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 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 (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 OHIP score were summarized (60 and 16).

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 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).

The number of teeth, tooth contacts, missing anterior teeth and RDPs 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 participants opinion is shown in Table 3. Seventy to ninety percent was positive towards the use of the SEIQoL-DW in treatment planning.

## Conclusions

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

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**References**


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**Table 1:** Number of cues

<table>
<thead>
<tr>
<th>Method of recording</th>
<th>SEIQoL-DW</th>
<th>Traditional history</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median no. of cues</td>
<td>17 (12–26)</td>
<td>11 (8–18)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cues</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral pain</td>
<td>68.3</td>
</tr>
<tr>
<td>Difficulty in eating</td>
<td>68.3</td>
</tr>
<tr>
<td>Aesthetics</td>
<td>68.3</td>
</tr>
<tr>
<td>Emotional suffering</td>
<td>42.5</td>
</tr>
<tr>
<td>Function</td>
<td>33.3</td>
</tr>
</tbody>
</table>

**Table 3:** Acceptance of the SEIQoL-DW

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Don’t Know (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you give me any knowledge about your oral health?</td>
<td>96.5</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Did you feel a dental visit could be the solution to your oral health problems?</td>
<td>96.5</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Can you think of any experience that has made you think about your oral health?</td>
<td>96.5</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Did you find any oral health problems that were not reported by your dentist?</td>
<td>96.5</td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>

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**Fig.1:** SEIQoL-DW interview.

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