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Euro Dentistry & Dental Science 2019: Three-dimensional assessment of the oral health-related quality of life in Saudi patients undergoing fixed orthodontic therapy - A cross-sectional study - Jana N Alqefari - Qassim University

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Background: Discomfort related to the utilization of fixed orthodontic appliances may have a negative influence on patient's oral health-related quality of life (OHRQoL). In general, OHRQoL assessments have the potential to supply information about treatment needs and outcomes and to enhance the general quality of care.

Aim: to assess the impact of fixed orthodontic appliances on oral health-related quality of life.

Materials and methods: This cross-sectional study used a generic measure of OHRQoL the Arabic version of the Oral Health Impact Profile (OHIP-14), which may be a responsive measure to changes in oral health conditions. Data were collected using self-completed e-questionnaire which was distributed through social media.

Results: Unlike other medical interventions treatment doesn't cure or treat a condition; rather it aims to correct variations from an arbitrary norm. Quality of life measures are getting increasingly significant; hence, clinician-based measures of treatment need don't account for patient perceptions or opinions. Nowadays, it's expected from clinicians to point out responsibility with reference to the effectiveness of treatment and efficient use of resources. This increased emphasis on patient-based outcome measures including changes in healthrelated quality of life Indeed, measuring the impact of fixed appliances on lifestyle would be a practical thanks to show the issues that the patient may experience during the treatment. This, in turn, has the potential to supply information about treatment needs and outcomes and to enhance care within the future. It included two age groups. Adolescents between 13 and 20 years were 63 (42.3%) and adults between 21 and 30 years were 86 (75.7%); however, the sample size couldn't be calculated because the amount of population isn't available. Inclusion criteria included Saudi patients undergoing treatment with fixed appliances within the age range of 13–30 years.

Adolescents between 13 and 20 years were 63 (42.3%) and adults between 21 and 30 years were 86 (75.7%). A response rate of 100% was obtained. The prevalence of oral health impacts consistent with OHP-14 was 22.5%. OHIP-14 consists of 14 items covering seven domains. A three-dimensional

structure was wont to test the existence of separate dimensions: functional limitation, pain discomfort, a big difference was also found between the 2 age groups included within the study within the dimension (P = 0.025).

Conclusion: Fixed orthodontic appliances had a clear impact on OHRQoL. However, males had significantly altered functional limitations while females had a better psychological impact. Furthermore, adults had a significantly higher psychological impact than adolescents has been defined as 'the absence of negative impacts of oral conditions on social life and a positive sense of dent facial self-confidence. Quality of life measures are getting increasingly significant; hence, clinician-based measures of treatment need don't account for patient perceptions or opinions.

The OHIP-14 comprises 14 items that explore seven aspects of impact: functional limitation, physical pain, psychological discomfort, physical disability, psychological disability, social disability, and handicap. The responses were classified using the Liker scale with five options ranging generally; OHRQoL assessments have the potential to supply information on the necessity to enhance the general quality of care. This study aims to assess the impact of fixed orthodontic appliances on OHRQoL of Saudi population and to explore the impact of the patient's gender and age on perceived treatment. Subjects and Methods this cross-sectional study used a generic measure of OHRQoL the Arabic version of the Oral Health Impact Profile from "never" More attention has been focused on the multidimensional construct. A study that used the OHIP-14 showed a three-factor structure for the OHIP-14. Saudi population and to explore the impact of the patient's gender and age on perceived treatment. These results confirmed the existence of a group of three underlying factors considered as functional limitation, from baseline to follow-up (after three months). Periodontal treatments and glycemic control in adults with T2DM. Subjects and Methods This cross-sectional study used a generic measure of OHRQoL the Arabic version of the Oral Health Impact Profile (OHIP-14), which may be a responsive measure to changes in oral health conditions. Data were collected using self-completed e-questionnaire which was distributed through social media and were analyzed using Statistical Package for Social Sciences.