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Clinician-centered parameters of periodontal disease

- Objective
- Bleeding on probing (BOP)
- Probing pocket depth (PPD)
- Clinical attachment level (CAL)

Patient-centered parameters of periodontal disease

- Subjective
- Redness
- Bleeding on brushing
- Loosening of teeth
- Bad breath
- Affect daily functions

Patient-centered parameters of periodontal disease

- More relevant from patient's point of view
- Significant impact on daily quality of life (QoL)

<u>Aim of study</u>

 Impact of periodontal status on oral health-related quality of life

Hypothesis

 Subjects with high level of clinical attachment loss would have inferior oral health-related quality of life (QoL)

Subjects

- Sub-sample in a community study of psychosocial stress and periodontal disease (IO-33: Ng & Leung)
- Age 25-64
- Mean full mouth CAL < 2mm
- Mean full mouth CAL > 3mm (Genco et al., 1999)

Data Collection

Periodontal status
> Clinical Attachment Level (CAL)

Data Collection

- Quality of Life (QoL)
 - Measured by Chinese short-form version of the Oral Health Impact Profile (OHIP-14S)
- Checklist of <u>self-reported</u> (Yes/No) periodontal signs and symptoms

OHIP-14S

- > Functional limitation
- > Physical discomfort
- > Psychological discomfort
- > Physical disability
- > Psychological disability
- > Social disability
- > Handicap

- **OHIP-14S**
 - > Preceding 12 months
 - > 5-point Likert scale
 - > 0 = never
 - > 1 = hardly ever
 - > 2 = occassional
 - > 3 = fairly often
 - > 4 = very often

Data Analysis

 Compare the OHIP-14S scores between the two groups of subjects:

→ Healthy-Low CAL group: mean CAL ≤ 2mm

> High-Severe CAL group: mean CAL > 3mm

Results

- 727 subjects
 - > Male : Female 342 : 385

Education

> More than two-thirds above secondary

Income

> 30% above HK\$15,000

Results

• Dental visit

>	1 year or less		35.9%
	For check-up & cleaning	24.5%	
	For dental problem	11.4%	
>	1 to 3 year		31.5%
>	More than 3 year		25.4%
>	Never visited dentist		6.2%
>	Could not remember		1.0%

Table 1: Prevalence of negative impacts in OHIP-14Ssubscales

	Fairly/very often ^a		
	%		
Functional limitation	21.0		
Physical pain	13.2		
Psychological discomfort	8.1		
Physical disability	20.5		
Psychological disability	6.5		
Social disability	1.1		
Handicap	1.3		

^asubjects with negative impacts.

Table 2: Mean scores and internal consistency for OHIP-14S and individualsubscales

			Internal	
	Mean Scores Cor		Consistency	
	(±SD)	Range	(Cronbach's α)	
Functional limitation	1.99 ± 1.92	0 - 8	0.77	
Physical pain	1.82 ± 1.88	0 - 8	0.88	
Psychological discomfort	1.02 ± 1.69	0 - 8	0.88	
Physical disability	1.54 ± 2.08	0 - 8	0.79	
Psychological disability	1.25 ± 1.76	0 - 8	0.85	
Social disability	0.38 ± 1.09	0 - 8	0.81	
Handicap	0.29 ± 1.01	0 - 7	0.73	
OHIP-14S	8.31± 10.76	0 - 55	0.94	

Table 3: Adjusted scores (Mean ± SE) of OHIP-14S and individual subscales of subjects in the two levels of CAL severity

	Periodontal atta			
	Healthy/Low	High/Severe Statist		tistics
	(<i>n</i> = 584)	(<i>n</i> = 143)	F	P- value
Functional limitation	1.11 ± 0.44	5.41 ± 1.24	6.72	<0.01
Physical pain	0.96 ± 0.43	4.86 ± 1.26	6.13	<0.05
Psychological discomfort	0.32 ± 0.37	3.95 ± 1.12	4.36	<0.05
Physical disability	0.59 ± 0.43	5.33 ± 1.23	5.43	<0.05
Psychological disability	0.45 ± 0.40	4.38 ± 1.09	4.28	<0.05
Social disability	0.35 ± 0.73	0.45 ± 0.57	2.22	0.14
Handicap	0.26 ± 0.56	0.34 ± 0.51	2.32	0.13
OHIP-14S	3.78 ± 2.25	25.09 ± 5.94	4.24	<0.05

^aCAL categories (mean full mouth CAL): healthy/low = 0 to 2.0 mm; high/severe > 3.0 mm (Genco et al., 1999). ^bAdjusted for <mark>age, education and number of teeth</mark>; ANOVA.

Conclusions

- The impact of periodontal health on QoL was appreciable, especially on
 - > Functional limitation
 - > Physical disabilities

Conclusions

- A significant difference of oral health-related QoL between high-severe and healthy-low periodontal attachment loss groups
 - > Functional limitation
 - > Physical pain
 - > Psychological discomfort
 - > Physical disabilities
 - > Psychological disabilities

Conclusions

 A significant association exists between oral health-related quality of life and periodontal disease.

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