

Attitude of Dental Students, Interns and Practicing Dentists Towards Tobacco Use Cessation

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ABSTRACT

Objective : To compare dental students', Interns', and Practicing Dentist's attitude towards tobacco cessation promotion in dental setting.

Methods : The study was conducted on BDS 3rd year students, Interns and practicing dentists of Moradabad city. A 23-item written survey was administered to all the participants. Questions focused on dental students', Interns', and practicing dentist's attitude towards the dental professional's responsibilities and scope of practice in promotion of tobacco cessation.

Results : Response rate was more than 90 percent (199/220). Respondents were 52 percent males and 48 percent females. There were 47 percent dental students, 32 percent interns and 21 percent doctors. Eighty-four percent agreed that it is within the scope of dental practice to advise patients to quit using tobacco and 82 percent agreed that tobacco cessation counseling in the dental office could impact patient's quitting. Nearly one-fifth (18 percent) were slightly or not interested in receiving tobacco cessation training.

Conclusion : Attitudes of the participants appear to be positive regarding the dental professional's responsibility to educate patients about the risk of tobacco use. However, some have reservations about the extent to which tobacco cessation services fit within the scope of dental practice, the efficiency of such services and the patient receptiveness.

Keywords: Dental professionals, Tobacco cessation, Attitudes, Curricula, Counseling, Intervention.

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INTRODUCTION

Of all the rights cherished by human beings and enshrined in international law, none is more fundamental than the right to health. Asked to rank their aspirations, men and women around the world name good health as their number one desire. One of the greatest threats to that desire today is the epidemic of tobacco use (1).

Tobacco use has a devastating effect on the health and well being of the public. Tobacco use is widely recognized as the single most preventable cause of premature death. Worldwide, with current smoking patterns, about 500 million people alive today will eventually be killed by tobacco use. By 2030, tobacco is expected to be the single biggest cause of death worldwide, accounting for about 10 million deaths per year. One-half of these deaths will occur among people 35 to 69 years of age, losing an average of 20 – 25 years of life (2).

For decades, Public Health advocates have been sending a clear message: tobacco use in any form is harmful. The adverse health effects of tobacco use have been thoroughly documented. All forms of tobacco – including Cigarettes, Cigars, Pipes and Smokeless Tobacco – have been established as causal for oral and pharyngeal cancer and are responsible for more than 75 percent of deaths caused by these malignancies (3).

A complex web of motivation and addictions drives each individual who refuses to heed the warnings, but the question for the health professionals is this: what concrete steps can we take to help smokers and other tobacco users quit and to discourage non-users from ever starting it?

Members of the dental profession have been pondering this question for a long time, for they are responsible for the oral health of their patients and, every day, they see dramatic evidence of the damage tobacco does. They know that:-

- More than 90 percent of the cancers

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affecting the mouth, tongue, lips, throat, larynx, and pharynx are attributed to tobacco use;

- Aside from cancer, tobacco use raises the likelihood of periodontal disease, can cause halitosis, reduced ability to taste, staining of teeth, gingival pigmentation, and oral mucosal lesions, and increases the risk of fatal abnormalities among women who smoke during pregnancy (4).

With this background, dental personal play a significant role in primary and secondary prevention of tobacco use. As oral health experts, they should make it a routine to include talking about tobacco issues when they motivate preventive oral health care.

These elements make it clear that dentists and dental educators have significant opportunities to bring about positive change in this vital area of public health.

The aim of this study was to determine BDS third-year students', Interns', and practicing Dentist's attitude towards tobacco use cessation promotion in dental setting.

MATERIAL AND METHODS

The cross-sectional survey was designed to assess the attitude of dental students and registered dental practitioners of Moradabad city towards tobacco use cessation practice.

Dental students included BDS third-year students and interns from Kothiwal Dental College and Research Centre, Moradabad. Ethical clearance was taken from the institutional review board for conducting the study. Participation of the subjects in the study was voluntary.

A total of 210 subjects (163 students and

47 doctors) agreed to participate in the study. The study used a closed-ended, twenty-three item questionnaire that was pilot tested on a small convenience sample of students. The researcher interviewed the pilot test responders to elicit their understanding of the questions and appropriate revisions were incorporated to ensure content and validity.

The questionnaire includes socio-demographic information (gender and study level), personal tobacco use and their attitudes towards tobacco users. The questionnaire also included questions assessing health effects of tobacco use, subjects' beliefs and attitudes towards tobacco use cessation practice and possible barriers to offering cessation assistance. Additionally, questions were asked about attitudes and opinions regarding their current level of interest in receiving training and introduction of cessation course in dental curriculum. The responses were measured on a five-point Likert scale.

Eleven surveys were dropped from the analysis due to extensive missing data, resulting in a final sample population of 199 subjects. The data was entered on a master chart and descriptive analysis was done.

RESULTS

Out of a total of 199 respondents, 51 percent were males and 49 percent were females. Forty-seven percent of the respondents were BDS third-year students, 32 percent were interns and the remaining 21 percent were doctors.

Very few of the respondents had a positive attitude towards tobacco and its users. Nineteen percent of the respondents agreed that one of their family member or a close friend had used tobacco regularly.

Eighty-two percent of the respondents knew that tobacco is harmful even if used in small quantities.

More than 90 percent of the respondents feel that tobacco cessation training should be a part of dental curriculum and 82 percent were ready to do a course regarding tobacco cessation as this would help them prepare in a better way for tobacco use cessation promotion.

Responses to items related to professional responsibility are shown in table 1. More than 90 percent of the respondents agreed that it is the dental professional's responsibility to educate patients about the risks of tobacco use. A total of 85 percent of respondents also agreed that it is dental professional's responsibility to encourage the patient to quit using tobacco.

Responses to items related to effectiveness of tobacco use cessation promotion in dental setting are shown in table 2. Eighty-three percent of respondents strongly agreed or agreed that tobacco counseling offered in dental office can have an impact on patient's quitting, and only 5 percent disagreed to this statement. Only 19 percent agreed that the dental professional's time can be much better spent doing things other than trying to reduce tobacco use in patients.

Responses to items related to scope of dental practice are shown in table 3. The majority of respondents strongly agrees or agrees that it is within the scope of dental practice to ask patients if they use tobacco (63 percent), to prescribe nicotine replacement therapy (70 percent), and to provide written cessation guidelines and motivational material with specific quitting tips helping the patient to quit tobacco (87 percent).

Is it the dental professional's responsibility to:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Educate patients about the risks of tobacco use	41.7%	49.2%	6.0%	3.0%	-
Encourage patients to quit using tobacco	28.1%	59.2%	6.0%	5.0%	1.5%
Discuss with patient the benefits of quitting tobacco use	49.7%	42.7%	4.5%	2.0%	1.0%

Table 2: Responses: Effectiveness items

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Tobacco use cessation counseling offered in the dental office can have an impact on patients' quitting	30.1%	52.7%	11.55%	5.52%	—
Counseling patients about quitting tobacco is of no use since such patient's won't listen anyway	3.1%	20.6%	23.11%	39.19%	14.0%
The dental professional's time can be much better spent things other than trying to reduce tobacco use in patients	4.0%	15.0%	26.13%	44.2%	10.5%

DISCUSSION

The dental office provides an excellent setting for providing tobacco cessation intervention services. Dental patients are particularly receptive to health messages at periodic checkups, & oral effects of tobacco use provide visible evidence and a strong motivation for tobacco users to quit(5).

Since many tobacco users visit a dental office every year, so it is important that the dentist be prepared to intervene those who are willing to quit. There are 5 major steps (the "5 As") to intervention in the primary care setting. It is important for the dental care provider to "Ask" the patient if he or she uses tobacco, "Advice" him or her to quit, "Assess" willingness to make a quit attempt, "Assist" the patient in making a quit attempt, and "Arrange" for follow-up contacts to prevent relapse(6).

The study examined the perceptions of three groups of health professionals about tobacco use cessation interventionist roles and the results may reveal important information about health professionals' attitudes towards tobacco use cessation promotion in dental setting.

Very few of the respondents had a positive attitude about tobacco and its users, which is consistent with the literature (7, 8) and which is in concurrence with our finding

that more than 82 percent of the respondents knew that tobacco use is harmful even in small quantities.

The fact that more than 90 percent of the respondents viewed it as their professional responsibility to ask patients if they use tobacco, to educate patient about the risk of tobacco use, to discuss the benefits of quitting, and to advise quitting tobacco use is encouraging and consistent with the results of previous studies addressing the students' and practitioners' attitudes(9,10,11).

Despite their overall high level of agreement that dental professionals have a responsibility to educate patients, some respondents may have reservations about the extent to which all of tobacco cessation services fit within the scope of dental practice. For example, the proportion of respondents who strongly agreed that the specified activity is within the scope of dental practice fell to 32 percent for discussion of specific strategies, 25 percent for discussing the health hazards of tobacco use, and 11 percent for nicotine replacement therapy. These results of our study are similar to the results of Victoroff *et al* survey on incoming dental students (12). It may be that respondents do not view active involvement in an individual's quitting efforts as part of the dentists' role

– they are content more with a hands-off approach, providing general information and education but not becoming more actively involved.

Some respondents may be skeptical about the extent to which tobacco use cessation promotion is effective in helping patients to quit. When asked about the impact of tobacco use cessation counseling on patient's quitting, only 30 percent of respondents strongly agreed that counseling can have an impact. About 70 percent of respondents disagreed or strongly disagreed with the statement "It is not worth discussing tobacco use with patients, since most people already know they should quit", but more than 30 percent agreed or were neutral. About 20 percent agreed that the dental professionals' time can be better spent doing other things. These responses are in accordance with the results of the study by Victoroff *et al* (12) and they suggest that the majority of respondents are positive about the extent to which tobacco use cessation promotion is effective in helping patients to quit, but some may have reservations about effectiveness.

Finally, respondents' interest in receiving training is highly variable, ranging from significant interest to no interest. Nearly one-fifth of the respondents were slightly

Table 3: Responses: Scope of dental practice items

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Assess tobacco use in the patients	15.5%	47.2%	17.5%	18.5%	1.0%
Prescribe nicotine replacement therapy	11.1%	59.2%	18.1%	9.5%	2.0%
Involve other health care professionals in tobacco cessation clinics	23.1%	59.2%	13.5%	3.5%	0.5%
Discuss specific strategies for stopping	32.1%	54.7%	7.0%	4.5%	1.5%

or not interested in receiving the training. The result being similar to the study by Yip JK *et al* (9). This may be because they feel that with an additional training program they will over-burdened or it may be because they feel that their curriculum gives them the basic information so they do not need an additional training.

Given the marginal nature of some students' interest in tobacco use cessation training, the institution must send a clear message that this is something of value and is part of the role of dental professional.

If the goal of tobacco cessation curricula is to influence students' future clinical practice behaviors – to produce practitioners who incorporate tobacco cessation promotion as a routine component of dental practice – then instructors must understand where students are starting from. Attitudes, concerns, and reservations must be acknowledged and addressed. Students need to understand the principles of tobacco cessation. Further, dental faculty need to reinforce the tobacco

interventionists' message more consistently and clearly.

CONCLUSION

A unified effort among health professionals is needed to reduce the morbidity and mortality associated with tobacco use. With a clear vision and administrative support, faculty could strive to develop practitioners who feel prepared and comfortable helping tobacco-using patients abstain.

REFERENCES

1. Blanke DD, Silva VC. Tobacco control legislation: an introductory guide. WHO 2004.
2. Tomar SL. Dentistry's role in tobacco control. *J Am Dent Assoc* 2001;**132**:30S-35S.
3. Gelskey SC. Impact of a dental/dental hygiene tobacco-use cessation curriculum on practice. *J Dent Educ* 2002;**66**:1074-1078.
4. Weaver R, Whittaker L, Broom A, *et al*. Tobacco control and prevention efforts in dental education. *J Dent Educ* 2002;**66**:426-429.
5. Warnakulasuriya S. Effectiveness of tobacco counseling in the dental office. *J Dent Educ* 2002;**66**:1079-1087.
6. Monsoon AL, Engeswick LM. Promotion of tobacco cessation through dental hygiene education: a pilot study. *J Dent Educ* 2005;**69**:901-911.
7. Fried JL, Reid BC, DeVore LE. Comparison of health professions student attitudes regarding tobacco curricula and interventionist roles. *J Dent Educ* 2004;**68**:370-377.
8. Halling A, Uhrbom E, Bjerner B, *et al*. Tobacco habits, attitudes and practicing behavior in tobacco prevention among dental personnel in Sweden. *Community Dent Oral Epidemiol* 1995;**23**: 254-255.
9. Yip JK, Hay JL, Stewart RK, *et al*. Dental students' attitudes towards smoking cessation guidelines. *J Dent Educ* 2000;**64**:641-650.
10. Pizzo G, Licata ME, Piscopo MR, *et al*. Attitudes of Italian dental and dental hygiene students towards tobacco-use cessation. *Eur J Dent Educ* 2010;**14**:17-25.
11. McCartan B, McCreary C, Healy C. Attitudes of Irish dental, dental hygiene and dental nursing students and newly qualified practitioners to tobacco-use cessation: a national survey. *Eur J Dent Educ* 2008;**12**:17-22.
12. Victoroff KZ, Tatyana DH, Haque S. Attitudes of incoming dental students towards tobacco cessation promotion in dental setting. *J Dent Educ* 2004;**68**:563-568.