Decision Making in Oral Rehabilitation Using an Interview Method
Øzhayat, Esben Boeskov

Publication date:
2008

Document Version
Early version, also known as pre-print

Citation for published version (APA):
Decision Making in Oral Rehabilitation Using an Interview Method

Esben B. Özhayat¹, Klaus Gottfredsen¹, Beth Elverdam² and Bengt Owall³

1. Department of Oral Rehabilitation, University of Copenhagen, Denmark
2. Institute of Public Health, University of Southern Denmark, Odense, Denmark

Background

The indication for oral rehabilitation is traditionally based on a lack of different oral functions (1). In modern prosthodontics, by incorporating patient generated aspects into the decision making process, a more accurate decision can be undertaken (2). An optimal method for incorporating the patient perspective in oral rehabilitation should for clinical use be a simple and structured one (3), preferably generating a high number of cues. The SEIQOS-DW is an interview method for generating individual cues, and has been used in the medical research (4). The SEIQOS-DW was considered to fulfil most of the criteria for a method suitable for identifying patient needs and raise the quality of the decision making and treatment planning.

Materials and methods

Fifty-seven patients were included in the study. The participants should be in need for an extensive oral rehabilitation and should have undergone a traditional examination/interview. The number of teeth, number of occluding teeth, regions of missing teeth and removable dental prostheses (RDP), if any, were recorded. The SEIQOS-DW included 4 steps: (1) Generation of cues by interview and selection of the five most important cues (2) Evaluation of the status of the five chosen cues on Visual Analog Scale (3) Evaluation of the relative importance of the five cues using the DW-instrument (Fig.1) (4) Calculation of a score for each cue and an overall SEIQOS-DW score for each patient For each participant, cues regarding reason for demanding treatment, symptoms, wishes and expectations from the traditional history taking were recorded. The OHIP (5) consisted of 49 questions. The patient answered how often a problem had occurred during the past month. A score from 0 to 4 was given to each answer depending on level of occurrence. An overall OHIP score were summarized (6 and 56).

Cues extracted from the OHIP, to be used in the analysis, were chosen to be the cues from the questions with answers of a score 2-4.

The opinion of the participants regarding the SEIQOS-DW method was obtained by four questions. Statistics included a general linear model and t-tests. Level of significance was 0.05.

Results

Significantly more cues were generated by the SEIQOS-DW when compared to the traditional history taking. Significantly more cues were missing in both the traditional history taking and the OHIP when compared to the SEIQOS-DW (Table 1).

The SEIQOS-DW generated additional types of cues when compared to both the traditional history taking and the OHIP (Table 2).

The number of teeth, tooth contacts, missing anterior teeth and RDP showed no significant relationship to the number of cues generated by the SEIQOS-DW. The overall SEIQOS-DW score was significantly related to the overall-OHIP score (Fig.2).

The participants opinion is shown in Table 3. Seventy to ninety percent was positive towards the use of the SEIQOS-DW in treatment planning.

Most frequent additional cues from the SEIQOS-DW

Most frequent additional cues from the SEIQOS-DW were pain in the mouth, dental treatment and dental hygiene.

Table 3: Distribution of types and proportions of the nine methods.

Participants opinion of the SEIQOS-DW

On a scale from 1 to 5, the participants were asked to rate if the interview helped you in making the best possible treatment decision.

Table 3: Summary from the participant’s four questions regarding the use of the SEIQOS-DW method is decisive making in oral rehabilitation.

Conclusions

The SEIQOS-DW method showed a potential for generating useful information in the oral rehabilitation decision making process. The results in more cues and additional information compared to the traditional history taking and the OHIP questionnaire.

The status of the teeth did not influence the volume of information generated by the SEIQOS-DW. A high percentage of the participants were positive towards the use of the SEIQOS-DW method.