



DENTAL AESTHETIC; PSYCHOSOCIAL IMPACT IN PATIENTS VISITING OPD OF LIAQUAT UNIVERSITY HOSPITAL JAMSHORO

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INTRODUCTION

Body shape and body image concerns only the concepts and the way in which we think of our body, but also how others perceive us.¹ Malocclusion represents a significant health around the world.² Theologians years, Catholic, on the other hand, the uncertain attitude towards the introduction of beauty, and believe that they are afraid to call a demon to work and at the same time, I think it's a sign of God's blessing temptation. Renaissance, but a good one, as the Greek beauty and sense, and it is more and more by the paintings and sculptures.³

Orthodontic treatment need to worry about other factors, especially the individual performance and attitudes motivated.^{4,5} However, the evaluation of the effect of orthodontic treatment need, or

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ABSTRACT... Objectives: Psychosocial impact of dental aesthetic in patients visiting OPD of Liaquat University Hospital Jamshoro. **Study Design:** Observational study. **Place and Duration of Study:** This study was conducted at Dental Section, Liaquat University Hospital Jamshoro, from July 2013 to December 2014. **Methodology:** This study consisted of one hundred and eight cases were selected during this period from orthodontic clinic OPD. Principle investigator reviewed the patients using structured questionnaire. Psychosocial Impact of Dental Aesthetics Questionnaire' (PIDAQ) were analyzed to assess the dental aesthetics by using the Dental Aesthetic Index (DAI). Inclusion criteria were patient's aged 25 years and having no previous history of orthodontic treatment. Those patients already on treatment, presence of craniofacial syndromes or anomalies and "Patients with any mental or behavioral disorders that might have reduced their ability for self-determination were excluded. Malocclusion orthodontic treatment recommendations to the priorities assigned to four classes per grade. The first factor is the Dental Self-Confidence that consists of 6 items from the Self-Confidence Scale. **Results:** A total of 108 patients, both males and females were included in the study. 69(63.88%) out of 108 subjects were males and rest were females 39(36.11%) cases, male to female ratio 1:1.7. The minimum age was 25 years and maximum was 55years but most of the patients were in the range of 25 to 35 years means age was 27+4.7 years. In this study DAI scores were observed, grade-I in 53(49.07%), grade-II in 32(29.62 %), grade-III in 14(12.96 %) and grade-IV in 9(8.33 %). **Conclusion:** Patients who seek orthodontic treatment are anxious to improve their appearance and approval of the social, more often associated with improved oral work or life."

Key words: Psychosocial impact, dental aesthetics, orthodontic treatment.

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to assess the need for and use of traditional methods of assessment is primarily based on the principle, and the need for chewing indices or cephalometric measurements or treatment success / failure is used to describe.^{6,7} These actions, rather than consumer expectations in the eyes of the experts think. The appearance of the patient's dental and orthodontic professional insights and is a significant difference between the intervention was necessary, because this is a serious problem.^{6,8,9} Esthetics teeth in order to raise an important part of the confidence and satisfaction of patients, to create beauty and charm, a clear and socially valuable in their bodies. Many patients have a beautiful smile success of the government and the media, prompting an esthetically pleasant smile suggested Esthetical of the models, are looking to go to dental offices

today. This product is the lack of social networks and interfaces, this model of social work to expose the negative effects of the brain that is important.¹⁰

Orthodontic treatment is often required to be affected.^{11,12} In the past, orthodontic treatment from the caregiver needs to take a more paternalistic way, was assessed by a professional point of view is accurate. However, several studies have stated that the appearance of the dental self-absorbed most important decision to seek orthodontic.^{12,13} Orthodontic treatment is necessary, such as index (IOTN), the Dental Aesthetic Index (DIE) and the outcome and speed (ICON) as the index of the complexity of the different scales, malocclusion scoring system have been developed and used to find potential patients.¹⁴

“Currently, the need for research to investigate the Psychological Impact of Dental Aesthetics Questions’ (PIDAQ) and self-assessment of the aesthetic component (AC) Index of Orthodontic Treatment Need (IOTN), and the objective is to determine the effect of using the dental aesthetic, psychological, and social, emotional and self-absorbed fixed orthodontic therapy and teeth and the general appearance of the attitude.”

MATERIAL & METHODS

This study was conducted at Dental Section, Liaquat University Hospital Jamshoro, from July 2013 to December 2014. This study consisted of one hundred and eight cases were selected during this period from orthodontic clinic OPD. Principle investigator reviewed the patients using structured questionnaire. “Psychosocial Impact of Dental Aesthetics Questionnaire’ (PIDAQ) were analyzed to assess the dental aesthetics by using the Dental Aesthetic Index (DAI).” Inclusion criteria were patient’s aged 25 years and having no previous history of orthodontic treatment. “Those patients already on treatment, presence of craniofacial syndromes or anomalies and Patients with any mental or behavioral disorders that might have reduced their ability for self-determination were excluded.”

Malocclusion orthodontic treatment recommendations to the priorities assigned to four classes per grade, are: Grade 1 indicates normal malocclusion or small and / or the need to treat (DIA \leq 25); Grade 2, the malocclusion directly / “Treatment (DIA 25-30) is all these; Grade 3, malocclusion / badly needed (DIA 31-35); And grade 4, the severe malocclusion / Treatment (DIA \geq 36) is mandatory. Dental Aesthetics Questions’ (PIDAQ) The psychological impact factor analysis of 23 grouped in four factors: 1. Dental Self-Confidence (DSC); 2. Social Impact (SI); 3. The psychological impact (PI); 4. aesthetic concerns (AC). The first factor is the Dental Self-Confidence that consists of 6 items from the Self-Confidence Scale.”

RESULT

A total of 108 patients, both males and females were included in the study. 69(63.88%) out of 108 subjects were males and rest were females 39(36.11%) cases, male to female ratio 1:1.7 (Figure-1). The minimum age was 25 years and maximum was 55years but most of the patients were in the range of 25 to 35 years means age was 27 ± 4.7 years (Figure-2). In this study DAI scores were observed, grade-I in 53(49.07%), grade-II in 32(29.62 %), grade-III in 14(12.96 %) and grade-IV in 9(8.33 %) (Table-I).

DISCUSSION

Analyze its quality of life malocclusions have recently been developed to understand the oral health of patients (OHRQoL).¹⁵ In another country where we want to use a special questionnaire, should translate, but also to adapt to the needs of different situations and cultures. Malocclusion and psychological assessments usually focus on children and adults who recent attitudes are considered to be an important part of the assessment of orthodontis.^{16,17,18}

Gender is an important variable to assess the impact of trends in dental esthetics, and dental esthetics of these effects is consistent with other studies have found that women criticize their opinions.^{19,20}

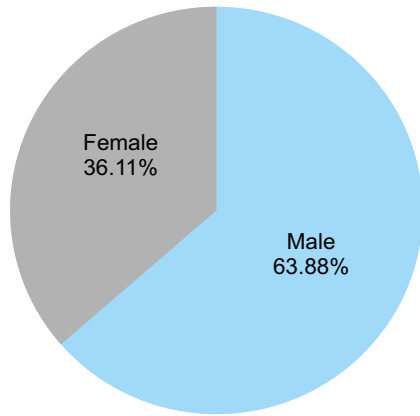


Figure-1. Gender Distribution

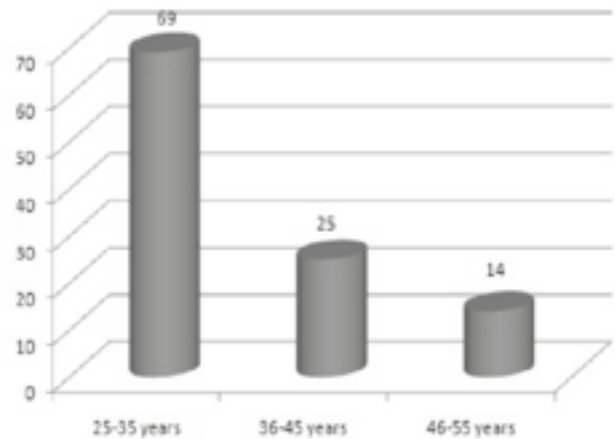


Figure-2

| PIDAQ | DAI scores N=108 | | | |
|---|-------------------------------|---------------------------------|----------------------------------|------------------------------|
| | Grade-I Score ≤ 25 N=53 | Grade-II Score 26-30 N=32 | Grade-III Score 31-35 N=14 | Grade-IV Score >36 N=9 |
| Dental Self-Confidence Subscale items 1-6 | 10 (9.25%) | 8 (7.40%) | 3 (2.77%) | 3 (2.77%) |
| Social Impact Subscale items 7-14 | 9 (8.33%) | 5 (4.62%) | 2 (1.85%) | 2 (1.85%) |
| Psychological Impact Subscale items 15-20 | 25 (23.14%) | 13 (12.03%) | 7 (6.48%) | 3 (2.77%) |
| Aesthetic Concern Subscale items 21-23 | 9 (8.33%) | 6 (5.55%) | 2 (1.85%) | 1 (9.25%) |

Table-I. PIDAQ scores according to Dental Aesthetic Index categorization

In our study 69(63.88%) out of 108 subjects were males and rest were females 39(36.11%) cases, male to female ratio 1:1.7. However in the study of Delcides F. de Paula¹⁰ reported cross-sectional study was designed to include a convenience sample of 301 adolescents 58.1% female, 41.9% male. In our study male is dominant over the female.

In our study minimum age was 25 years and maximum was 55 years but most of the patients were in the range of 25 to 35 years means age was 27±4.7years. while compare with the study conducted by Rozina Nazir in 2014²¹, reported 159 adults with mean age of 20 years (SD±2.4), and largely female comprising 140 (88%) and males were 19 (12%).

“Unlike the Index of Orthodontic Treatment

Need (IOTN), DAI attempts to integrate patients’ perceptions into the index, and includes parts of the clinics on the beauty of mathematics to produce one of the points, which covers the physical characteristics of the goodness of occlusion.²²” It DAI be easy to use, “even if the lack of evaluation facilities, such as buccal cross bite, open bite, the center line of conflict and deep overbite is a limitation of this index.²³” “On the other hand PIDAQ seems to be a requirement for a good instrument as illustrate in factoring strength across the samples, in consistency of scales, and in criterion-related validity. It may help to distinguish the different aspects of the patient and the provider, and values, and serve as a means of documenting the benefits of orthodontic health policy discussions.”

“Our study revealed that subjects’ perception

scores of the PIDAQ scale were analyzed according to the grades of malocclusion determined by the DAI. So patients with higher DAI scores had greater esthetic impact scores, and those with less attractive dentitions may be psychosocially disadvantaged and have esthetic concerns". "In our study DAI scores were observed, grade-I in 53(49.07%), grade-II in 32(29.62 %), grade-III in 14(12.96 %) and grade-IV in 9(8.33 %). However in the study of Fadil Abdulla Kareem²⁴ reported DAI score grade-I in 46%, grade-II in 29%, grade-III in 10 % and grade-IV in 15%."

Other studied like Nihal et al²⁵ revealed found a significant negative relationship but weak for awareness Turkish university students' of malocclusion and satisfaction with the appearance of teeth at different levels of severity of malocclusion. Results of the study showed that age had an impact on satisfaction and gender-DAI score variation. Look malocclusion patients, especially those who need surgical repair is the lowest health of life (HRQOL) and to be higher because Azuma et al²⁶ studied the psychological changes in HRQOL following jaw surgery in patients at risk in the face. "Finally Badran²⁷ found a weak correlation but dissatisfaction with dental appearance had a strong predictive effect on self-esteem. Because patients' perceptions of psychosocial impact related to dental esthetics are multifactorial and are influenced by measures of normative orthodontic treatment need as well as subjective aspects, a multifactorial approach may also be useful in planning orthodontic services and in guiding public health practices."

CONCLUSION

"Patients who seek orthodontic treatment are anxious to improve their appearance and approval of the social, more often associated with improved oral work or life. The results confirm the notion that young people attribute more attractive appearance of teeth. Gender is a key variable to predict the impact of the attitudes of dental esthetics."


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AUTHORSHIP AND CONTRIBUTION DECLARATION

| Sr. # | Author-s Full Name | Contribution to the paper | Author=s Signature |
|-------|------------------------|---|---|
| 1 | Dr. Irum Naz Jutt | Research work & paper writing & drafting of article |  |
| 2 | Dr. Aamir Mehmood Bhut | Supervision & proof reading & contributed in conception | |
| 3 | Dr. Atiq Ur Rehman | Data analysis | |
| 4 | Dr. Waqar Memon | References | |