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Oral Health Related Quality Of Life

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ABSTRACT
Despite its relatively recent emergence over the past few decades, OHRQoL has important implications for the clinical practice of dentistry and dental research. OHRQoL is a multidimensional construct that includes a subjective evaluation of the individual's oral health, functional well-being, emotional well-being, expectations and satisfaction with care, and sense of self. It has wide-reaching applications in survey and clinical research. OHRQoL is an integral part of general health and well-being. In fact, it is recognized by the World Health Organization (WHO) as an important segment of the Global Oral Health Program (2003). The relevance of OHRQoL for dental practitioners and patients in community-based dental practices is presented.

KEYWORDS: quality of life, health services research, patient outcomes, evidence-based dentistry/health care, community dentistry, psychosocial factors.

I. INTRODUCTION

The impact of oral diseases on the quality of life is obvious. The psychological and social impact of such diseases on our daily life is easily comprehensible which makes them of considerable importance. Recent developments in the definition of health and measurement of health status have little impact on dentistry. Thus it is important to know that quality of life (QOL) measures is not a substitute of measuring outcomes associated with the disease, but are adjunct to them.

DEFINITION

According to United States Surgeon General's report on oral health which defines OHRQOL as "a multidimensional construct that reflects (among other things) people's comfort when eating, sleeping, and engaging in social interaction; their self-esteem; and their satisfaction with respect to their oral health."

CONCEPT

The concept of "OHRQOL" captures the aim of new perspective i.e., the ultimate goal of dental care mainly good oral health. OHRQOL is significant to areas of dental health in particular; these are the clinical practice of dentistry, dental research and dental education . OHRQOL has an obvious role in clinical dentistry which translates into the clinicians' recognition that they do not treat teeth and gums, but human beings. At the community research level, the concept of OHRQOL is especially vital to promote oral health care and access to care. People are more likely to behave positively when they understand how oral diseases affect their general health and quality of life rather than simply the effect of such disease on their teeth or gums.

HISTORY

OHRQOL is a relatively new, but rapidly growing phenomenon, which has emerged over the past 2 decades . Slade and others identified the shift in the perception of health from merely the absence of disease and infirmity to complete physical, mental, and social well-being, the WHO definition. This shift happened in the second half of the 20th century and it was the result organization (WHO) as the key issue in the conception of health-related quality of life (HRQOL) and subsequently OHRQOL a "silent revolution" in the values of highly industrialized societies from materialistic values that concentrate on economic stability and security to values focused on self-determination and self-actualization . The notion of OHRQOL appeared only in the early 1980s in contrast to the general HRQOL notion that started to emerge in the late 1960s. One explanation for the delay in the

development of OHRQOL could be the poor perception of the impact of oral diseases on quality of life.

How is OHRQoL used in Research?

Based on the paradigmatic shift toward a patient-centered, biopsychosocial approach to oral health care, OHRQoL has become central to dental research.

- **Consideration for assessing OHRQoL**

There are multiple considerations when OHRQoL is used in research. First it is important to determine the specific purpose of OHRQoL assessment, since research application can vary. The OHRQoL assessment tool should discriminate between and among those applications by extend of condition (disease status) and potentially across diagnostic or treatment seeking groups.

Another consideration is the use of generic vs disease condition specific instruments. Disease specific measures may be advantageous over generic measures. OHRQoL measures are specific to oral health (e.g.: mouth, teeth, face) but are general in that a range of oral symptoms and impacts is included (e.g.: bleeding gums). Thus, OHRQoL measures are appropriate across multiple oral health conditions but may not be sensitive to people seeking care for a health condition that does not have oral health manifestations, like sickle cell.

If the OHRQoL assessment is meant to be used for population based epidemiological sampling (e.g.: to assist deficits, negative impact), it should include a wide range of oral symptoms to properly tap a multitude of oral impacts. Thus, a generic measure is likely less responsive than an OHRQoL assessment used in study focused on single disease condition.

- **OHRQoL in survey research**

OHRQoL is utilized in health services research to examine trends in oral health and population- based needs assessment. Epidemiological survey research has examined trends in OHRQoL, identified individual and environmental characteristics that affect OHRQoL, and aided in needs assessment and help planning for population-based policy initiatives. Research has found that certain groups are at greater risk for low OHRQoL. Research has revealed that certain medical dental and emotional conditions are also associated with low OHRQoL. For example, women with HIV, individuals with dental anxiety and individuals with periodontal disease have lower OHRQoL compared with the general population. The greater the untreated dental decay, the lower the QoL, and greater the malocclusion (overjet), the lower the QoL. Further those with craniofacial conditions had lower QoL than the other treatment groups. Such baseline assessment may inform health practitioners of specific areas of focus from the patients' perspectives .

- **OHRQoL as an outcome measure**

More recently, OHRQoL assessments are being incorporated into observational clinical studies and trials to measure efficaciousness of treatment with the goal of improving care. Longitudinal studies involving OHRQoL seek to measure changes in scores from baseline to post treatment.

Researchers studying oral health problems have used OHRQoL as an outcome measure to determine the effect of treatment on QoL. Along with other clinical assessments, it allows other oral health care professionals to evaluate the efficacy of treatment protocols from patients' perspectives. With multiple evaluative tools, professionals are better equipped to accurately weigh the risks and benefits associated with treatments.

- **Implications of OHRQoL research and health policy**

The pervasive problem of low oral health care utilization and poor oral health is often the result of unequal access to care. Using the association between oral health conditions and QoL can be an effective mechanism to communicate with policy makers to reveal the importance of oral health and equal access to care. With increasing treatment options and diversity of patient samples, we should consider sociocultural and psychological factors when assessing needs, outcomes and clinical practice. Given the disparities in access to care and treatment rationing due to cost, comparing QoL, across treatment group may facilitate decision making for patients, healthcare providers, and policy makers.

Importance Of Oral Health Related Quality Of Life

Mainly in 3 areas of dental health, the concept of OHRQOL is important – clinical practice of dentistry, dental research and dental education. OHRQOL has an evident role in clinical practice which promotes the clinicians in recognizing that they do not treat teeth and gums, but also human beings. Besides, OHRQOL also motivates oral related behaviors such as practicing good oral hygiene, having regular checkups, and spending more money on aesthetic dental care.

The concept of OHRQOL is tremendously

important at all levels of dental research. On community research – the notion of OHRQOL is especially vital to promote oral health care and access to care. As an example, DMFT was designed mainly to calibrate the magnitude of disease but not the impact of the magnitude on an individual's daily life and general health. Thus, dentists appreciate it better than the politicians. In contrast, the impact of dental caries when high DMFT scores are interpreted in terms of impaired quality of life because of inability to eat, sleep or concentrate because of the associated pain and this is appreciated by the politicians. Thus, OHQROL is a better tool to communicate with policy makers and negotiate access to care.

Ohrqol To Refocus Dental Education

It is crucial to educate patient about good oral health promotion and preventive care. OHRQOL considerations can serve as a tool for bringing about these changes in the perspective of future clinicians. OHRQOL is a crucial concept in professional lives of all the groups such as future clinicians, researchers and administrators as well as future dental educators. It focuses clinician on providing truly patient centered care, culturally competent and able to work from an interdisciplinary perspective. It can contribute to prioritizing the work of administrators and it can motivate dental educators by showing them tremendous difference that their students can make in the lives of patients.

Different Instruments Used To Measure Ohrqol

To evaluate OHRQoL in children, both the clinical indices and parenteral reporting can be used to achieve this effect. The present review provides evidence regarding the currently available instruments to assess the OHRQoL in children. Many instruments were reported, and some were designated for preschoolers. In contrast, others for school children and adolescents, and some researchers reported that some tools could be used to assess OHRQoL in different age groups. Moreover, some tools can also be used to assess the OHRQoL of children based on their parent's perspectives. The POQL, FIS, PedsQL™ oral health scale™, and P-CPQ are the only modalities that can effectively assess OHRQoL in all adolescents and all childhood cycles. Moreover, the OHRQoL hypodontia questionnaire, MIQ, IFAQ, DFTO, CPQ11-14, CPQ8-10, child-OIDP, child-OHIP, and child-DPQ are the currently available tools that can be used to assess OHRQoL in adolescents and school children. Regarding the assessment of OHRQoL in preschoolers, it has been shown that the only available tools for this context include the SOHO-5, OH-ECQOL, Michigan-OHRQoL, ECOHIS, and DDQ questionnaries.

Children's Oral Health-Related Quality of Life

The Child Perception Questionnaire was the first instrument specifically designed to measure children's OHRQoL. Two age forms of the Child Perception Questionnaire currently exist - one for 8- to 10-year- olds and another for 11- to 14-year-olds. It is not clear, however, whether the two measures are continuous and can be used in longitudinal studies when children age out of the younger version. The Early Childhood Oral Health Impact Score, which uses caregiver reports for proxies, is targeted for preschool children who can have a variety of dental, orthodontic, and craniofacial conditions. The Pediatric Oral Health-Related Quality of Life is a relatively new OHRQoL instrument for preschool and school-aged children. The Child Oral Impacts on Daily Performances was originally developed to measure OHRQoL in 12-year-old Thai children, although it has since been validated in a number of languages and has undergone extensive psychometric assessments. It focuses on the negative impact of oral conditions on daily performances and has been used in several population-based studies. The COHIP is the first children's OHRQoL instrument to incorporate both positive and negative health impacts, therefore has the potential to measure more than the absence of a condition but can measure positive attributes or enhanced well-being (e.g., confidence) as a result of care. Three versions of the COHIP (child, caregiver, and teacher) are currently being used in an ongoing multicenter, longitudinal study of children's QoL.

Oral Health Related Quality Of Life In - Immuno Compromised Patients

Quality of life is individuals' understanding of their living conditions in the cultural context and value system in which they live. HRQoL consists of those aspects of quality of life that are influenced by the presence of disease or treatment. OHRQoL is defined as the impact of oral conditions on people's everyday life. WHO recognizes this multidimensional concept as an important part of general and oral health and identifies it as a significant part of the Global Oral Health Program.

Health problems can impair human wellbeing and negatively affect patients quality of life. Therefore, to assess the overall impact of chronic diseases on patients, researchers use

HRQoL measures. Infection with HIV is recognized as one of the most important public health problems in the world. However, because of the modern therapeutic measures, the life expectancy of the patients infected with HIV has increased. Nevertheless, because of several health-related outcomes, which lead to chronic comorbidities, HRQoL in HIV- infected patients has been reported as poor. In addition, many of the patients suffer from oral health problems and experience at least one oral disease during their illness. The oral manifestations of HIV can compromise some of the important day-to-day activities such as the ability to chew and swallow food comfortably, speak, and interact socially. Therefore, HIV infections can affect OHRQoL.

Oral Health Related Quality Of Life In Adults

The authors aimed to critically review the literature regarding the relationship between retention of teeth and OHRQoL and the extent to which tooth retention can ensure OHRQoL among adults. Categorized according to 4 subthemes to achieve the stated aim: 1) number of teeth or missing teeth and OHRQoL, 2) occluding pairs or functional units and OHRQoL, 3) position of remaining or missing teeth and OHRQoL, and 4) shortened dental arches and OHRQoL. The main findings for each subtheme were as follows: 1) A significant association between number of teeth and OHRQoL was shown in most studies; however, those studies found different cutoff points regarding the number of teeth that affect OHRQoL, after adjusting for other factors in the analyses (e.g., age, sex, cultural background, and study locations). 2) The number of occluding pairs and the location of remaining teeth have great impacts on OHRQoL. 3) Having fewer anterior occluding pairs had a greater negative impact on aesthetics and thus affected OHRQoL. 4) Two randomized clinical trials on SDAs indicated that people with SDAs do not show worse OHRQoL than do those with removable dentures.

The only 2 population-based studies on SDAs showed that adults with SDAs have no impaired OHRQoL when compared with those having more natural teeth. To conclude, this review found evidence that retention of teeth is associated with better OHRQoL. The number of occluding pairs and the location of remaining teeth have great impacts on OHRQoL. People with SDAs maintain an acceptable level of OHRQoL.

Oral Health Related Quality Of Life In Old Age

Determine the impact of poor oral health on the OHRQoL in community-dwelling older adults. Sociodemographic characteristics were obtained and assessed their OHRQoL according to the Geriatric/General Oral Health Assessment Index (GOHAI). Clinical evaluation of their oral health: painful chewing, use of dentures, dry mouth, xerostomia, plaque, calculus, coronal and root caries, tooth loss and gingival bleeding. The strength of association was OHRQoL in older adults, adjusted with the other variables included in the study: age, sex, marital status, living arrangements, educational level, paid work status, comorbidity, cognitive deterioration, depression and use of medical and dental services in the previous 12 months.

II. CONCLUSION

The OHRQOL can provide the basis for any oral health‐care program and it has to be considered one of the important elements of the Global oral health program. Research on trends in dentistry and dental education shows that in future, fewer dentists will take care of the increasing number of patients. Therefore, educating these patients about promoting good oral health and preventive care will be crucial. Dental education has to make a contribution if this situation is to change. Finally, with rapidly changing knowledge base and technology in all health‐care fields, interdisciplinary considerations and collaborations become increasingly important. QOL measures are not only being used in population surveys, but also in randomized clinical trials, technology assessment in health‐care and evaluation of health‐care delivery systems. The perception of QOL has a subjective component and therefore varies from one culture to another. Therefore, research at the conceptual level is needed in countries where the OHRQOL has not been described, like India.

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