

Dental practitioners self-reported performance of tobacco cessation counseling interventions: A cross sectional study

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Abstract

Background: The objective of the study was to determine the knowledge, attitude and behaviors of the practicing dentists regarding tobacco cessation counseling (TCC) in Kanpur, Varanasi and Patna district and also the barriers that prevent them from doing so.

Materials and methods: The study was conducted among dental practitioners of Kanpur district. A questionnaire was personally administered and the practitioners were given explanations regarding how to complete it. Only descriptive statistics were calculated.

Results: A total of 74% respondents they regularly enquired from their patients regarding tobacco habits and 77% were of the view that enquiring about the same would have no negative impact on their practice. But still 14% considered it to be a waste of time as patients would never heed to their advice seriously. The majority of the professionals 86% were of the view that the health professionals should refrain from tobacco related habits but still 38% of the dentists had a tobacco related habit of some sort 95% dentist believe that TCC should be a part of academics as a training part in Undergraduate curriculum and 91% wanted that tobacco related products should be banned in India.

Conclusions Dental experts must extend their viewpoint and armamentarium to incorporate TCC methodologies comprehensive of their standard preventive and remedial treatment modalities. . It is additionally prescribed to prepare the dental experts at the essential and network medical care levels in the therapy of tobacco dependence as the vast majority in India can't bear to go to specialist TCC centre's nor can the government have enough money to run them on large scale.

Introduction

According to the estimates of World Health Organization, tobacco is second leading causes of the mortality worldwide and fourth most common risk factor for disease worldwide. More than 75% of tobacco related deaths occur in low and middle income countries due to high prevalence of smoking among men. In India, 7% of all deaths (for ages 30 and above) are attributed to tobacco use. Further, the widespread use of tobacco in the smoking and smokeless forms have contributed to increasing burden of non communicable disease particularly lung cancer, oral and esophageal cancer, hypertension and cardiovascular diseases [1]

Tobacco smoking and chewing affects almost all the systems of the body. Lung and oral cavity are mainly affected. Smoking can cause lung disease by

damaging your airways and the small air sacs (alveoli) found in your lungs. Lung diseases caused by smoking include COPD, which includes emphysema and chronic bronchitis. Cigarette smoking causes most cases of lung cancer. In asthmatic patients, tobacco smoke can trigger an attack or make an attack worse. Smokers are 12–13 times more likely to die from COPD than nonsmokers. The changes may range from an increase in pigmentation to thickening of the epithelium transforming into white lesion. Tobacco use can also irritate the minor salivary glands on the hard palate and directly increase a person's risk for periodontal disease and oral cancer.[1]

After tobacco use cessation, the harmful effects on oral and systemic health gradually subside over time. Improvements in pulmonary function can be observed in less than 3 months; at 1 year,

improvements in cardiovascular health can be seen, and after 10 years of tobacco use cessation, compared to smokers, there is a significantly reduced risk of cancers, with the risk for lung cancer decreasing 30% to 50%. From social and sensory perspectives, short-term benefits include a reduction in halitosis and the tobacco smell and improved senses of taste and smell.[3]

Dental professionals are in a perfect place and have many opportunities to provide tobacco cessation counseling (TCC) to reduce the prevalence of tobacco use. As dental treatment often requires multiple visits, hence it provides a system for initiation; reinforcement and support of tobacco cessation activities. Dentists have the advantage to correlate cessation advice and subsequent follow up visits with the obvious visible changes in the oral status. Hence, dental office can be considered to be ideally suited to provide TCC.[4,5]

In spite of the potential, very few dental specialists are engaged with TCC exercises. Hindrances that have been related with arrangement of TCC incorporate absence of time, no financial advantages, absence of expert preparing in TCC exercises alongside foreseen negative input from patients, absence of trust in their capacity and abilities to give successful counseling.[5]

Along these lines, regarding tobacco cessation interventions, one of the approaches to forestall and diminish tobacco use prevalence in the community is to influence knowledge, attitudes and practice of dentists positively, and to increase an awareness of their professional responsibility. In light of these contemplations, dental experts should assume crucial functions in tobacco control, and their mentality and practice toward tobacco use can influence the strength of the network and the nation as a rule.

In the light of current accessible rules and little that is thought about the degree to which the dental specialists draw in themselves in performing TCC, the examination investigated the variables related with their presentation. The motivation behind this examination was to decide the information, demeanor and practices of the rehearsing dental specialists with respect to TCC in Kanpur and furthermore to survey the boundaries that keep them from doing as such.

Hence this study is done to determine the knowledge, attitude and behaviors of the practicing dentists regarding Tobacco Cessation Counseling in Kanpur, Varanasi and Patna district.

Materials & Methods

This cross sectional study was conducted among the dental practitioners of Kanpur district. Ethical clearance for the study was obtained from the Rama dental college hospital and research centre, Kanpur

Sampling Procedure: The sampling frame comprised of the dental practitioners of the Kanpur, Varanasi and Patna district. Three different cities were included to cover more different demographic area in study. It comprised of 100 dental practitioners to the questionnaire along with written consent. The study contained a 15-item pre-tested questionnaire. The questionnaire was explained regarding the motive of the study and how to complete the questionnaire. It was emphasized that the confidentiality of the responses made by them would be strictly maintained. Statistical Analysis All the findings were entered in Microsoft Excel using SPSS 20.0 software. Only descriptive statistics such as frequencies were calculated.

Results

Table 1: Results on dentists' knowledge, attitude and behaviour towards tobacco cessation counselling

| S.No | Question | Yes (%) | No (%) | Can't say (%) |
|------|---|---------|--------|---------------|
| 1. | Regularly enquire from patients regarding tobacco habits | 74 | 18 | 08 |
| 2. | Mention tobacco habits in case records | 71 | 23 | 06 |
| 3. | Enquiring about tobacco habits has negative impact on clinical practice | 5 | 77 | 18 |
| 4. | TCC is a waste of time | 14 | 81 | 05 |
| 5. | Explain to patients the risks associated with tobacco usage | 78 | 12 | 10 |
| 6. | Questions regarding tobacco habits & cessation take precious time away from clinical practice | 14 | 78 | 08 |
| 7. | Providing dental treatment is more important than TCC | 68 | 23 | 09 |
| 8. | TCC is not effective due to lack of formal training | 87 | 7 | 06 |
| 9. | Dental office is an appropriate place for TCC | 89 | 9 | 00 |
| 10. | Proper counselling will lead to patients quitting the habit | 78 | 7 | 15 |
| 11. | Should there be provision of TCC centre in hospitals & institutions | 80 | 13 | 07 |
| 12. | Consume tobacco in any form | 38 | 72 | 00 |
| 13. | Health professionals should refrain from tobacco habits | 86 | 14 | 00 |
| 14. | Tobacco products should be banned in India | 91 | 05 | 04 |
| 15. | TCC should be a part of dental curriculum | 95 | 00 | 05 |

A total of 74% respondents they regularly enquired from their patients regarding tobacco habits and 77% were of the view that enquiring about the same would have no negative impact on their practice. But still 14% considered it to be a waste of time as patients would never heed to their advice seriously.

68% of dentist thought providing dental treatment is more important than TCC. A mere 7% were optimistic in their ability to provide effective TCC whereas considerable bunches of around 87% were not confident about it. 78% of dentist believes that proper counselling will lead to patients quitting the habit.

Majority of the practitioners 89% answered that dental office is an appropriate place for TCC and 78% affirmed that proper counselling provided will lead to patients quitting the habit. There should be a provision of separate tobacco counselling centres in hospitals, dental colleges and other institutions according to 80% of the dentists.

The majority of the professionals 86% were of the view that the health professionals should refrain from tobacco related habits but still 38% of the dentists had a tobacco related habit of some sort 95% dentist believe that TCC should be a part of academics as a training part in Undergraduate curriculum and 91% wanted that tobacco related products should be banned in India.

Discussion

Health professionals have a planned role in striking tobacco cessation interventions. Dentists hold a sole and an important position in the control of tobacco use. Dentists are well located to identify smokers and other tobacco users; it may range from diagnosis of periodontal disease to the management of potentially dangerous white, red or speckled lesions. [6]

In this study, 74% of dentists reported that they enquired the patients concerning their tobacco habits which are comparatively higher to 52% as reported by Sahoo S et al.[7] in a similar study. On the other hand, Chandrashekar J [8] reported that 60% of the dentists enquired in less than 5 out of 10 patients in a study conducted on dental professionals. The reason that might be associated with this finding is the negative impact that may incur on their practice. Other than as per a study on patient receptivity to TCC in dental clinic, respondents who had tobacco habit in any form were quite positive in their attitude towards reception of TCC in dental setting.[9]

Present study revealed that nearly 71% of the dentists were of the opinion that tobacco usage should be recorded in the patient case histories which is fairly high as compared to 36% in a study by Sahoo S et al.[10] in similar settings. A state about

tobacco usage in case sheet may have a positive impact and inspire the patients to quit the adverse habit. To a great disappointment, only a mere 25% of the dentists had a great optimism in effectiveness of TCC provided by dentists. The bulk of dentists in our study 68% were also not certain in their ability to provide TCC. It may be accredited to lack of formal training in TCC and lack of patient education materials.

In quite a few developed countries like United States; TCC is reimbursed through several insurance schemes but this is not the scenario in poor and developing countries like India.[12] In India, TCC is not covered under any health schemes, hence 14% of the dentists in the present study thought that providing TCC to their patients is waste of time For the execution of TCC in dental setup, it is of main importance that the dentists themselves are free from the habit. Even in this study, 86% said that the health professionals must refrain from tobacco habits to act as a role model for the society as a whole. It was obvious that the dentists caught up in tobacco use were comparatively less inclined to provide TCC than their counterparts.[12]

Inclusion of TCC in Undergraduate educational program is the need of great importance. There was a consistent voice of the reacting experts in this investigation towards incorporation of TCC preparing in the educational program. There ought to be proceeding with dental training programs for clinicians to better and hone their aptitudes in TCC and collect their trust a positive way to do the intercessions.

Some limitations of the study were that there was no age and gender characterization in the study. There was also no description on the basis of ability and number of years in practice and hence consequences could not be stratified and compared on the basis of demographic details. This was unrealistic as the reacting experts were hesitant to give segment insights about them notwithstanding that being referenced in the survey.

Conclusion

Dental experts must extend their viewpoint and armamentarium to incorporate TCC methodologies comprehensive of their standard preventive and remedial treatment modalities. Likewise the dental establishments ought to remember TCC for to the educational plan, however it ought not be simply not be just theoretical knowledge rather it must have a practical component so that forthcoming pack of experts have the essential and wanted competency to battle one of the preventable reason for death. Students and Interns ought to likewise be propelled

and inspired to complete tobacco mindfulness and discontinuance programs particularly at the provincial level. It is additionally prescribed to prepare the dental experts at the essential and network medical care levels in the therapy of tobacco dependence as the vast majority in India can't bear to go to specialist TCC centre's nor can the government have enough money to run them on large scale.

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