Unacceptable performance in oral health related quality of life assessments in Iran (letter to editor)

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INTRODUCTION

By common definition, oral health is the absence of chronic orofacial pain, oropharyngeal cancers, oral soft tissue lesions, birth defects such as cleft lip and palate and other diseases affecting the oral and dental systems and facial tissues. But according to new theories, complete oral health can no longer be related solely to the absence of oral disease and functional disorder and it should also include the absence of negative effects of oral conditions on social life and existence of positive effects due to self-confidence regarding dentofacial appearance. Oral and dental diseases such as dental caries and periodontal diseases are very common and not only have somatic complications but also have economic, social and psychological side effects. These diseases seriously decline the quality of life in many patients and affect many aspects of their life such as oral function, facial appearance and social relations. In other words, individual’s self-assessment of the level of affectation of functional, psychological and social factors, pain experience and discomfort by oral problems is defined as “oral health-related quality of life” or OHRQoL in short. OHRQoL is individual’s self-assessment of how his/her functions and psychological and social conditions have been affected by his/her oral health. Common clinical indices in dentistry such as DMFT and CPITN are used for the assessment of common oral and dental diseases which do not satisfy the needs in the assessment of OHRQoL. Limitation of the mentioned indices is due to being one-dimensional because basically they are designed for quantitative assessment of the severity of the disease (dental caries and periodontal diseases) and cannot show the effect of this severity on general health and everyday life of patients. While OHRQoL reveals a multi-dimensional basis of the level of individual’s satisfaction from eating, sleeping, social communications and self-confidence in relation to their oral health.
OHRQoL assessment instruments have many applications in the fields of dentistry, clinical researches and dental education. Successful researches including basic, clinical or community based are all related to improvement of patient’s quality of life. In recent years, numerous studies have been performed based on OHRQoL assessment with use of related questionnaires including studies on partial denture-wearing patients, individuals which had lost their anterior teeth, dentofacial deformities, xerostomia, impacted third molar surgery in diabetic patients with periodontitis and dental phobia. In the clinical field, the idea of OHRQoL encourages the behaviors related to oral health such as oral hygiene maintenance, regular dental visits and assigning more budget to esthetic dental treatments, because patients understand how oral and dental diseases can affect their general health and quality of life. In addition, OHRQoL can be used for screening of psychological disorders of patients, evaluation of treatment results, evaluation of treatment needs in the level of general population and determining the dental treatment priorities in the society. In dental education, OHRQoL establishes the fact for dentistry students that they do not only treat teeth and gingiva but they treat a human being. Nowadays, a considerable number of OHRQoL assessment instruments are available for the evaluation of the effect of oral conditions on health and quality of life in patients. All these instruments are in the form of multiple-choice questionnaires which are considered as the most credible evaluative method for OHRQoL. The base of all these questionnaires is self-assessment by the patient. Till now, the main OHRQoL assessment instruments in Iran have been translated to Persian language by the researchers and the validity of this translation has been confirmed in separate studies. In other words, these questionnaires have been adapted to the culture related to Persian language through standard translation and determination of psychometric properties (reliability and validity). These three main questionnaires are:

1. Oral Health Impact Profile-14 (OHIP-14)
2. Geriatric Oral Health Assessment Index (GOHAI)
3. Oral Impacts on Daily Performances (OIDP)

Therefore, availability of the standard Persian version of these three instruments has paved the way for the assessment of OHRQoL in research, education and treatment fields in Iran but:

1: this new approach to oral health is relatively unknown in our country’s academic centers and no place has been defined for its education in the new educational curriculum of dentistry doctorate. While it is necessary for dentistry students and residents to become totally familiar with this concept.

2: the few number of published research articles in this regard indicates the inadequate attention of the Iranian researchers to this concept. At the beginning of August 2014 the number of indexed articles in the Pubmed website in this regard equaled 2497 articles. While the number of related performed studies in Iran was approximately only 30 articles. Although publication of two articles related to OHRQoL in 2014 which assessed the quality of life of patients with oral cancer and patients with oral lichen planus raised the hope for bringing this field to dental researchers’ attention. Considering the high prevalence of oral and dental diseases in our society and the probability of influencing the psychological, social and economic conditions of patients by these dental and oral complications, it seems that the secretariat of the council for dental education and post graduate of the ministry of health of Islamic republic of Iran should pay more attention to OHRQoL indices in future aggregative planning regarding oral and dental care and prevention in the society. Because as mentioned before, common clinical indices for the assessment of oral and dental diseases such as DMF and CPITN can no longer satisfy the real needs of patients at the society level in the future.

3: the effect of advanced dentistry treatments such as restorative and cosmetic treatments, dental prostheses and dental implants on improving the function of speech, chewing and better perception of food taste, improving the social relations including elevated self-confidence in work environments in smiling and daily conversations and improving the psychological condition of the patients should be considered further. While it has been shown that substitution of anterior teeth in 21 patients helped in improving the patient’s quality of life.
quality of life.  Although publication of two articles related to OHRQoL in 2014 which assessed the quality of life of patients with oral cancer and patients with oral lichen planus raised the hope for bringing this field to dental researchers’ attention, but a gap in performing studies that can reveal the effect of advanced dental treatments on the patients’ quality of life is still evident in Iran.

References