Attitude and Awareness about the Periodontal Treatment Referral Among the General Dentists of the Nasik City

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Abstract: One of the fast evolving fields of dentistry is periodontology in which newer concepts are introducing into the existing periodontal treatment. However general dentists are not aware of the protocol to be followed in the periodontal referral. The present study was done to assess the attitude and awareness of the periodontal treatment referral among the general dentists of the Nasik city. The study was done consisting of 87 general dental practitioners having clinics in and around Nasik city. The study was done with the help of questionnaire consisting of 5 questions. The general dental practitioners having completed of 2 years were only taken for the study. The referral to the periodontist was present in 67 % of the general dental practitioners, while 33 % do not refer their cases to the periodontist. Scaling and root planing was the procedure most commonly done by the clinician itself (86%), while for the depigmentation (43%), ridge augmentation (56%), implant (51%) and flap surgery (54%), was usually called the periodontist. Lack of awareness of the periodontal referral among dentists suggests that they should be motivated and proper protocol system need to be established.

Keywords: Periodontists, General dental practitioners, Periodontal treatment

INTRODUCTION

Diseases of the periodontium are complex infectious diseases having interplay of the microorganisms and host response. It is assessed that more than 500 diverse bacterial species are capable of colonizing the mouth of an adult [1, 2].

Instead of the diminished use of smoking tobacco, better understanding of the pathogenesis of diseases of the periodontium, and more advanced and objective directed therapies, dentistry is not steadily attaining a timely diagnosis and treatment of existing periodontitis. Although the confirmation is limited, there is a strong suggestion that use of a periodontal probe for diagnosis and recording of periodontal status in treatment records in general dental practices has yet to achieve the level of a routine and consistent habit [3-5].

The chief part of dentists is to increase the lifespan of dentition by means of thorough treatment or prevention. The field of periodontology is rising in various aspects extending from fresher advancements in diagnosis, treatment interventions, the use of reformatory procedures, and growth factors in various periodontal diseases [6].

General dental practitioners in India in the past decade or so had developed a habit of carrying out the specified treatment measures by themselves refraining from the referral of the patient to the consultant specialist in the field. It has its pros and cons which have be enlightened upon. This highlights the need for more research into what has been on in the field of dental practice with a view of achieving the best prognosis for the patient’s ailment [7].

The present study was done to assess the attitude and awareness of the periodontal treatment referral among the general dentists of the Nasik city.

MATERIALS AND METHODS

The study was done consisting of 87 general dental practitioners having clinics in and around Nasik city. The study was done with the help of questionnaire consisting of 5 questions. The general dental practitioners having completed of 2 years were only taken for the study. Interns, dental college students, dentists with qualification of master degree were excluded from the study. Informed consent was taken from each of the participant. The questionnaire was
distributed to the dental practitioners by personal visit and their responses were collected.

RESULTS

Figure 1 shows the referral of the general dental practitioner to the periodontist. The referral to the periodontist was present in 67% of the general dental practitioners, while 33% do not refer their cases to the periodontist which actually require consultation or they do not call periodontist to their clinic for the consultation.

As mentioned in the Figure 2, variable result was obtained for the various periodontal procedures in the clinic of the general dental practitioners. Scaling and root planing was the procedure most commonly done by the clinician itself (86%), while for the depigmentation (43%), ridge augmentation (56%), implant (51%) and flap surgery (54%), was usually called the periodontist. Still in some percentage the dental practitioners were unaware of the periodontal treatment procedures or they do not follow it.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>A: Unaware of the procedure</th>
<th>B: Aware of the procedure but do not practice</th>
<th>C: Practice of the procedure by yourself</th>
<th>D: Done by the periodontist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling and root Planing</td>
<td>2</td>
<td>33</td>
<td>56</td>
<td>4</td>
</tr>
<tr>
<td>Depigmentation</td>
<td>33</td>
<td>15</td>
<td>56</td>
<td>15</td>
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<tr>
<td>Ridge augmentation</td>
<td>15</td>
<td>15</td>
<td>56</td>
<td>15</td>
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<tr>
<td>Implant</td>
<td>33</td>
<td>33</td>
<td>56</td>
<td>56</td>
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<tr>
<td>Flap surgery</td>
<td>33</td>
<td>33</td>
<td>56</td>
<td>56</td>
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Fig-1: Referral of the general dental practitioners to the periodontist

Fig-2: General dental practitioners view for the different periodontal specialty procedures
DISCUSSION

Periodontitis is demarcated as an inflammatory disease of the associate tissues of the teeth caused by particular microorganisms or groups of specific microbes, causing progressive destruction of the periodontal ligament and alveolar bone with pocket formation, recession, or both [8, 9].

McFall et al [10] determined that most private practice patient records (except radiographs) were deficient in diagnostic information that periodontal status could not be established. It should be self-evident that management necessitates a definitive diagnosis, i.e., a disease cannot be sufficiently treated unless first diagnosed [5].

Many of the systemic infections have possible impact on the periodontium, also recent researchers found that infection of the periodontium can enhance the risk for the systemic diseases or can significantly alter the natural course of the systemic diseases. The systemic conditions having influences of periodontal diseases include coronary heart disease; stroke; coronary heart disease-related events such as angina, infarction and atherosclerosis; diabetes mellitus; respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD) and preterm labour (low birth-weight infants) [1].

The usual scenario in the general dental clinics is that patients chief complaint symptoms are only addressed an periodontal diseases do not show symptoms unless reached at advanced stages of destruction. Periodontal infections should be diagnosed early but early recognition of the general dental practitioners are practically very low and the condition needs to be improved much. The patients were not referred to the periodontists until the disease becomes obvious. Therefore it is very important to examine, evaluate and diagnose the problems of the periodontium and guide the patients appropriately. The basic periodontal examination of all teeth should be made mandatory [7].

Instead of the recent advances of the etiology and pathogenesis of the various periodontal infections, the traditional methods of the assessment of the clinical parameter remain periodontal diseases diagnosis foundation. The clinical parameters includes probing depth, level of the clinical attachment, bleeding on probing, extent of the gingival recession, probing depth, degree of furcation involvement, plaque score and tooth mobility. Utilization of the periodontal examinations, patients medical and dental histories, radiographs are important to arrive at a diagnosis and to result in a diagnosis directed treatment plan [5].

Zemanovich et al [11], had evaluated the demographic variables having patient referrals from general dental clinicians to a periodontist and concluded that several factors like gender of the dentist and the proximity to a periodontist exaggerated the number of referrals by a general dental practitioners [12].

Interdisciplinary management in dentistry can generates a triad made up of the referral doctor, referral patient, and the specialist. The value of this synchronized diagnosis and management approach is for everyone in the triangle to success. The achievement of this triad depends on collaboration, joint considerate and respect among the team members [4].

CONCLUSION

Still there is a lack of awareness of the periodontal treatment referral among the general dental practitioners of the Nasik city. There is need for the motivation of the general dental practitioners for the benefit of the patients.

REFERENCES
