		5th year-males	-3.02	1.27	0.020	*
		5th year-females	-4.45	1.27	0.001	**
	1st year-females	5th year-males	-1.74	1.27	0.176	NS
		5th year-females	-3.17	1.27	0.015	**
	5th year-males	5th year-females	-1.43	1.21	0.242	NS
DMFT	1st year-males	1st year females	-0.60	0.81	0.462	NS
		5th year-males	-2.25	0.77	0.005	**
		5th year-females	-2.68	0.77	0.001	**
	1st year-females	5th year-males	-1.65	0.77	0.036	*
		5th year-females	-2.08	0.77	0.008	**
	5th year-males	5th year-females	-0.43	0.74	0.560	NS

Table 8: Frequency of brushing in students.

z	Gender	Brushing					
		Once daily		Twice daily		≥ 3 times daily	
		No.	%	No.	%	No.	%
1st year students	Males	12	48	11	44	2	8
	Females	10	40	12	48	3	12
5th year students	Males	13	43.3	12	40	5	16.7
	Females	10	33.3	17	56	3	10

Table 9: Frequency of flossing, mouth wash, and tooth picks in students.

Groups	Gender	Flossing				Mouth wash				Tooth picks			
		Yes		No		Yes		No		Yes		No	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1st year students	Males	5	20	20	80	4	16	21	84	7	28	18	72
	Females	6	24	19	76	5	20	20	80	6	24	19	76
5th year students	Males	13	43.3	17	56.7	6	20	24	80	9	30	21	70
	Females	19	63.3	11	36.7	7	23.3	23	76.7	2	6.7	28	93

المستخلص

الخلفية:تعتبر امراض اللثه وتسوس الاسنان من امراض الفم الشائعه، لكن يمكن ان نتجنبها بشكل تام من خلال التعود على سلوك صحي محدد وسيطرة على البلاك. تم عمل هذه الدراسه لتحديد ومقارنة الحاله الصحيه للفم والتي تتضمن كلاً من تسوس الاسنان وصحة اللثه وكذلك السلوك الصحي للفم بين طلاب المرحلة الاولى والخامسه في كلية طب الاسنان-المستنصريه.

المواد والطرق:يتكون النموذج الكلي للدراسهمن 50 طالبا في المرحلة الاولى (25 ذكور، 25 اناث) و 50 طالبا في المرحلة الخامسه (30 ذكور، 30 اناث) وقد تم عمل مؤشرات البلاك واللثة وتسوس الاسنان (DMFS and DMFT) لتقديرالحالة الصحية لفم كل طالب وقد تم اعطاء اسئله اخرى للطلاب لتقدير العادات الصحية المختلفه للفم.

النتائج:كانت قيم معدلات مؤشرات البلاك واللثه عند طلاب المرحلة الاولى اعلى من المرحلة الخامسة لكلا من الذكور والاناث مع وجود فرق معنوي عالي عند($P \leq 0.01$)؛ بحيث كانت قيم معدلات مؤشر البلاك (1,17، 0,83 للذكور عند المرحلتين الاولى والخامسه بالتتابع و 1,02، 0,47 للاناثعند المرحلتين الاولى والخامسه بالتتابع) وكذلك اظهرت قيم معدلات مؤشري (DMFS and DMFT)قيم عالية بين الاناث اكثر من الذكور بحيث كانت (8,88، 6,20 للذكور و 10,16، 7,08 للاناث) عند المرحلة الاولى بينما كانت (11,90، 8,73 للذكور و 13,33، 9,16 للاناث) عند المرحلة الخامسة وكانت نسبة تنظيف الاسنان، استخدام غسيل الفم، خيط الاسنان، وعيدان الاسنان عند طلاب المرحلة الخامسه اعلى من طلاب المرحلة الاولى.

الاستنتاج:ان اختلافات الحالة الصحية والمعدلات السلوكيةللفم بين طلاب المرحلتين الاولى والخامسة قد يكون راجع الى انخفاض مستوى تعليم طب الاسنان عند طلاب المرحلة الاولى والذين يحتاجون الى التثقيف الصحي للفم في المستقبل والذي يتضمن اهمية تنظيف الاسنان الصحيح واستخدام وسائل التنظيف بين الاسنان لمنع امراض اللثه وتسوس الاسنان.

الكلمات الرئيسية:تنظيف الاسنان، مؤشر البلاك، مؤشر اللثه، طلاب كلية طب الاسنان.