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. Özzyat1, Klaus Godtfredsen1, 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

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, region of missing teeth and removable dental prosthesis (RDP), if any, were recorded. The SEQIQoL-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 Analogue 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 SEQIQoL-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 (15) 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 facilitate the cues from the questions with answers of a score 2-4.

The number of patients, tooth contacts, missing anterior teeth and RDP showed no significant relationship to the number of cues generated by the SEQIQoL-DW.

The overall SEQIQoL-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 SEQIQoL-DW in treatment planning.

Most frequent additional cues from the SEQIQoL-DW

<table>
<thead>
<tr>
<th>Cues</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral pain</td>
<td>41 (72)</td>
</tr>
<tr>
<td>Tooth mobility</td>
<td>36 (65)</td>
</tr>
<tr>
<td>Tooth sensitivity</td>
<td>29 (51)</td>
</tr>
<tr>
<td>Tooth vitality</td>
<td>17 (30)</td>
</tr>
<tr>
<td>Fracture</td>
<td>14 (25)</td>
</tr>
<tr>
<td>Retained teeth</td>
<td>10 (18)</td>
</tr>
<tr>
<td>Lysostomatium</td>
<td>9 (16)</td>
</tr>
<tr>
<td>Retained teeth</td>
<td>8 (14)</td>
</tr>
</tbody>
</table>

Table 3: Most frequent additional cues from the SEQIQoL-DW, given compared to the traditional history and the DW

Conclusions

The SEQIQoL-DW method showed a potential for generating useful information in the oral rehabilitation decision making process. The method resulted 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 SEQIQoL-DW.

A high percentage of the participants were positive towards the use of the SEQIQoL-DW method.