

EDUCATION IN THE PREVENTION OF BUCCAL-DENTAL MALADIES IN THE CASE OF YOUNG ADULT

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Abstract

Education in the case of buccal-dental health problems seek the establishing of some behaviours meant to allow to the young adult the preservation of his/her own health condition, simultaneously with a good professional training. The assessment of young individual's knowledge, skills and attitudes towards health condition – the buccal-dental apparatus disease – it has been carried out using a questionnaire which was filled in by 140 young adults. Out of statistical data computed for all answers, we have obtained some results which interpretation one may draw the conclusions on how to direct the dentistry education in the case of this age category. The educational decision-making factors must take all the necessary steps to facilitate the transformation of knowledge into skills and favourable attitudes towards health condition. The questionnaire applied in this survey-study represents a simple and efficient instrument for accumulating positive information and attitudes on Dental - Para dental health condition, as it can be applied by a personnel having no prior special qualification and skills.

Keywords: buccal –dental maladies, preventions, young adult

INTRODUCTION.

Due to the psychological features of young adult, this age is extremely favourable for social actions of increasing the capacity of self-defence of health. The instruction for the health problems aims establishment of skills which allow young people, in the same time with a good professional health, also the reservation and strengthening of his health, educational measure conceived as a continuation of the actions of parents and school.(Grivu O.,1995; Dawson E., 2009) The phase of university which coincides with adolescence is equivalent to a last period in which some features of the personality may be refined – character-educational feature –emotional, psycho-social and cognitive – developed and directed in correspondence to the individual features and the requirements of life and society.The present may be approached in the perspective of the future which actually means his entire social, professional, social and personal life. The doctor who also has the position of education provider must present an identification model, as a specialty person, as well as ethical position.(Dylina T.J., 2001; Lindhe J., 1990) Also, the doctor must adapt the language, recommendations and logic of application of

measures and methods for the personal system of the young person, his level of instruction and his degree of maturity. The specialty doctor is a vector of data which may lead to the learning of skills, aptitudes and behaviours specific for the individual state of health and, implicitly, of the collectivity of young adults.(Carranza F.A.,1996; Popa M.B., 2005;)

Material and methods

In order to elaborate sanitary stomatologic education materials, we conceived a questionnaire which covers a large area of elementary knowledge, skills of oral-dental hygiene, attitudes towards the dental – periodontal diseases, assumed to be known until this age. The questionnaire contained 12 questions, it was filled in by 140 young people with ages ranging between 18 - 22 years old, students who were present at the stomatologic cabinet.

Results and discussions.

From the statistical processing of the answers we obtained results from the interpretation of which we might draw conclusions on the direction of sanitary stomatologic education at this category of age, when positive effect skills may be shaped for the entire life of the individual.(Tovaru S.,1999;Iliescu A.,Gafar M., 2002) In which concerns the etiopathogenesis of the dental caries, the importance of taking care of the teeth and the damaging effect of sweets is well-known, but we do not know anything about the role of microbial plate of oral cavity acidity (question 1).

*1.Why do you think teeth have caries?
sick?*

Crt	Answers	No.	%
a	Sweets	34	24,28
b	Structure of teeth	9	6,42
c	Lack of care of the teeth	85	60,71
d	Other causes	12	8,57

2.Why do gums get

Crt.	Answers	Nr.	%
a	Absence of brushing	56	40
b	Dental caries	23	16,42
c	Dental scald	9	6,42
d	Absence of treatment	17	12,14
e	Other causes	45	32,14

In connection to the actions of marginal periodontitis we know very little details on the importance of dental brushing, on the role of dental scald, the absence of answers concerning us in connection to this issue (question 2). The importance of dental brushing is largely recognized in preserving the health state of the oral cavity – dental status (questions 3,4).

3.The washing of teeth may prevent teeth and gum diseases or the bad smell of the mouth?

Crt.	Answers	No.	%
a	May prevent	114	81,42
b	Yes, but not sure	15	10,71
c	No	5	3.57
d	Prevents pains	6	4,28

4.How many times a day we have to wash the teeth?

Crt.	Answers	No.	%
a	1/day	35	25
b	2x/day	90	64,28
c	3x/day	9	6,42
d	4x/day	6	4.28

The answer to question 5 shows a small percentage of those who use the dental floss as additional means for the artificial cleaning of the spaces between teeth.

5.Do you use the dental floss for cleaning the spaces between teeth?

Crt.	Answers	Nr.	%
a	Yes	19	13.57
b	No	121	86,42

6.When do you start brushing where do you place the brush?

Crt.	Answers	No.	%
a	Only on tooth	41	29.28
b	On the superior part of the gum	10	7.13
c	On the gum and on the tooth	75	53.57
d	Under the gum	14	10

If the importance of brushing is known, the technique through which it is correctly done is very little known (questions 6 and 7). The

individual responsibility in maintaining the oral cavity and dental health status is almost unanimously accepted having as consequence the presentation at the dental medicine cabinet in case of odontal - periodontal diseases, a small number using pain medication and waiting for the pain to disappear (questions).

Despite that, we consider necessary in all forms of educations to emphasize as an odontal- periodontal disease even if it disappears subjectively, in the absence of treatment it is followed sooner or later by complications at the level of dental-maxillary apparatus.

7. How do you move the brush in the interior of your mouth?

Crt.	Answers	Nr.	%
a	Forward and backward	61	43,57
b	Up and down	49	35
c	Up for the down teeth Down for the upper teeth s	23	16.42
d	Alt mod	7	5

8. Who is responsible for your teeth and gums health health?

Crt.	Answers	Nr.	%
a	Me personally	119	85
b	The company	0	0
c	a+b	21	15

The answers to questions 11,12 confirm that until this age were issued at least from the quantitative point of view knowledge and suggestions on the stomatologic education.

9. Did u suffer teeth pain? If yes, how did you proceed?

Crt.	Answers	Nr.	%
a	I went to the doctor	119	85
b	I took pain medication	15	10.71
c	The pain ended alone	6	4,28

10. When do you go to the dentist?

Crt.	Answers	Nr.	%
a	When I have teeth pains	83	59.28
b	When I notice a caries	42	30
c	Regular check-up	15	10,71

11. Have you heard before the questions asked so far?

12. Do you think that the questions answered are useful?

Crt.	Answers	Nr.	%
a	No	19	13.57
b	Yes	114	81.42
c	In school	3	2.14
d	From parents	4	2.85

Crt.	Answers	Nr.	%
a	Yes	136	97,1
b	No	4	2.14

From the period of completion of the questionnaires it resulted its informational-formative role in the sanitary education issues.(Zarnea L.,1993;Craciun C., 2005) Several minutes before the therapeutic act an individual processing of answers is done. We notice the diminution of the stress status from the waiting room and a large confidence in the therapeutic act.

CONCLUSIONS

1. The microbial dental plate, the oral cavity acid environment, very little known elements of sanitary education at this age must we emphasized within the actions of sanitary education.
2. The elementary knowledge regarding the disease of marginal periodontitis are very little known, this is why the stomatologic education must be directed towards this side, being known the fact that at a young age, the inflammatory phenomena from the level of marginal periodontitis are reversible.
3. The use of dental floss at least once a day represents a necessity in order to clean the spaces between teeth and to protect the marginal periodontitis.
4. The technique of correct brushing must be known in order to remove the bacterial dental plate (pathogen role).
5. We must emphasize the individual responsibility for the health state of the dental-maxillary apparatus at the periodic check-ups within an active check-up.

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