



STATUS OF PARTIAL EDENTULISM IN THE RURAL AREA OF THIRUVALLUR

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ARTICLE INFO

Article History:

Received 12th December, 2016

Received in revised form 2nd January, 2017

Accepted 25th February, 2017

Published online 28th March, 2017

Key words:

Causes, Partial Edentulism,
Status, Thiruvallur

ABSTRACT

Aim: To determine the status of partial edentulism in the rural area of Thiruvallur

Materials and Methods: A simple random sampling was carried out among 250 individuals in the rural district of Thiruvallur. A self assessed questionnaire comprising of 12 questions was given and a clinical examination was conducted. Out of the 250 individuals, 102 were partially edentulous. The information was gathered based on various demographics.

Background: Partial edentulousness is a dental arch in which one or more but not all natural teeth are missing. Generally, it occurs by caries, periodontal problems, traumatic injuries and cystic lesions. Partial edentulism leads to several drawbacks to the subjects including clinical challenges and lifestyle compromises. Clinically, partial edentulism results in drifting and tilting of adjacent teeth, supra eruption of opposing teeth, altered speech, changes in facial appearance and tempero-mandibular disorders.

Reason: Studies related to partial edentulism are scarce especially in the rural parts of South India, even though it affects many. It affects the patient's life drastically and knowing the status of partial edentulism in that area can help combat it.

Result: The prevalence of partial edentulism in the study population from rural Thiruvallur area is relatively high.

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INTRODUCTION

One of the most important oral health indicators is the ability to retain more number of teeth throughout life. Edentulism or complete tooth loss is prevalent worldwide among older people. Earlier studies have shown that edentulism affects the health and the overall quality of life of the elderly¹. Earlier studies have shown an association between socio-demographic factors, lifestyles, and tooth loss¹⁻³. Tooth loss has been reported to be mainly due to dental caries and periodontal disease^{4,5,6}. The complex interaction between dental diseases, the tendency to use dental care, dental attitude, and affordability of non-extraction treatment have been related to the incidence of tooth loss.⁷ Women with a low education level, low economic status, and those who did not brush their teeth showed a higher average of missing teeth.⁸ Age, gender, low family income, and rural domicile have been associated with edentulism.⁹ Tooth loss impairs the quality of life, and also it affects the well-being of the person. Missing teeth can interfere with chewing ability, diction, and esthetics. Low self-esteem related to tooth loss can hinder an individual's ability to socialize, hamper the performance of

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work and daily activities, and lead to absence from work.¹⁰ Information about the frequency of tooth loss and its risk factors in developing countries is sparse. Relatively very few studies have been conducted to know the risk indicators related with tooth loss among Indian adults.^{11,12}

MATERIALS AND METHODS

A simple random sampling was carried out among 250 patients. A self assessed questionnaire comprising of 12 questions was given to the patients and clinical examination was done for the partially edentulous patients. Out of the 250 patients, 102 were partially edentulous. The information gathered was based on various demographics (age, sex, income, reasons for not restoring). Data extraction was done from the partially edentulous patients and processed.

RESULTS AND DISCUSSION

Loss of teeth reflects a major public health problem in many countries.¹³ Edentulism has a significant impact on health and the overall quality of life.¹⁴ Studies on self-perception have shown that tooth loss is associated with functional, psychological, and social impacts on individuals.^{1, 15-17}. When patients had missing teeth in the anterior region along with missing teeth in the posterior region, their primary reason for replacement was aesthetics.¹⁸

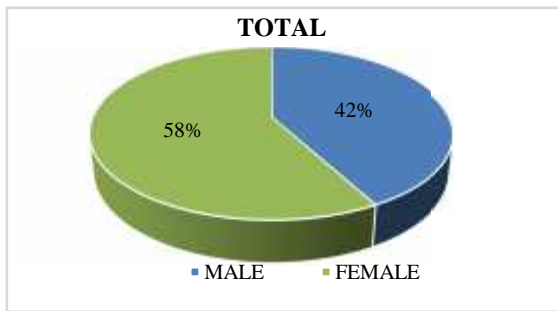


Fig 1 Sex of the Patient

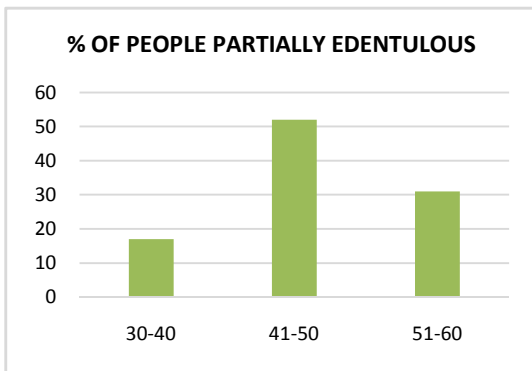


Fig 2 Age Group

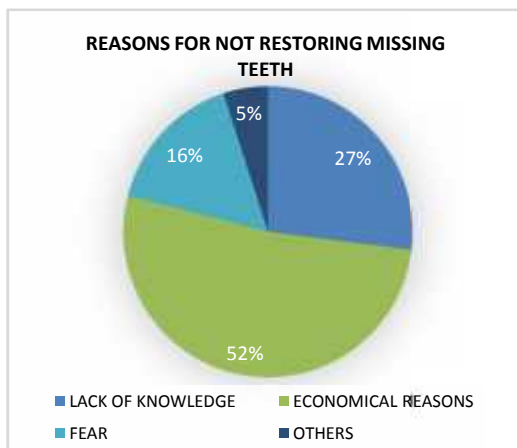


Fig 3 Reasons for Not Restoring

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Among the population examined 42% of them were males and 58% of them were females. The present study shows an association between gender and edentulism. It was observed that a majority of the study population comprised partially edentulous female patients. The age group of 30-40 years had 17% of people that were partially edentulous, the age group of 41-50 had 52%, the age group of 51-60 had 31%. It can be seen that the most number of partially edentulous patients lie in the 41-50 age group. This could be because of periodontal problems, dental caries, weakening of the alveolar bone among others. From the survey, it was found that 52% did not restore the missing teeth due to economical reasons, 27% due

to lack of knowledge and 16% due to fear. Since the economical status of the majority was quite low, they were unable to afford treatment. The prevalence of partial edentulism in the study population from rural Thiruvallur area is relatively high. The awareness about rehabilitation of partial edentulous state is also inadequate.

CONCLUSION

Hence, more awareness and treatment programmes need to be initiated to address this concern. They require community-based oral health programs to increase the awareness and reduce the risk for tooth loss. There is a definitive need for a step-by-step approach in eradicating the cause all over the country with special focus on people who suffer from socio-economic and geographical disadvantage.

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How to cite this article:

Hena Mariam Fathima *et al* (2017) ' Status Of Partial Edentulism In The Rural Area Of Thiruvallur', *International Journal of Current Advanced Research*, 06(03), pp. 2926-2928.
DOI: <http://dx.doi.org/10.24327/ijcar.2017.2928.0144>
