



Knowledge, Practice and Opinions Regarding Periodontal Disease In Diabetic Patients Among Medical Officers In Perak

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Introduction

Periodontal disease (PD) and diabetes mellitus (DM) have a high prevalence and incidence globally. The evidence-based bidirectional relationship between the two diseases has been well-established.

The risk of PD and tooth loss increases with poorer glycaemic control. Effective periodontal therapy may reduce glycated haemoglobin in DM patients.

In spite of the known association, there were no local published studies of health providers' knowledge and current practice regarding PD in diabetics.

Aims of study

To assess the knowledge, practice, and opinions of medical officers regarding PD in their patients with diabetes.

Materials and Methods

A cross-sectional study involving medical officers and family medicine specialists (FMS) in all 76 government health clinics (*Klinik Kesihatan*) located in Perak was conducted from January to April 2016.

A self-designed standardised self-administered questionnaire which consisted of four domains: (1) socio-demographic characteristics, (2) practice and oral examination, (3) knowledge about PD in diabetic patients, and (4) medical officers' opinions regarding oral health education and screening was used.

Upon completion of the questionnaire, respondents were provided information leaflets. All collected data were analysed using SPSS version 23.

Results

A) Socio-demographic characteristics

314 out of 342 (91.8%) eligible participants took part in the study.

Profile of respondents

Male: 101 (32.2%)
Female: 213 (67.8%)

Age range: 27-59 years
Median age: 32 years

Medical officer: 299 (95.2%)
FMS: 15 (4.8%)

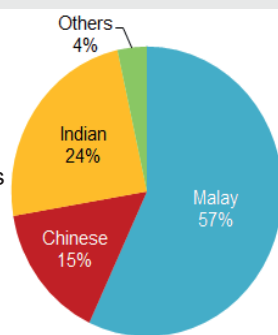


Figure 1: Racial distribution of respondents

B) Practice and oral examination

About half of the respondents had a less than ideal practice in brief oral health intervention. Most of them (76.4%) gave time limitation as a reason for not doing so.

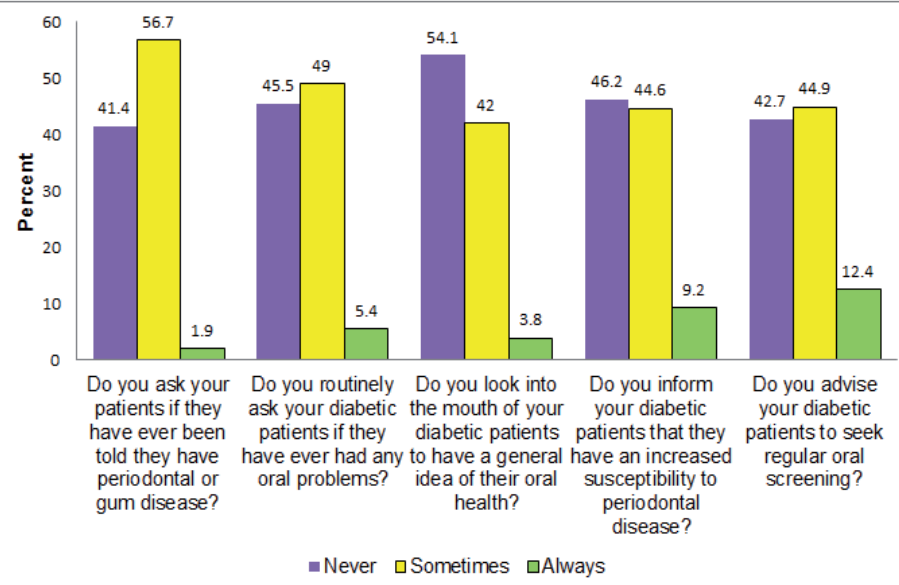


Figure 2: Frequency of brief oral health intervention practice performed by medical officers

C) Knowledge about PD in diabetic patients

Respondents had limited knowledge about PD, but they were well-read about the link between PD and DM.

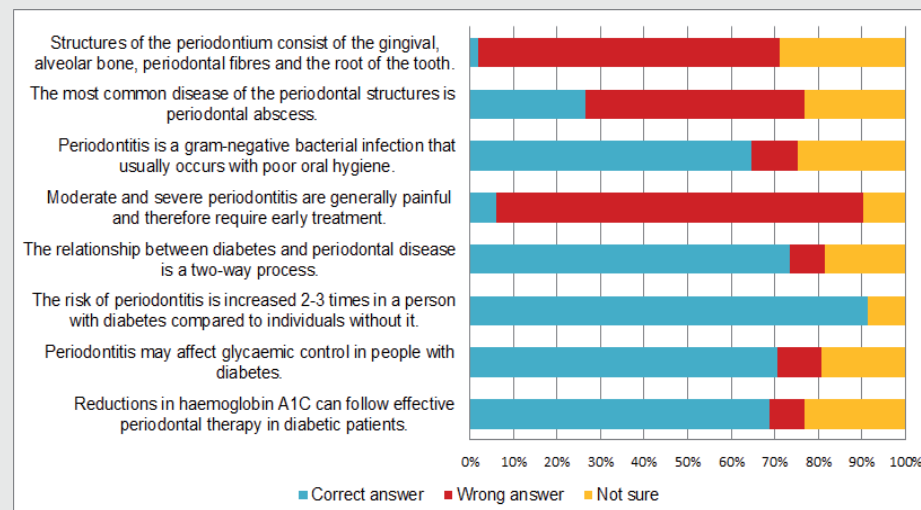


Figure 4: Frequency of answers on knowledge about periodontal disease in diabetic patients

D) Opinions regarding oral health education and screening

307 respondents were eager to learn more about PD and its impact on systemic health. More than 90% of them showed great interest in expanding their practice to include a brief oral health intervention. 243 respondents supported the inclusion of oral health screening in their diabetes clinical monitoring protocol, and 278 of them felt it would be beneficial for their patients.

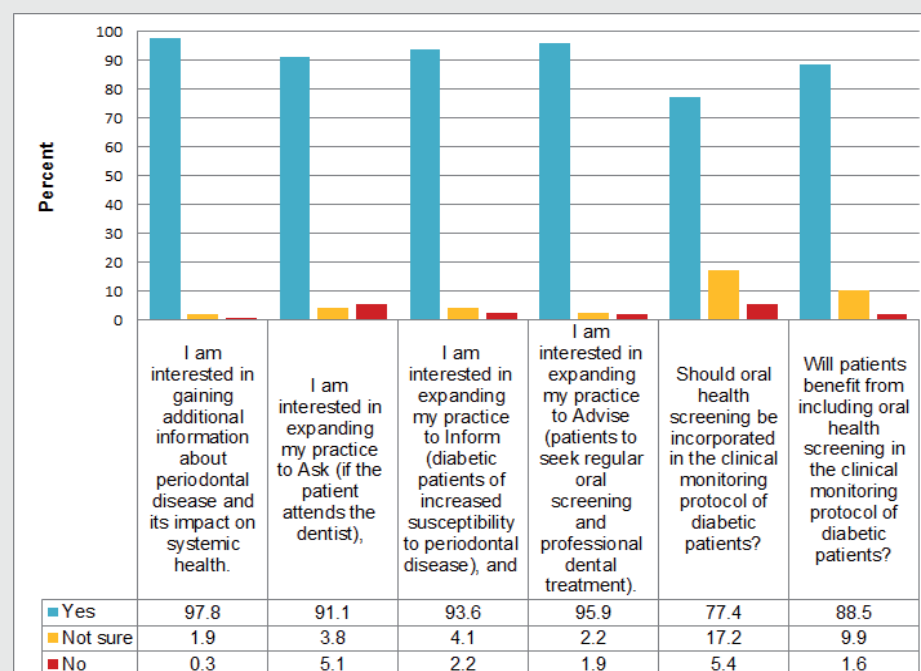


Figure 5: Frequency of respondents' opinions regarding oral health education and screening

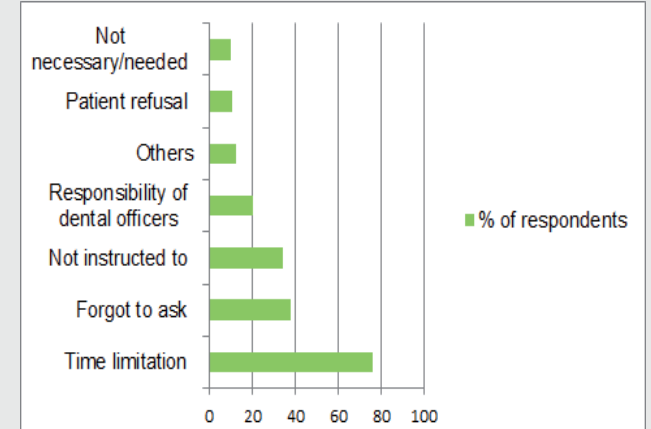


Figure 3: Respondents' reasons for not performing a brief oral health intervention

Conclusion

At present, oral health intervention practice in primary healthcare clinics in Perak is not ideal.

However, most of these medical officers do have adequate knowledge on the bidirectional relationship between DM and PD to educate their patients.

It is a good indication that medical officers gave a positive response to the incorporation of a brief oral health intervention in their daily practice.

This implies that the inclusion of regular dental check-ups in the latest DM Clinical Practice Guidelines will be well-received by the medical officers.

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