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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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 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 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, region of missing teeth and removable dental prosthesis (RDP), 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 patient

For each participant, cues regarding reason for decision making and the level of occurrence. An overall OHIP score were generated by the SEIQoL-DW.

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 number of teeth, tooth contacts, missing anterior teeth and RDP 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 OHIP score (Fig.2).

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

Results

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.

Conclusions

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.

References


Fig. 1: The SEIQoL-DW interview.

Fig. 2: Relationship between SEIQoL-DW score and OHIP score.

Table 1: Distribution of cases and comparison of cues of the three methods.

<table>
<thead>
<tr>
<th>Type of cue</th>
<th>Total cases</th>
<th>SEIQoL-DW</th>
<th>OHIP</th>
<th>Traditional History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>57</td>
<td>13 (7.5%)</td>
<td>26 (45.6%)</td>
<td>18 (31.6%)</td>
</tr>
<tr>
<td>RDP</td>
<td>57</td>
<td>15 (26.3%)</td>
<td>27 (47.4%)</td>
<td>15 (26.3%)</td>
</tr>
<tr>
<td>Teeth</td>
<td>57</td>
<td>14 (24.6%)</td>
<td>27 (47.4%)</td>
<td>16 (28.1%)</td>
</tr>
<tr>
<td>Tooth contacts</td>
<td>57</td>
<td>18 (31.6%)</td>
<td>26 (45.6%)</td>
<td>13 (22.8%)</td>
</tr>
<tr>
<td>Missing anterior teeth</td>
<td>57</td>
<td>22 (38.6%)</td>
<td>29 (50.9%)</td>
<td>16 (28.1%)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of cue</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health status</td>
<td>34 (60.4%)</td>
</tr>
<tr>
<td>Oral pain</td>
<td>20 (34.5%)</td>
</tr>
<tr>
<td>Oral function</td>
<td>8 (14.0%)</td>
</tr>
<tr>
<td>Oral condition</td>
<td>7 (12.3%)</td>
</tr>
<tr>
<td>Oral discomfort</td>
<td>5 (8.7%)</td>
</tr>
</tbody>
</table>

Table 3: Cues from the participants regarding the use of the SEIQoL-DW method in decision making in oral rehabilitation.