

RICHARDS FRANKEL DENTISTRY Dentistry designed for health and well being.



Background

Oral Health-Related Quality of Life (HRQoL) utilizes biopsychosocial aspects in relation to oral health to identify the degree of an individual's perception of oral health, its relevance, and the impact on an individual's life.

- Research indicates that dental and oral health has a significant impact on self-perception, psychological status, and human social status and can influence self-esteem and overall quality of life
- Survey tools: GOHAI, OIDP, and OHIP (most common)
- OHIP contains 7 domains, OHIP-14 contains 14 items
- While OHIP-14 is inclusive of various factors, it does not take into consideration of chronic inflammatory oral health problems (i.e., periodontal disease (PD); which is the focus for this investigation)
- PD is a chronic inflammatory disease that is identified by infected gums and the tissue surrounds the teeth and hold them in place caused by poor oral hygiene habits
 - Effects of PD due to gingival bleeding, gum recession, hypermobility, migration, and tooth loss can play an influential role in an individual's life, more specifically, can result in impaired oral function, esthetics, and quality of life
- Previous studies: Degree of PD and association of the number of teeth

Population

Participants were recruited from patients at Richards Frankel Dentistry who have been diagnosed with periodontal disease. To be eligible, patients must have active periodontal disease and must be 18 years or older.

Learning Objectives

- **Create** and adapt an oral health-related quality of life survey to distribute
- Analyze data that will be collected
- **Understand** the data collected and explain findings

Activities

- Data preparation
- Literature searches for periodontal disease, OHRQoL, and current surveys and methods
- Performing data analysis
- Participated in periodontal disease case studies
- Weekly check-ins and meetings for planning
- Observing periodontal disease diagnosis and maintenance techniques

Deliverables

- . Written report about findings
- 2. Spreadsheet of dataset collected from survey
- 3. Infographic on periodontal disease
- 4. Adapted Oral Health-Related Quality of Life Survey



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Assessing Oral Health-Related Quality of Life in Patients Diagnosed with Periodontal Disease Riddhi Modi, MPH Candidate **Preceptor: Dr. Margaret Frankel, DMD Richards Frankel Dentistry, CWRU School of Medicine (Cleveland, OH)**

Methods

- Literature review and feedback analysis of draft survey
- 2. Explaining the purpose of the study and distributing surveys to patients
- 3. Analyzing data through SPSS v. 18, IBM
- Adapted OHIP survey: total score ranges from 0 to 80 and domain scores can range from 0 to 16

	1 Have you had trouble pronouncing any wor
Functional Limitation	2 Have you felt that your sense of taste has w
	3 Have you experienced pain in your mouth?
Physical Pain	4 Have you avoided eating certain foods that
	5 Have you felt anxious because of problems
	6 Have you been depressed due to problems
Psychological Discomfort	7 Have you been worried because of problem
	8 Have you had to interrupt meals because of
Physical Disability	9 Has your oral health impacted the ability to
	10 Have dental problems made you miserable'
	11 Have you felt embarrassed because of prot
Psychological Disability	12 Have your teeth, mouth, or dentures caused
	13 Do you feel that you avoid smiling with an o
	14 Do you either think or feel that people are s
The strength of the streng	15 Do you avoid social settings because of pro
Social Disability	16 Has your oral health status negatively influe
	17 I don't like to see my teeth in the mirror or in
	18 Have you felt that your overall health has be
	19 Are you concerned about your future oral he
Aethetic & Oral Concerns	20 Have you been worried about going to the o

Figure 1. Survey questions with domain categories



Figure 2. Survey results.



Figure 3. Total adapted OHIP scores of each participant.

Figure 4. Spearman's test results.

rds because of problem with your teeth, mouth, or dentures? worsened because of problems with your teeth, mouth, or dentures?

- may cause pain or sensitivity with your teeth, mouth, or dentures? with teeth, mouth, or dentures?
- s that arise from your teeth, mouth, or dentures?
- ms with teeth, mouth, or dentures?
- of problems with teeth, mouth, or dentures?
- carry out daily activities?
- oblems with teeth, mouth, or dentures?
- d mood changes?
- open mouth in an attempt to hide your teeth?
- staring at your teeth?
- oblems that arise from your teeth, mouth, or dentures? enced your satisfaction with life or social interactions?
- in photographs.
- een impacted by problems that arise from your oral health? ealth?



Correlations											
			Functional Limitation	Physical Pain	Psychological Discomfort	Physical Disability	Psychological Disability	Social Disability	Aesthetic & Oral Concnerns		
n's rho	Functional Limitation	Correlation Coefficient	1.000	.426	.492**	.484	.535**	.659**	.500**		
		Sig. (2-tailed)		.027	.009	.011	.004	<.001	.008		
		N	27	27	27	27	27	27	27		
	Physical Pain	Correlation Coefficient	.426	1.000	.670**	.600**	.455	.390	.745**		
		Sig. (2-tailed)	.027		<.001	<.001	.017	.044	<.001		
		N	27	27	27	27	27	27	27		
	Psychological Discomfort	Correlation Coefficient	.492**	.670**	1.000	.702**	.642**	.714**	.798**		
		Sig. (2-tailed)	.009	<.001		<.001	<.001	<.001	<.001		
		Ñ	27	27	27	27	27	27	27		
	Physical Disability	Correlation Coefficient	.484	.600**	.702**	1.000	.737**	.760**	.688**		
		Sig. (2-tailed)	.011	<.001	<.001		<.001	<.001	<.001		
		N	27	27	27	27	27	27	27		
	Psychological Disability	Correlation Coefficient	.535**	.455	.642**	.737**	1.000	.619**	.639**		
		Sig. (2-tailed)	.004	.017	<.001	<.001		<.001	<.001		
		N	27	27	27	27	27	27	27		
	Social Disability	Correlation Coefficient	.659**	.390	.714**	.760**	.619**	1.000	.574**		
		Sig. (2-tailed)	<.001	.044	<.001	<.001	<.001		.002		
		N	27	27	27	27	27	27	27		
	Aesthetic & Oral Concnerns	Correlation Coefficient	.500**	.745**	.798**	.688**	.639**	.574**	1.000		
		Sig. (2-tailed)	.008	<.001	<.001	<.001	<.001	.002			
		N	27	27	27	27	27	27	27		

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed)

A total of 27 participants completed the adapted OHIP survey. Results from the survey yielded results that supports current literature indicating an association between periodontal disease and the different domains that influences the OHRQoL.

- association between the variables.
- The total adapted OHIP score ranges from 0 to 80
- A lower score indicates a better OHRQoL while higher indicates worse OHRQoL

Conclusion & Public Health Implications

- OHRQoL
- caries rate factors
- fields and specialties
- treatment

I would like to thank my preceptor, Dr. Margaret Frankel, in guiding me in this process and allowing for me to conduct this project at her practice. I would also like to thank her for being my mentor giving me numerous learning opportunities that I have personally grown from



Results

• A positive correlation was found that indicates that the relationship follows the same direction.

• The highest correlation coefficient was seen with aesthetic and oral health concerns and psychological discomfort domains at a value of 0.798. • The lowest correlation coefficient was seen with social disability and

physical pain domains at a value of 0.390. • From Figure 4, all of the 7 domains had a statistically significant p-value lower than 0.05 indicating that there is a statistically significant bivariate

Discussion

• The results of this investigation support present literature

• Because Spearman's test indicated a positive correlation, while one value increases the other value also increases

• i.e., the physical disability domain and the physical pain domain had a correlation coefficient of 0.600 which indicates that while physical pain increases then physical disability also increases

• This research investigation was successful as it produced results that supports present literature and show a correlation between PD and

• Future directions should consider varying oral health statuses or levels of PD with a wider participant population and volume

• Future directions should also include diverse variables that influence oral health such as socioeconomic factors, demographics, and high and low

• Public health requires collaboration between professionals of multiple

• Improving education and awareness on how to prevent periodontal disease, how to manage it, and aid individuals in seeking necessary

• Prioritizing prevention rather than cure as a public health intervention

Lessons Learned

Learned how to collect patient data for analyses 2. Improved skills in data reporting

3. Developed stronger communication strategies and critical thinking skills working under the guidance of my preceptor

4. Learned more about the impacts of PD and oral health overall 5. Observed and learned the importance of case studies

6. Feedback received garnered different perspectives and support

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