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Assesment of Knowledge and Perceptions of Dental Practitioners towards Their Geriatric Patients in Chennai City

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ABSTRACT

INTRODUCTION: India's senior population has been progressively increasing over the past century.Undoubtedly, the biomedical sciences, better living circumstances, and medical advancements have all contributed significantly to the rise in life expectancy. Maintaining overall health is recognised to be critically dependent on maintaining excellent dental health, and this is also true for older adults. Despite this, dental health in the elderly has not received much attention in our nation.

OBJECTIVES: Therefore, the goal of this study was to investigate the knowledge and opinions of private dental practitioners on ageing, psycho-social influences, and the oral health care of their elderly patients.

RESULTS: According to the data, 45% of practitioners had a moderate to high accurate answer rate when it came to their understanding of ageing. According to 70–80% of practitioners, the top three reasons why elderly patients skip their visits are family issues, money difficulties, and transportation-related issues. The main mental health aspect influencing older persons' oral health is the presence of a severe disease. The main physical element affecting oral health is independence, while isolation is the most significant social component.

CONCLUSION: The dental professionals were found to have a modest level of understanding of ageing. The findings suggest that curriculum needs to address geriatric dentistry.

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1. INTRODUCTION

In the first decades of the 20th century, India's old population increased substantially. The number of people 65 years of age or older in 1901 was 7.2 million. More than 75 million men and women in this age bracket were present in 2001, a ten-fold increase.The whole population grew by 4.2 times over this time, from 238 million to 1 billion, for comparative analysis. Between 2010 and 2030, the population of older adults will rise dramatically once again when they reach the age of 65. By the year 2050, there are projected to be 300 million people in India who are sixty-five or older.

As demonstrated by Asuman[2], the rising life expectancy may undoubtedly be attributed in large part to better living circumstances, medical advancements, and improvements in the biological sciences. Nowadays, there are therapies, medications, and treatments accessible that efficiently and reliably preserve life in most scenarios for people who would have perished a century ago from infections, hunger, trauma, major organ illnesses, and oncologic conditions, among other reasons. Yet as David Locker et al.[3'4] have demonstrated, the aged person who survives one or more of these illnesses frequently experiences negative consequences specific to ageing, with a worse quality of life.

Maintaining overall health is recognised to be critically dependent on maintaining excellent dental health, and this is also true for older adults. Oral health issues such tooth loss, root caries, loss of periodontal attachment, and oral malignant lesions are more common in older adults.

Diseases and chronic disorders include atrophy of the mucosa, low salivation, and psychological issues can also have an impact on oral health as we age. Oral health may be negatively impacted by systemic disorders and associated therapies. Avlund et al., Howard, and Perle Slavik have demonstrated that social factors including wealth, insurance coverage, local characteristics, and ease of access to transit all have an impact on an individual's dental health. There is evidence from Hoad-Reddick et al., Ekelund, and Whittle et al. that this may impact older people's access to and use of dental care.

Regretfully, in our nation, elderly dental health has not received enough attention. However, there is no set curriculum for dental education at the undergraduate level, nor is there a post-graduation specialisation in geriatric dentistry. The dentistry curriculum's inclusion of geriatric care may have an impact on oral health professionals' understanding of ageing and readiness to treat senior citizens in their practises. Additionally, as suggested by Olfa and Kathleen as well as the Surgeon General's Workshop, the public's recognition of the oral health care of the elderly would foster goodwill towards the profession.There isn't a lot of material out there right now about what dentists in our nation know about and think about elderly patients.

Therefore, the purpose of this study was to investigate the general dentistry practitioners' understanding of ageing and their opinions on the oral health care they provide to their elderly patients.

II. METHODOLOGY:

The private dental practitioners in Chengalpattu were chosen for the study since it is a typical urban region. The survey includes every dentist who has been practising in Chengalpattu for the last five years at the very least.Practitioners who have been in the field for fewer than five years were not included.

It was chosen to choose a sample size of 100 based on the standard deviation from a pilot research that was conducted before the main investigation. The dental surgeons in practise were chosen using a straightforward random process. The Tamilnadu State Dental Council, the Local Dental Association, and the BSNL yellow pages were the sources of the list of dentists. Every dentist received a unique serial number. A random number table was utilised to assist in the selection of 100 dentist practitioners.

From a list of eight potential issues, practitioners were asked to mention every one of them that would prohibit patients from attending visits. Participants were also asked to assess the significance of dental professionals' understanding of elder abuse and medication use. Practitioners were asked to assess the impact of fifteen psychosocial concerns on older individuals' oral health in the knowledge of social problems segment. On a scale of 0 to 3, participants were asked to rate these problems. Palmore's facts on ageing required each item to be marked as true or untrue. The particular dentists who were chosen were given questionnaires, had enough time to complete them, and then collected.

III. STATISTICAL ANALYSES:

The software SPSS 10 was used to perform statistical analysis.
The percentage of right answers determined the overall group and individual scores on the questions. The correlation between the cohort groups and the percentages of correct responses was investigated using cross tabulation. For the practitioner cohorts, three separate knowledge levels were used: Three types of response rates were observed: 1) a high correct response rate, wherein at least 60% of the practitioners answered the question correctly; 2) a moderate response rate, wherein the correct response rates for individual items varied

from 30% to 69%; and 3) a low response rate, wherein the correct response rates for individual items fell below 40%.Within those knowledge levels, comparisons between cohorts were conducted.The main question was whether variations between the moderate and low knowledge items and the high knowledge ones would be more prevalent.

By determining percentages based on the proportion of students who agreed with each of the stated issues, responses to the questions about oral health issues and psychosocial variables affecting the oral health of older persons were examined.Participants indicated the problems they believed to be most problematic for elderly patients based on these percentages.

The significant difference in percentages and proportions is tested using the $\chi 2$ test. To compare means, a t-test was employed. The test's significance was determined by comparing the calculated values of the test criteria with the tabular value at the 95% level.

Results and Discussion:

The degrees of accurate replies were used to interpret the data. Three categories were used to classify the degree of aging-related knowledge. 1) A high rate of accurate responses; 2) a moderate rate of responses; and 3) a low rate of responses.

Table 1. Distribution of total sample by level of knowledge

ITEM	FREQUENCY	%
High Correct Response Rate Items (70+%)		
Older persons (65+) have more chronic illnesses. (T)	181	90.5
Older persons who reduce their activity end to be happier than those remain active. (F)	181	90.5
The aged are more fearful of crime. (T)	152	76
Older persons (65+) have more acute illnesses. (F)	143	71.5
5The proportion of older people is growing substantially. (T)	142	71
Moderate Response Rate Items (40-70%)		
The life expectancy of men at age 65 is same as women's. (F)	134	67
Ageds have higher rates of criminal victimization. (F)	115	57.5
The majority of the aged live alone. (F)	115	57.5
Older persons have less absenteeism.(T)	106	53
A person's height tends to decline in old age. (T)	105	52.5
Low Response Rate Items (<40%)		
Older persons have more injuries. (F)	65	33
When the last child leaves home, the majority of parents have serious problems adjusting to their empty nest.(F)	19	9.5

Of the twelve questions, five had a high accurate answer rate, five had a moderate response rate, and only two had a poor response rate (Table 1). The table shows that private dental practitioners have a high level of awareness about acute and chronic illnesses in old age, an active lifestyle, fear of becoming victims of crime, and the significant growth rate of the elderly population. The answer rate is approximately 75%. As we can see, the majority of these highly responsive topics are either news stories from the day's headlines or medical-related, appearing in newspapers or on television. Therefore, the practitioners' right answer could have been enhanced by their acquaintance with these mediums. Reaction rates are almost same.
A moderate level of knowledge (about 57%) was noted about topics such the life expectancy of men and women In old age, the propensity for elderly people to become shorter in stature, living alone in old age, and elderly people's absenteeism (Table 1). The results demonstrated by Jude et al. can be compared to these rates.

Regarding the frequency of injuries sustained in old age and the ability of older adults to adjust to life after the last kid leaves home, a very low response rate was observed. The low response rates suggest that practitioners may be underestimating the true capacities of senior citizens. However, their current level of understanding is inadequate and has to be raised.

In the Palmore's facts about ageing, a maximum score of twelve might be awarded. In this study, the average knowledge score recorded by the sample practitioners was 7.3 (Table 2). Regarding sex or qualifications, there were no disparities.The average knowledge score (7.3) about ageing is comparable to the Jude et al. research.

Table 2. Distribution of total sample by mean scores by sex and by qualification

Sex and Qualification	**Frequency Mean**	**Scores**
Male	144	7.300 ± 1.23
Female	56	7.285 ± 0.67
BDS	114	7.292 ± 1.03
MDS	86	7.295 ± 0.55
Total	200	7.295 ± 0.89

When asked why elderly patients miss their appointments, the top three reasons stated were transportation (86%), family issues (85.5%), and financial difficulties (95%). (Table 3).When comparing the results of this study to those discovered by Jude et al., all other reasons were found to be at the same priority, with the exception of the response indicating that dental health is not a top concern for the older patients. Roughly half of the study's practitioners believe elderly people don't give a damn about their dental health. According to the priorities and comments provided by the practitioners in Chengalpattu, there are similar societal elements in both our urban culture and Western society that contribute to missed appointments Jude et al. Therefore, while designing oral health care programmes for elderly people, these aspects must be taken into account. Additionally, in order to provide senior persons with dental health, our social system need to make an effort to remove these social impediments.

Table 3. The table shows the percent of the practitioners that agree regarding reasons why the aged do not keep appointments.

Reasons	**Frequency**	**%**
Financial problems	190	95
Transportation	172	86
Family Problems	171	85.5
Abuse or Neglect by Family Member	153	76.5
Other Problems Become Overwhelming	152	76
Don't Know Importance of Keeping Appointments	144	72
Teeth Are NOT at Top of Priority List	143	71.5
Don't Care About Oral Health	106	53

Of the psychosocial factors influencing older adults' oral health, mental health was found to have the biggest impact, followed by independent physical health and social factors, which were perceived to have the least impact.

About 50 % of the research participants believe that the presence of a serious illness, mental illness, cognitive decline, disregard for directions, increased forgetfulness, and disobedient conduct are significant variables affecting the oral health of older patients (Table 4). In contrast to Jude et al.'s work, sample practitioners in this study identified bewilderment and forgetfulness as the top mental factors impacting oral health, while the top mental conditions influencing oral health were the presence of a serious disease, mental illness, and cognitive abilities (Table 4).

Table 4. Distribution of total sample as per the levels of Psychosocial perceptions Influencing the OralHealth of the Older People

	Psycho-social factors	**No influence**	**minor influence**	**Major influence**	**Influences all patients**
Menta health	The existence of a serious or life threatening illness	10	48	85	57
	Mental illness (eg.,depression)	19	28	87	48
	Patients impaired cognitive abilities	9	30	95	37
	Non compliance with instructions	19	67	98	19
	Increased forgrtfullness	19	78	83	20
	Increased confusion	28	96	57	19
	Uncooperative behaviour	48	48	85	9
Physical function	Change in eating status	10	29	105	**56**
	being independent within the home	38	57	58	28
	the ability to work independently	38	77	47	28
	Being independent within the community	30	77	75	9
Social factors	Social isolation	20	20	112	29
	Care giving for another person who is independent	10	104	67	19
	Legal problems such as guardianship	49	68	65	19
	Being in an abusive relationship	49	84	58	9

In contrast to the findings of the study by Jude et al., which placed the least importance on changes in eating status, the ability to work independently, and being independent within the community, about 40% of the subjects believe that these factors have little bearing on their physical well-being.
In contrast to the study by Jude et al., which found that abuse and legal issues, such as guardianship, were the main influences on social issues, social isolation was deemed a major influencer by over 55% of the sample subjects. Only 30% of the subjects felt that caring for an independent third party, legal issues, and being in an abusive relationship were major influences on social issues.
Based on the findings of this study and parallels with previous western research, it is thought that similar studies involving dental professionals and elderly patients should be carried out in various Indian cities to corroborate the findings. The study's mediocre knowledge category score led to the realisation that the dental school curriculum has to include a distinct syllabus covering issues related to ageing, problems associated with becoming older, oral health issues, and oral health treatment for elderly patients. The authors also believed that it is critical for every dentist to acknowledge his increasing obligations to India's fast growing senior population and to be ready for the problems that lie ahead.

IV. CONCLUSIONS:

It is concluded that;
1. All dentists, regardless of gender or degree of training, had a modest level of understanding of ageing.
2. Based on the clinical experiences and interactions of practitioners, the psychosocial concerns influencing the oral health of older individuals are well understood.
3. The findings point to the necessity for an updated curriculum that places greater emphasis on the needs and circumstances of older patients

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