"COMPARISON OF QUALITY OF LIFE AMONG DENTAL CARIES AND PERIODONTAL PATIENTS USING EUROQOL - 5D IN THE KLE SOCIETY'S INSTITUTE OF DENTAL SCIENCES, BANGALORE: A CROSS-SECTIONAL STUDY".

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INTRODUCTION

• Health is one of the important determinants of quality of life. Oral diseases like dental caries and periodontal diseases are highly prevalent and can significantly impair the quality of life. The EuroQol was developed as a standardized, generic (non-disease-specific) instrument for describing and valuing health-related quality of life

MATERIALS AND METHODS

The study sample comprised of adults of age 30-60-years who the KLE Society's Institute of Dental Sciences from 1st August 2016 to 31st August 2016.

*Patients who complained of pain due to dental caries or periodontal disease and who agreed to give consent were included.

*Patients who were uncooperative and who were having pain with other dental diseases were excluded.

CONVINENCE SAMPLING

Assessment of dental caries using the Decayed Missing Filled Teeth (DMFT) Index & Decayed Missing Filled Surface (DMFS) Index

CLINICAL EXAMINATION

Statistical test - Chi-square test was done.

DISCUSSION

Assessment of periodontal disease using the Community Periodontal Index (CPI)

Checking for bleeding on probing, pocket depth, loss of attachment

The quality of life was affected in both dental caries and periodontal patients. Our results showed a significant difference among dental caries and periodontal patients in usual activities and pain/discomfort dimension of the EQ5D. It was found to be poorer with patients who had a high DMFS score. The usual activities, pain, and anxiety dimensions of the EQ5D were more significant in females than in males.

AIM

- To assess the oral-health-related quality of life among dental 1. caries and periodontal patients using EuroQoL (EQ5D).
- To test for convergent validity, it was hypothesized that anxiety 2. and worries would be greater among female respondents.
- To test for discriminant validity, it was hypothesized that the 3. EQ5D would be able to distinguish between dental caries and periodontal disease patients.

RESULTS

Table No 1. Differences in the frequency of reported problems among male and female patients.

EQ5D Domain	Male n =	Female n =	р
	126(%)	144(%)	
Mobility			0.129
No problem	124 (98.4%)	144 (100%)	
Some problem	2 (1.6%)	0 (0%)	
Severe problem	0 (0%)	0 (0%)	
Self-care			0.002
No problem	118 (93.7%)	116 (80.6%)	
Some problem	8 (6.3%)	28 (19.4%)	
Severe problem	0 (0%)	0 (0%)	
Usual activities			*0.0001
No problem	52 (41.3%)	26 (18.1%)	
Some problem	64 (50.8%)	94 (65.3%)	
Severe problem	10 (7.9%)	24 (16.6%)	
Pain/Discomfort			*0.001
No problem	0 (0%)	0 (0%)	
Some problem	92 (73.0%)	78 (54.2%)	
Severe problem	34 (27.0%)	66 (45.8%)	
Anxiety/Depression			*0.0001
No problem	104 (82.5%)	36 (25.0%)	
Some problem	22 (17.5%)	98 (68.1%)	
Severe problem	0 (0%)	10 (6.9%)	

CONCLUSION

• The EQ5D has both convergent and discriminant validity for the measurement of health status in dental caries and periodontal patients.

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EQ5D Domain Mobility No problem Some problem Severe problem Self-care No problem Some problem Severe problem Usual activities No problem Some problem Severe problem Pain/Discomfort No problem Some problem Severe problem Anxiety/Depression No problem Some problem Severe problem

PUBLIC HEALTH SIGNIFICANCE

REFERENCES

1 Fotedar S, Sharma KR, Fotedar V, Bhardwaj V, Chauhan A, Manchanda K. Relationship between oral health status and oral health related quality of life in adults attending HP government dental college, Shimla, Himachal Pradesh-India. Oral Health Dent Manag. 2014 Sep;13(3):661-5. 2. Shrestha N, Acharya J, Bishet S. Oral health perceptions, practice, dental caries prevalence, severity and related quality of life among adults aged 35 - 44 years in Jorpati, Nepal. Nepal Med Coll J 2015; 17(1-2): 36-42.

Mean DMFT: 5.27 and DMFS: 15.02. Bleeding on probing was dichotomised, and it was present in all patients.

Table No 2. Differences in the frequency of reported problems among dental caries and periodontitis patients.

Dental caries n = 156 (%)	Periodontitis n = 114 (%)	р
154 (08 79/)	114 (100%)	0.225
154 (98.7%) 2 (1.3%)		
	0 (0%)	
		*0.0001
124 (79.4%)	110 (96.5%)	
32 (20.6%)	4 (3.5%)	
0 (0%)	0 (0%)	
		*0.0001
28 (18.0%)	50 (43.9%)	
100 (64.1%)	58 (51.0%)	
28 (17.9%)	06 (5.1%)	
		*0.0001
0 (0%)	0 (0%)	
80 (51.3%)	90 (78.9%)	
76 (48.7%)	24 (21.1%)	
		*0.319
78 (50.0%)	62 (54.4%)	
74 (47.4%)	46 (40.4%)	
4 (2.6%)	6 (5.2%)	

As a public health dentist, one should know how quality of life has an impact on oral diseases so that he/she can prevent the occurrence of the diseases and help to maintain the quality of life of the individuals.