Decision Making in Oral Rehabilitation Using an Interview Method

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Decision Making in Oral Rehabilitation Using an Interview Method

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Objectives

The aim was to describe the potential of the SEIQoL-DW method and differences between the SEIQoL-DW method and the traditional history taking as well as the OHIP questionnaire in generating usable information for decision making in oral rehabilitation.

Background

The indication for oral rehabilitation is traditionally based on a lack of different oral functions (1). In modern prosthetics, 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 SEIQoL-DW is an interview method for generating individual cues, and has been used in the medical research (4). The SEIQoL-DW was considered to fulfill 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, region of missing teeth and removable dental prostheses (RDP), if any, were recorded. The SEIQoL-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 SEIQoL-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 the level of occurrence. An overall OHIP score were summarized (9 and 96).

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 SEIQoL-DW method was obtained by four questions. Statistics included a general linear model and t-tests. Level of significance was 0.05.

Conclusions

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