

Dental Patient's Knowledge And Perceptions About The Effects Of Smoking And Role Of Dentists In Smoking Cessation Activities

Abdulrahman Mohammed Asiri¹, Hassan Ali Saeed Alshahrani², Sulaiman Ahmed Alhifithi³, Misfer Nasser Misfer Aldabsh⁴, Abdulrahman AL- hassan Mujayri⁵, Mohammed Yousef Alfaqih⁶, Abdulrahman Raddah Alkhathami⁷, Mohammed Ali Zaid Asiri⁸, Nawaf Abdullah Hassan mahzari⁹, Nermeen Mohammed Alem¹⁰

Abstract

Background: Smoking is associated with a large number of oral conditions such as staining teeth, bad breath, gum disease, obstruction of wound healing, stomach cancer and oral cancer. These effects are often visible and can be reversed in the early stages after quitting. As part of health professions, dentists are often in contact with the general population, and there is evidence that they are effective in providing advice on quitting smoking, like any other group of health care institutions.

Materials and Methods: Patients' knowledge of the effects of smoking and their attitudes towards the role of dentists in smoking cessation activities was analyzed through a self-updating questionnaire and compared to their smoking status (non-smokers, smokers and heavy smokers), questionnaire was electronically filled.

Results: The results showed that patients had very positive attitudes towards the role of dentists in quitting smoking. The result's also show that although patients have a good knowledge of the effects of smoking on public health, smokers are less aware of the relationship between smoking, gum disease and wound healing.

Conclusions: Dentists should inform their patients about the oral effects of smoking and strongly advise them not to smoke, especially in patients diagnosed with periodontal disease and requiring surgical procedures.

Introduction:

The harmful effects of tobacco smoking on oral health are well documented. This includes common and rare cases, from benign to life threatening diseases such as tooth color change and tooth restoration, bad breath, taste and odor disorders, weak wound healing, periodontal disease, short- and long-term success of implantation, oral mucosal lesions such as smoked smoking, Possible malignant lesions and oral cancer.³ موقع

¹⁻⁵Dental technology, - Specialized Dental Center in Asir, - Asir region

⁶Dental technology, - Specialized Dental Center in alqunfidhah, - Makkah region

⁷Dental technology, •Al-Jouf Specialist Dental Centre, •Skaka

⁸Dental technology, - Specialized Dental Center in mohail asir, - Asir region

⁹Dental technician, Commitment administration of health affairs in Asir, Abha

¹⁰Dental resident, Eradah Complex For Mental Health - Eradah Services - Jeddah

Health professionals, including dentists and their teams, have moral, moral and professional obligations to help patients quit smoking. Due to the nature of their work and regular contact with patients, the dentist is ideally positioned to advise their patients about quitting smoking. Dentists have the skills, competencies and expertise to recognize and treat oral pests associated with smoking and can advise patients about the harmful effects of smoking, as well as the benefits of quitting smoking. The activity of dentists in the prevention of smoking will have a multiplier effect for patients: not only will smoking stop oral health, but it will also contribute to the prevention of comprehensive diseases associated with smoking.

About 24% of cigarette smokers had periodontal disease in Jeddah (Natta et al., 2005). Similarly, studies in Saudi Arabia found that smokers exhibited oral conditions such as smoker's melanosis, leukoderma, and leukoplakia (Aljabab et al., 2015). And greater vertical bone defect was observed among smokers compared with non-smoker (Baljoon et al., 2005). Evidence shows that smokers compared with non-smokers frequently experience more tooth sensitivity, dental and oral pain, social embarrassment, and less commonly visit dentist (Grignon et al., 2010). Bassiony conducted a review of several studies about smoking prevalence in Saudi Arabia in 2009, and found that 12–29.8% of secondary school students were smokers (Bassiony, 2009).

Given the educational level of university students, the concept of oral health, its importance, and practice are assumed to be easily understood and applied by them, irrespective of their discipline (Doshi et al, 2007).

Therefore, the aim of this study was to examine the Correlation of Oral hygiene behavior and smoking with perceiving oral health problems among university students in KSA.

In this study, patients' knowledge of the effects of smoking and their attitudes towards the role of dentists in smoking cessation activities were analyzed and compared to their smoking status (non-smokers, smokers and heavy smokers).

Study Design:

This study was a cross-sectional study through a questionnaire completed self-patients. The comparison groups were non-smokers, smokers and heavy smokers.

Objectives of the study:

1. Evaluate patients' awareness of the consequences of smoking on their public and oral health
2. To assess patient attitudes regarding the role of dentists in smoking prevention, counseling and smoking cessation
3. To analyze the desire of smokers to follow the advice of dentists.

Material and methods:

The Researcher designed a questionnaire consisting three sections with a total of eighteen multiple-choice questions the questions concerned socio-demographic characteristics, smoking status, knowledge about the effects of smoking on general and oral health, and patients' attitudes about the involvement of their dentists in smoking cessation activities. The questionnaire was filled electronically. The study sample includes Saudi university students till the study year (2018), 100 students were chosen randomly, and answered the questionnaire electronically.

IBM SPSS statistics software's used to analysis the data.

Results:

The demographic data:

Socio-demographic characteristics of the sample can be observed in Table 1. More than half of the sample 57% were smokers, 30% non-smoked and the remaining 13% were ex-smokers.

Table 1. Demographic data of the participants

		Frequency	Percent%
Gender	Male	68	68%
	Female	32	32%
Marital status	Single	63	63%
	Married or living with partner	33	33%
	Divorced	4	4%
	Widowed	0	0%
Age	More than 20	92	92%
	Less than 20	8	8%
Level of education	No qualification	0	0%
	high school	13	13%
	University/College	87	87%
Regular dentist	Yes	26	26%
	no	74	74%

Smoking:

Smoking state characteristics of the sample can be observed in Table 2.

Table 2. Shows the participant's answers about smoking

	Smoking	Frequency	Percent%
Smoking status	Smoker	57	57%
	Heavy Smoker	13	13%
	Non-smoker	30	30%
What is your daily smoking rate?	From 4 – 10 cigarettes a day	33	33%
	More than 10 cigarettes a day	37	37%
	Non-smoker	30	30%
How long have you been a smoker	less than 5 years	29	29%
	more than 5 years	41	41%
	Non-smoker	30	30%
Have you felt the dangers of smoking	Yes	52	52%
	no	48	48%
Do you know that smoking make your teeth yellow colored	Yes	96	96%
	no	4	4%

We notice from the previous table that 57% of the participants how answer the questionnaire were smokers, while 30% of them were not and 13% heavy smoker. It is clear from the previous table that 41% of the participants how answer the questionnaire spent more than 5 years as smokers, while 29% of them smoked less than 5 years, 30% non-smokers, It is clear that 52% of them had felt the dangers, while 48% of them hadn't. Moreover, 96% know that the smoking make a yellow colored to teeth, while 4% do not know that.

Respondents' attitudes towards the dentist and smoking cessation counselling:

The majority of responses are from those who participated in the questionnaire. They showed a very positive attitude as a dentist in quitting smoking and agreed with the statements 'I would expect my dentist to be interested in my smoking status' (70%), 'I would expect my dentist to explain the effects of smoking on the oral health' (80%), 'I would appreciate my dentist to provide smoking advice' (93%) and 'Dentists should be interested in the smoking status of their patients' (93%) (Table 3). The majority of patients from this survey disagreed with the statements 'I would change to another dentist if my dentist asked my smoking status this visit' (68%), (18%) Neither, 'Dentists should provide oral care, nothing more' (62%), (11%) Neither 'Dentists should not give smoking cessation advice' (83%), (8%) Neither

Table 3. Respondents' attitudes towards the dentist and smoking cessation counselling

Respondents' attitudes towards the dentist and smoking cessation counselling:		Frequency	Percent%
I'd expect my dentist to be interested in my smoking status	Disagree	12	12%
	Agree	70	70%
	Neither	18	18%
I'd expect my dentist to explain the effects of smoking on oral health	Disagree	12	12%
	Agree	80	80%
	Neither	8	8%
I'd appreciate my dentist to provide smoking advice to patients who smoke	Disagree	3	3%
	Agree	93	93%
	Neither	4	4%
I'd change to another dentist if mine asked me about my smoking status this visit	Disagree	68	68%
	Agree	14	14%

	Neither	18	18%
Dentists should be interested in smoking status of their patients	Disagree	0	0%
	Agree	93	93%
	Neither	7	7%
Dentists should provide oral care, nothing more	Disagree	62	62%
	Agree	27	27%
	Neither	11	11%
Dentists should not give smoking cessation advice	Disagree	83	83%
	Agree	9	9%
	Neither	8	8%

Discussion:

The behavioral aspects of oral hygiene play a key role in the prevention of oral diseases. Also, many people are not aware of the relationship of smoking to potential oral diseases and their effect on teeth (Shah and Haddad, 2015). There is also an important role for dentists to raise awareness among smokers of the negative effects on teeth and quitting smoking, so this study aimed at the impact of smoking on the teeth and the role of dentists and specialists in the cessation of smoking in Saudi Arabia.

The most of participants in our study were males (68%), and about (92%) of participants were More than 20 years old. They distributors in various regions of the Kingdom.

This study showed poor Oral hygiene behavior among the Saudi university students. Just about(26%)of students are checking their teeth periodically by the dentist, It is likely to be very positive views of patients with regard to the participation of dentists quit smoking programs exaggerated, because responses based self-questionnaires tend to believe the opposite of what the respondents that the person or organization that conducted the survey expects that. However, the results provide general and comparable information about what people think on this issue today, which can be used to track changes in attitudes in recent years, as shown table(3).

Must highlight the aesthetic effects of smoking and use as catalysts by dentists when suggesting that their patients stop smoking. However, dentists must be aware that the

population is less interest and knowledge in general, real dangers of smoking to aspects of oral health and the profession should inform their patients about these. The rest of the dental team, especially dental hygienists, are in a privileged position as well and should be involved in smoking cessation activities.

The vast majority of patients from this sample, including smokers, had very positive attitudes towards the role of dentists in smoking cessation activities Table (2). They would welcome support from their dentist, especially when they were aware of an effect of smoking on their mouths. These findings show that dentists have a great potential to motivate people to stop smoking. Dentists should not hesitate to give smoking advice to their patients and grasp this opportunity to improve the oral and general health of the community.

Conclusion:

Patients in this sample have a good general knowledge about the effects of smoking. The ones that people perceive more and could be used as motivating factors for smoking cessation. The effects of smoking on oral health Effect of smoking on teeth and acquisition of teeth yellow color. Smokers are less aware than non-smokers of the relationship between smoking and its effects on health and yellow teeth. Dentists should inform their patients and advise them not to smoke.

All patients, including smokers, have very positive attitudes and high expectations towards their dentists' involvement in smoking cessation activities. Smokers are willing to follow their dentists' suggestions and advice. Dentists should not hesitate to counsel their patients to stop smoking and to show them the visible effects of smoking as soon as they appear.

Strength of this study included:

- The research included the population of the Kingdom of Saudi Arabia from different regions and ages and educational level, unlike many other research.
- The research discussed a very important topic.
- To our knowledge there are no studies on this subject.
- Search results can be used in the future studies on the same topic.
- Use the results to increase attention to the effect of smoking on teeth and the position of dentists to quit smoking.

Limitations of this study included:

- Its reliance on self-reported data, and it may not be answering questions neutrally.

Recommendations:

- A similar survey should be carried out in the involving a large number of participants.
- Necessary to search for the reasons for the negligence of people to oral health in spite of their knowledge of the problems of the mouth and ways to avoid them.
- Smoking and its association with many other oral diseases should be clearly taught to students as they could be role models for the rest of the members of the community.
- It is necessary to help people to quit smoking in various ways.

Reference

- Beaglehole R, Watt R. Helping smokers stop: a guide for the dental team. London: Health Development Agency, 2004..
- Watt R G, Daly B, Kay E J. Prevention. Part 1: smoking cessation advice within the general dental practice. *Br Dent J* 2003; 194: 665–668
- Rikard-Bell G, Donnelly N, Ward J. Preventive dentistry: what do Australian patients endorse and recall of smoking cessation advice by their dentists? *Br Dent J* 2003.
- Bader J D, Rozier R G, McFall W T et al. Association of dental health knowledge with periodontal conditions among regular patients. *Community Dent Oral Epidemiol* 1990; 18: 32–36.
- Al-Shammari K F, Moussa M A, Al-Ansari J M et al. Dental patient awareness of smoking effects on oral health: comparison of smokers and nonsmokers. *J Dent* 2006; 34: 173–178.
- Ramseier C A, Tönnesen P, Bornstein M, Palmer R (2006). Tobacco use cessation and oral health management. Oral symposium at the International Association of Dental Research – Pan European Federation meeting, Dublin 13–16 September 2006
- Chestnutt I G, Binnie V I. Smoking cessation counselling – a role for the dental profession? *Br Dent J* 1995; 179: 411–415.
- Aljabab, M. A., Aljbab, A. A., & Patil, S. R. (2015). Evaluation of Oral Changes Among Tobacco Users of Aljounf Province, Saudi Arabia. *Journal of clinical and diagnostic research: JCDR*, 9(5), ZC58.
- Natto, S., Baljoon, M., & Bergström, J. (2005). Tobacco smoking and periodontal health in a Saudi Arabian population. *Journal of periodontology*, 76(11), 1919-1926.