

214

Knowledge, attitude and self-reported practice of senior dental students towards caries risk assessment (CRA) of adults

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Purpose – It was aimed to assess senior dental students' knowledge, attitude and self-reported behavior towards assessing caries risk.

Materials & Methods- As part of undergraduate project senior dental students in 4 main dental school in Tehran were assessed using a self-administered validated questionnaire (CVI=0.89) in 2012. After ethical clearance from Tehran University of Medical Sciences, knowledge of caries risk factors, attitude towards CRA in addition to self-reported practice of two paper patients defined as low- and high- risk was assessed. Descriptive and analytical statistics was fit into data using SPSS ver16.0.

Results- The response rate was 91.3% (n=179), 65.5% female and 34.5% male with the mean age of 23.9 (SD=1.3) responded. Having a new caries lesion or recurrent caries in the previous 9-12 months was reported by 70% of the respondents. Tooth morphology (95.9%), xerostomia (95.5%) and cariogenic carbohydrates (92.5%) were considered as the most important risk factors. For management of low-risk patient, for proximal and occlusal lesions penetrated just into DEJ, 62% and 29% offered restorative treatment, respectively. In high-risk situation, 38% decided to restore inner enamel lesion and 20% in occlusal surface. In this study correlation was detected between knowledge and attitude ($r= 0.2$), $p<0.05$ and also correct management ($r= 0.15$), $p<0.05$.

Conclusion- It is concluded that higher level of knowledge reported by younger students while older had better attitude towards CRA.

215

Out Patient Dental Treatment Expenditure for Oromaxillofacial Cancer Patients 5 Years before and 5 Years after Cancer Diagnosed: A Cohort Study in Taiwan

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Introduction: According to the World Health Organization, cancers in the head and neck region has been reported the fifth most common cancer. It has also been ranked fourth in incidence and mortality since 1995 in Taiwan. The increasing economic burden of oral cancer treatment would be an obvious consequence. The purpose of this study was to compare dental treatment expenditures for patients in a period of 5 years before and after oromaxillofacial cancer diagnosed.

Materials and Methods: Study group, consisted of 7,731 patients, was selected from the Registry of Catastrophic Illness Database with a diagnosis of oral related cancers in 2005. Control group, with a total amount of 38,655 people excluding cancer patients, was selected randomly by age, gender, and index date from the National Health Insurance Research Database at a ratio of 1 to 5. All subjects were observed for five years prior to diagnosis, and another five years following diagnosis registered. Annual expenditure incurred due to dental treatments was calculated, compared and also subgrouped as operative dentistry, endodontics, periodontics and oral surgery with both groups.

Using the Statistical Analysis System software (version 9.3), differences among cohorts were evaluated using t-test for continuous variables and Chi-square test for categorical variables. After adjusting for age, gender, urbanization level and income level, mixed model employing difference-in-difference was performed to assess the independent association between oral cancer cohort and control cohort expenditure and utilization.

Results: The annual dental expenditure in study group was lower than the control group for the period of 5 years before oral cancer diagnosed.

However, the average annual dental expenditure in study group was higher than the control group after cancer diagnosed in the 5-year follow-up period. In the study group, a 17% increase in dental expenditure the year prior to the cancer diagnosed was noted. The 5-year average annual expenditure after cancer diagnosed was obviously higher than that in the study group. After the diagnosis of oral cancer, the most increase in dental expenditure was oral surgery, followed by operative dentistry, endodontic and periodontic treatments.

Conclusion: The average annual dental expenditure increased from 76% to 170% for patients diagnosed with oromaxillofacial cancer in the 5 year follow up period. The finding that a 17% increase in dental expenditure one year prior to oral cancer diagnosed comparing to previous years could suggest that a sudden increase in dental treatment might be cautious for early detection for oromaxillofacial cancer.