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 (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 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 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 OHP (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 the level of occurrence. An overall OHP score were summarized (9 and 86).

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.

Results

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 OHP 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 OHP (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 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.

Most frequent additional cues from the SEIQoL-DW

<table>
<thead>
<tr>
<th>Cues</th>
<th>% of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral pain</td>
<td>61.7</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>41.6</td>
</tr>
<tr>
<td>Difficulty eating</td>
<td>39.5</td>
</tr>
<tr>
<td>Smoking</td>
<td>32.8</td>
</tr>
<tr>
<td>Difficulty chewing</td>
<td>29.0</td>
</tr>
</tbody>
</table>

Table 2: Most frequent additional cues from the SEIQoL-DW when compared to the traditional history and the OHP.

Conclusions

The SEIQoL-DW method showed a potential for generating useful information in the oral rehabilitation decision making process. The results resulting 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.