Decision Making in Oral Rehabilitation Using an Interview Method
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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

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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 (RPD), if any, were recorded. The SEIQoL-DW included four 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 SEIQoL-DW score for each participant. Cues extracted from the OHIP, to be used in this analysis, were chosen to be in the cues from the questions with answers of a score of 2-4. The Cronbach’s alpha of the questionnaire was 0.85. Significantly more cues were generated by the SEIQoL-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 SEIQoL-DW (Table 1). The SEIQoL-DW generated additional types of cues when compared to both the traditional history taking and the OHIP (Table 2).

Results

The number of teeth, tooth contacts, missing anterior teeth and RPD showed no significant relationship to the number of cues generated by the SEIQoL-DW. The overall SEIQoL-DW score was significantly related to the overall-OHP score (Fig.2). The participants opinion is shown in Table 3. Seventy to ninety percent was positive towards the use of the SEIQoL-DW in treatment planning. Table 1: Number of cues

<table>
<thead>
<tr>
<th>Method of recording</th>
<th>Median no. of cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional history</td>
<td>17 (12-20)</td>
</tr>
<tr>
<td>SEIQoL-DW</td>
<td>39 (30-49)</td>
</tr>
</tbody>
</table>

Table 2: Most frequent additional cues from the SEIQoL-DW

- Oral health information
- Sugar
- Dental care
- Time pressure in consultation
- Psychological influence of oral or denture

Table 3: Patients opinion of the SEIQoL-DW

<table>
<thead>
<tr>
<th></th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Don’t know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEIQoL-DW versus traditional history</td>
<td>83.4</td>
<td>7.1</td>
<td>9.5</td>
</tr>
<tr>
<td>SEIQoL-DW versus OHIP</td>
<td>83.4</td>
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<td>9.5</td>
</tr>
</tbody>
</table>

Conclusions

The SEIQoL-DW method showed a potential for generating useful information in the oral rehabilitation decision making process. The major 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 SEIQoL-DW. A high percentage of the participants were positive towards the use of the SEIQoL-DW method.