Introduction

Populations are developing and changes in their structural characteristics are under the influence of various factors. Population migration depends on natural and mechanistic movement of inhabitants, and mutual correlation between various combinations of natural and mechanistic movement acts directly to the changes in total number of inhabitants (1).

In Bosnia and Herzegovina (B&H), apart from domicile population, there is still a relatively large number of displaced persons who were forced to leave their homes, mostly due to war. A displaced person in B&H is by definition a citizen of B&H who is placed in B&H but was expelled from or left its original residence after 30th of April 1991 due to war and fear of being pursued or executed because of race, reli-

Uvod

Stanovništvo se razvija i mijenja svoja strukturna obilježja, a na to utječu mnogobrojni čimbenici. Kretanje ljudi ovisi o prirodnom i mehaničkom kretanju stanovništva, pa pritom uzajamna povezanost raznih kombinacija kretanja izravno djeluje i na promjene u ukupnom broju stanovnika (1).

U Bosni i Hercegovini (BiH), uz stalno stanovništvo, živi i određen broj raseljenih osoba koje su zbog utjecaja sile napustile svoje domove. Raseljena osoba državljanka je Bosnica i Hercegovina i nalazi se u toj državi zbog posljedica rata jer je morala napustiti svoje prebivalište ili ga je napustila nakon 30. travnja 1991. godine bojeći se opravdano da će biti progonjana zbog rase, vjere, nacionalnosti i pripadnosti nekoj socijalnoj skupini ili zbog svojih političkih stajališta, i koja se...
niše mogla sigurno i dostojanstveno vratiti u svoje prijašnje prebivalište, niti je dobrovoljno odlučila trajno se nastaniti u drugom prebivalištu (2).

Ured za izbjeglice Ujedinjenih naroda (UN) prosljedio je podatak da je potkraj 2009. godine diljem svijeta zbog upotrebe sile bilo raseljeno oko 43,3 milijuna ljudi, što je najviše prograniranih i raseljenih još od sredine 1990. Prema podatcima Svjetske organizacije u Bosni i Hercegovini žive 113 642 interni raseljene osobe (3).

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Oralno zdravlje svih dobnih skupina bosanskohercegovačkoga stanovništva među najlošijim je u Europi (7, 8). Prema statističkim podacima federalnoga Zavoda za javno zdravstvo od 2005. do 2008. godine, kad je riječ o populaciji odraslih starijih od 19 godina, najčešća oralna bolest bio je karijes – od te je bolest patilo od 33 % do 41 % stanovniška populacije (9 – 12). Raseljene osobe ubrajavaju se u rizičnu skupinu za pojavnost bolesti, pa i u orofacijalnom području (13).

Dentalni strah i anksioznost (DSA) sveprisutan je klinički atestiran fenomen kod otprilike petine populacije. Različiti su uzroci koji potiču putovatke, ali općenito ih možemo podijeliti na izravnu i neizravnu iskustva. Izravna iskustva najčešće su razlog za pojavu DSA-e kod ljudi, a većina ističe da je njihov strah nastao poslije traumatičnog, teškog i/ili bolnog dentalnog iskustva (14). DSA je svakako prisutna i kod raseljenih osoba čije je prijašnje iskustvo karijesom, kao najključniji primjer lošega oralnog zdravlja te izravno izuzetnih stresora za nastanak DSA-e, visoko u odnosu na opću populaciju (13). Općenito, a posebno raseljene osobe koje osjećaju strah, zatražit će pomoć stomatologa samo u hitnim slučajevima kao što su Zubobolja, trauma, apses i sl. Ljudi koji seako boje stomatoloških intervencija često imaju ciklus izbje- gavanja pa odgađaju stomatološku intervenciju zbog straha i anksioznosti, a dentalnom liječniku odlaze tek kada im je potrebna hitna intervencija i invazivni tretman koji samo može pojačati njihov strah od stomatologa (15).

Na osnovi navedenih činjenica željeli smo evaluirati prisutnost DFA-e i čimbenika za njezin nastanak kod raseljenog stanovništva u Tuzlanskom kantonu.

Ispitanici i metode

Ispitanici

U istraživanju je ispitana ciljna skupina bilo odraslo stanovništvo u Bosni i Hercegovini u dobi od 35 do 44 godine a to je bila standardna monitoring skupina za ispitivanje stani- nja oralnoga zdravlja kod odrasle populacije prema kriterioni, nationality, belonging to certain social group or political opinions, and could not safely and proudly come back to former residence, and also decided not to permanently stay in another residence voluntarily (2).

It was stated in the United Nations High Commissioner for Refugees Report that there were about 43.3 millions of forcibly displaced persons worldwide at the end of 2009, which was the largest number of pursued and expelled persons since mid-90’s of 20th century (3).

The first comprehensive official registry of displaced persons in B&H was announced at the end of 2000, with 183, 555 displaced families and 556, 214 displaced persons (4). According to the data of the Ministry of Displaced Persons and Refugees of the Federation of B&H, the displaced person status was approved for 50, 541 individuals (5). The greatest number of displaced persons in B&H was within the area of Canton Tuzla, with 13.74% out of its total number in our country (6).

The oral health status of all age groups of B&H citizens is among the worst in Europe (7, 8). According to the statistical data of the Institute for Public Health of the Federation of B&H, the leading oral disease in the population of the people older than 19 years in the period from 2005 up to 2008 was dental caries, with 33-41% involvement in total (9-12). Also, displaced persons belonged to a risk group for appearance of various kinds of illnesses in general, even in the orofacial area (13).

Dental fear and anxiety (DFA) is omnipresent clinical dental phenomenon in about one fifth of the general population. The causes for appearance are various but they are generally divided into direct and indirect experiences. Direct ones are the most often reasons for DFA appearance in persons, and most of them said that their DFA appeared after traumatic, hard and/or painful dental experience (14). The DFA was also inevitably present in displaced persons who had previous caries experience (as the best example of poor oral health status), and also previous experience with the direct stressors for the DFA appearance that were higher than those in general population (13). Generally, and especially in displaced persons, the individual with DFA presence will seek for dental assistance only when there are urgent needs for it such as odontalgia, dental trauma, swelling and/or access in the orofacial area, etc. Persons with DFA presence, who experienced dental fear during dental procedures, developed the avoiding cycle, where they did not want to visit the dentist unless there was an urgent need for dental intervention and invasive procedures, which could only strengthen their DFA (15).

Based on above mentioned facts, we wanted to evaluate the presence of DFA and factors for DFA appearance in displaced persons in Canton Tuzla, in B&H.

Patients and methods

Participants

The participants in the study were adult inhabitants of Canton Tuzla, B&H, aged between 35 and 44 years. This age group is the standard age group for surveillance of oral health conditions in adults, according to the criteria of World Health...
Jima Svjetske zdravstvene organizacije (16). Ukupno je tijekom istraživanja ispitano 410 osoba u razdoblju od ožujka do studenoga 2011. godine. Nakon selekcije konačni je uzorak činilo 310 osoba.

Da bi sudjelovali u istraživanju ispitanci su trebali pripadati navedenoj dobnoj skupini i nisu smjeli imati simptome akutne odontalgije ili nekoga drugog urgentnog stanja u stomatologiji, te su trebali bili fizički i mentalno zdravi, tj. nisu smjeli imati dijagnozu neke ozbiljne sistema bolesti. Ispitanici koji su činili uzorak u istraživanju bili su podijeljeni u dvije skupine. U prvoj (n = 157) su bile osobe koje su kao kontrolna skupina bile dio domicilnog stanovništva na ispitivanom području. Drugu skupinu (n = 153) činile su raseljene osobe kao ispitivana skupina u području istraživanja. Ispitanici iz kontrolne skupine bile su radnici nekoliko tvrtki koje su bave različitim djelatnostima, a u ispitivanoj su bili pripadnici zajedničkih prihvatilišta u kojima su bile smještene raseljene osobe. Istraživanje je provedeno u nekoliko gradova Tuzlanskog kantona – u Živinicama, Tuzli, Banovićima, Gračanici, Kladnju, Srebrniku i Kalesiji. Istraživanje je obavljeno prema načelima Helsinskih deklaracija o pravima pacijenata (17) i odobrilo ga je Etičko povjerenstvo Stomatološkog fakulteta Univerziteta u Sarajevu. Svim ispitancima ukratko je objašnjena svrha istraživanja u kojem bi trebali sudjelovati nakon čega su potpisali suglasnost.

**Metode**

Ispitivanje se u kontrolnoj i ispitivanoj skupini provodilo je u dva dijela. U prvom dijelu ispitivala se prisutnost DSA-e s pomoću modificirane Korahove ljestvice dentalne anksioznosti (Modified Corah’s Dental Anxiety Scale – MCDAS). Navedena ljestvica upotrebljava se za ispitivanje pojave DSA-e kod odraslih. Sastoje se od pet situacija i ponuđenih odgovora kome se ocjenjuju Likertovom ljestvicom od 1 do 5. Granični rezultat za prisutnost dentalne anksioznosti je 17, a ukupni 25. Više vrijednosti upućuju na veću prisutnost DSA-e kod ispitivanih osoba (18). Nakon toga se ispitivane skupine naslajile, a u ispitivanoj skupini su postupili ispitivati koji su to glavni čimbenici koji su im uzrokovali strah ili su mogli uzrokovati pojavu DSA-e – je li to bol, negativno iskustvo i gubitak kontrole tijekom stomatološke intervencije, preneseno iskustvo drugih, primjena lokalne anestezije, zvukovi i mirisi u stomatološkoj ordinaciji ili ponašanje stomatologa i osoblja. Ispitivali su se i redovitost i razlog posjeta stomatologu.

**Statistička analiza**

Za ispitivanje distribucije dobivenih rezultata korišten je Kolmogorov-Smirnov test normalnosti. Iako se pokazalo da varijable nisu normalno raspodijeljene, primijenjen je t-test jednakosti aritmetičkih sredina i F-test jednakosti varijance. U obradi rezultata istraživanja korišteni su standardni načini prikaza varijabli — tablice, frekvencija i postotak pojavljivanja. Varijabile su prikazane i opisnim (deskriptivnim) parametrima (aritmetička sredina i standardna devijacija).

Konačna provjera razlike između distribucija za interesne skupine obavljena je korištenjem neparametrijskoga χ²-testa i Mann-Whitneyeva testa.

**Methods**

The study research has been performed in two parts simultaneously in the first and second group of participants. In the first study part, the DPA presence in participants was evaluated by the Modified Corah’s Dental Anxiety Scale (MCDAS). This psychometric instrument was used for evaluation of DPA presence in adults. It comprised five dental situations and answers to them were ranged by Likert scale and expressed in values from 1 to 5. The total scale score was 25, and the cut off score for DPA presence was 17. The higher MCDAS values were related to stronger DPA presence (18). The second part of the study research was the evaluation of the presence of main factors causing (or could cause) the DPA appearance: pain, local dental anesthesia administration, negative experience, transmitted opinion of other persons, loss of control during dental treatment, sounds and noise within dental office setting, and behavior of the dentist and dental staff. The frequency of dental visits and reasons for dental office visiting were also determined.

**Statistical analysis**

The Kolmogorov-Smirnov test was used for determination of data distribution normality. Although it was showed that data were asymmetrically distributed, the t-test for arithmetic means equality and the F-test for variances equality were also used. Descriptive statistical results were represented in standard ways, by frequencies, percentages, arithmetic means and standard deviations. They are presented in tables.

The existence of statistically significant differences between study research variables was determined by the χ² and Mann-Whitney test. All statistical analyses were performed...
Sve statističke analize rađene na razini značajnosti $p \leq 0.05$.
Rezultati su dobiveni korištenjem programskih paketa SPSS® Statistics 17.0 za Windowsov operativni sustav.

Rezultati

Srednja dob svih sudionika studije bila je 40.19 godina, ± 3.60 godina. U skupini od 153 raseljene osobe srednja dob iznosila je 40.44 godine, ± 3.52 godine. U skupini od 157 ispitanika domicilnog stanovništva srednja dob je bila 39.94 godine, ± 3.68 godine.

Prema spolnoj zastupljenosti ukupno je bilo 64.52 % žena i 35.48 % muškaraca. Promatrali su ukupan broj ispitalika u skupini raseljenih osoba, žena je bila 75.82 %, a muškaraca 24.18 %. Na osnovi spolne zastupljenosti, od ukupnog broja ispitalika u skupini domicilnog stanovništva bilo je 53.50 % žena i 46.50 % muškaraca.

Analizirajući prosječne rezultate odgovora ispitalika u uzorku na pitanja iz MCDAS ljestvice, peto pitanje o lokalnoj anesteziji izazivalo je kod njih najveću DFA-u (M = 3.14, SD ± 1.49), a četvrto pitanje o čišćenju zuba i kamena poticalo je najmanji (M = 2.31, SD ± 1.17). Ista je situacija, ali s nešto višim skorovima, kod raseljenog stanovništva (M = 3.65, SD ± 1.43; M = 2.65, SD ± 1.08, respektivno) te kod domicilnog stanovništva s nešto nižim skorovima (M = 2.64, SD ± 1.38; M = 1.97, SD = ±1.15, respektivno).

Utvrđene su statistički značajne razlike za svako od pet pitanja na MCDAS ljestvici između odgovora koje su dale raseljene osobe i domicilno stanovništvo, s $\chi^2 = 30.934, p < 0.0005$ i Mann-Whitneyjevim U = 7963.000, $p < 0.0005$ na prvo pitanje; $\chi^2 = 26.074, p < 0.0005$ i Mann-Whitneyjev U = 8516.500, $p < 0.0005$ na drugo pitanje; $\chi^2 = 43.015, p < 0.0005$ i Mann-Whitneyjev U = 7213.000, $p < 0.0005$ na treće pitanje; $\chi^2 = 3.569, p < 0.0005$ i Mann-Whitneyjev U = 7797.000, $p < 0.0005$ na četvrto pitanje i s $\chi^2 = 43.160, p < 0.0005$; Mann-Whitneyjev U = 7406.000, $p < 0.0005$ na peto pitanje, respektivno. Na osnovi dobivenih rezultata, znatno više raseljenih osoba izjavilo je da osjeća DFA na svakom od ovih pet MCDAS-ovih situacija opisanih u pitanjima, u odnosu na domicilno stanovništvo. Skupina raseljenih imala je i statistički značajno više prosječne rezultate u odgovorima na svako od pet pitanja na MCDAS ljestvici u odnosu na domicilno stanovništvo.

Isto se ponovilo kada se analizirala MCDAS ljestvica u cjelini između ispitivanog i kontrolne skupine ispitalika čiji su rezultati prikazani u tablici 1. u kojoj su istaknute slične statističke značajne razlike ($\chi^2 = 58.928, p < 0.0005$; U = 6958.500, $p < 0.0005$). Statistički znatno veći broj ispitalika u ispitivanoj skupini raseljenih osoba izjavio je da osjeća DFA-e kad promatramo MCDAS ljestvicu u cjelini u odnosu na skupinu domicilnog stanovništva. Skupina raseljenih osoba imala je i statistički značajno više prosječne skoreove u odgovorima na pitanja na MCDAS ljestvici u odnosu prema skupini domicilnog stanovništva.

Evaluacijom prisutnosti DSA-e s pomoću MCDAS ljestvice, promatranu na razini cjelokupnog uzorka, utvrđena je prisutnost straha i anksioznosti kod 120 ispitalnika, odno-

with significance level of $p \leq 0.05$, using the SPSS® Statistics 17.0 statistical software for Windows operative system.

Results

The average age of respondents was 40.19 years ± 3.60 years, while in the displaced persons group it was 40.44 years ± 3.52 years, and in the domicile inhabitants group it was 39.94 years ± 3.68 years. There were also 64.52% of female and 35.48% of male respondents. In the displaced persons group, there were 75.82% of female and 24.18% of male participants, while in the domicile inhabitants group there were 53.50% of female and 46.50% of male participants.

According to the average scores of answers to MCDAS scale questions, the fifth question regarding local dental anesthesia caused the highest feeling of DFA (M=3.14, SD=±1.49), while the fourth question about teeth scaling and polishing caused the lowest feeling of DFA (M=2.31, SD=±1.17) in study participants. The same situation was in the displaced persons group with somewhat higher average scores (M=3.65, SD=±1.43; M=2.65, SD=±1.08, respectively), and also in the domicile respondents group with somewhat lower average scores (M=2.64, SD=±1.38; M=1.97, SD=±1.15, respectively).

The statistically significant differences were determined to each of five questions of the MCDAS scale, between the answers of the displaced persons group and the domicile inhabitants group, with $\chi^2 = 30.934, p < 0.0005$; Mann-Whitney U = 7963.000, $p < 0.0005$ for the first question; $\chi^2 = 26.074, p < 0.0005$; Mann-Whitney U = 8516.500, $p < 0.0005$ for the second question; $\chi^2 = 43.015, p < 0.0005$; Mann-Whitney U = 7213.000, $p < 0.0005$ for the third question; $\chi^2 = 36.569, p < 0.0005$; Mann-Whitney U = 7797.000, $p < 0.0005$ for the fourth question, and $\chi^2 = 43.160, p < 0.0005$; Mann-Whitney U = 7406.000, $p < 0.0005$ for the fifth question. According to the above mentioned results, a significantly larger number of displaced persons stated that they felt DFA in each of these five MCDAS scale situations described by questions compared with domicile inhabitants. Besides, displaced persons obtained significantly higher average scores of answers to each of five MCDAS scale questions compared to domicile inhabitants. Also, the same situation repeated with the MCDAS scale itself (Table 1), where similar statistically significant differences were determined ($\chi^2 = 58.928, p < 0.0005$; Mann-Whitney U = 6958.500, $p < 0.0005$), in a way that significantly larger number of displaced persons stated to feel DFA in total MCDAS scale compared to domicile inhabitants. In addition to that, the displaced persons obtained significantly higher average scores of answers to MCDAS scale questions in total compared to domicile inhabitants.

The DFA presence was determined in 120 study participants, which was prevalence of 38.71%. In the displaced persons group, the DFA prevalence was 57.52%, and in the domicile inhabitants group it was 20.38%, which was statistically significant ($\chi^2 = 45.037, p < 0.0005$), hence the...
snos kod njih 38,7%. Također je utvrđena statistički značajna razlika u prisutnosti straha i anksioznosti između ispitivane i kontrolne skupine ispitanika ($\chi^2 = 45,037, je p < 0,0005$). Istaknimo da je znatno više ispitanika u skupini raseljenih osoba osjećalo DFA-u (57,52 %) u odnosu na ispitanike iz skupine domicilnog stanovništva (20,38 %).

Statistički značajno veći broj domicilnih osoba češće je posjećivao stomatologa tijekom jedne godine u odnosu na displaced persons showed significantly higher prevalence of DFA presence.

Significantly greater number of domicile study participants visited annually dental offices more often than the displaced persons ($\chi^2 = 45.285, je p < 0.0005$). Also, a significantly greater number of domicile study participants visited the dentist more often for regular check-ups than the displaced persons ($\chi^2 = 28.457, je p < 0.0005$). Yet, numerous study participants stated that toothache or pain in the oro-

| Čimbenici • Factors | Raseljeni • Displaced | Domicilni • Domicile | Ukupno • Total |
|---------------------|-----------------------|-----------------------|---------------|
| n                   | %                     | n                     | %            |
| Bol tijekom stomatološke intervencije • Pain during procedure | 78 | 37.32 | 58 | 29.90 | 136 | 33.75 |
| Dobivanje anestezije • Anaesthesia | 39 | 18.66 | 24 | 12.37 | 63 | 15.63 |
| Zvuk instrumenta • Sound of an instrument | 13 | 6.22 | 18 | 9.28 | 31 | 7.69 |
| Mirisi u ordinaciji • Smells in the dental office | 30 | 14.35 | 22 | 11.34 | 52 | 12.90 |
| Zbog iskustva drugih • Experiences of others | 11 | 5.26 | 8 | 4.12 | 19 | 4.71 |
| Zbog ponašanja stomatologa i drugog osoblja • Dental personnel attitude | 5 | 2.39 | 8 | 4.12 | 13 | 3.23 |
| Gubitak kontrole tijekom stomatološke intervencije • Loss of control during procedure | 1 | 0.48 | 0 | 0.00 | 1 | 0.25 |
| Negativno iskustvo tijekom stomatološke intervencije • Negative experiences during procedures | 20 | 9.57 | 33 | 17.01 | 53 | 13.15 |
| Ukupno • Total | 209 | 100.00 | 194 | 100.00 | 403* | 100.00 |

*Zbroj ne odgovara ukupnom broju ispitanika jer su neki na pojedina pitanja dali nekoliko odgovora • Total does not match the number of participants as some gave multiple answers
či broj domicilnih osoba također je češće odlazio stomatolo- 
gu na redoviti pregled u odnosu na raseljene ($\chi^2 = 28.457$, $p < 0.0005$). I dalje je velik broj ispitanika, kako domicilnih ta-
ko i raseljenih, posjećivao stomatologa samo kada je morao i 
kada je osjetio bol, a znatno više bilo ih je u skupini raselje-
agnostanovništva.

Promatrajući ispitivane čimbenike koji su mogli pota-
knuti DSA-u kod ispitanika (tablica 2.), utvrđeno je da po-
stoje statistički značajna razlike između ispitivane i kontrolne 
skupine u odgovorima na pitanja o glavnim čimbenicima koji 
mogu uzrokovati nastanak straha i anksioznosti ($\chi^2 = 16.827$, 
$p = 0.032$). Pritom su glavni čimbenici, kad je riječ o skupini 
raseljenih, bili bol tijekom stomatološke intervencije i dobi-
vanje anestezije, te mirisi u stomatološkoj ordinaciji. Najčešć 
čimbenici koje su isticali ispitanici u skupini domicilnog sta-
novništva bili su također bol i negativno iskustvo tijekom 
intervencije, anestezija i mirisi u stomatološkoj ordinaciji.

Discussion

There were the two (local dental anxiety, tooth drill-
ing) out of the three most significant invasive factors that 
could most frequently cause the DFA appearance in MCDAS 
scale design. This was also confirmed by the study results in 
the total sample, as well as in the displaced persons group 
and the domicile inhabitants group of study participants. 
Numerous studies about the causes of DFA presence and appearance 
were based on factors which could cause pain during den-
tal treatment. Accordingly, the most stressful dental factors 
are those having the potential for harming the integrity and 
normal functioning of one’s body and those causing the pain 
during dental treatment (19).

The DFA prevalence in the total sample, as well as in the 
sample groups was high. Among all mental diseases, dental 
anxiety and fear disorder (DFA) has been described as one 
of the most frequent kinds of fears and anxieties (20). In the 
study conducted in Canton Sarajevo, the DFA related to den-
tal interventions was found in 36.7% of participants with 
lower education level, and in 16% of participants with high-
er educational level, which corresponds to the age group of 
participants of the present study (8). The scores were lower 
compared to the above presented results, which was also simi-
lar to the results of the studies carried out by other authors 
who investigated into this particular field (21-24). Also, the 
displaced persons belonged to the risk group for incidence of 
many kinds of (oral) diseases, which could inevitably lead to 
higher DFA appearance and prevalence, compared to average 
population (13). Lider et al. investigated the association be-
tween some traumatic experiences (not related to dental situ-
al factors) out of the three most significant invasive factors that 
were based on factors which could cause pain during den-
tal treatment (19).
tijekom godine. Ova pojava bila je izraženija u skupini raseljenih. U istraživanju obavljenum 1996. godine ustanovljena je statistički značajna razlika između dviju populacija – raseljenih i domičnih osoba, kada je riječ o brizi o oralnom zdravlju. Samo je 38% raseljenih posjetilo stomatologa u posljednjih 12 mjeseci, a taj postotak kod domičnih osoba iznosio je 55% (26). Nažalost potvrđuju zaključci prijašnjih istraživanja da oralno zdravlje kod raseljenih osoba korći s razinom obrazovanja kao jednom od determinanti (27).

Rezultati o razlozima posjeta stomatologu pokazali su da je vrlo malo redovitih stomatoloških pregleda. Ispitanci u sklopu uzorka, i u skupini raseljenih osoba i u onoj domične populaciji, posjećivali su stomatologa samo ako su imali razlog za to, a uglavnom zbog odontalgije. Pojava je bila izražena u skupini raseljenih. Više od 30% osoba u dobi od 35 do 44 godina imalo je odontalgiju i to u objema skupina ispitanika u istraživanju iz 1996. godine provedenom među raseljenim i domičnim osobama u Bosni i Hercegovini (26). Izvještaj o visokoj frekvenciji odontalgije nije neobičen za loše oralno zdravlje, što je obilježavalo obje populacije, a posebno raseljenu (28). Čak 41,7% ispitanika iste dobare skupine u Sarajevskom kantonu odlučilo se na ekstrakciju zuba ili na končan stomatološki tretman (8).

Najveći broj ispitanika u našoj studiji, kako ukupno tako i unutar skupina raseljenih osoba i domične populacije, navodio je bol tijekom stomatološke intervencije kao glavni čimbenik za nastanak DSA-e. Ti su podaci u vezi sa sličnim istraživanjima te ukućuju na to da su bolni iritanti i strah od boli u pozadini pojave DSA-e (29, 30). U istraživanju provedenom u Njemačkoj bolno iskustvo tijekom stomatološke intervencije navodi 67% ispitanika i to je glavni razlog za njihovu DSA-u, a to prati i strah od anestezije (23). Jedan od glavnih čimbenika koji mogu potaknuti dentalni strah je su zvukovi i mirisi u stomatološkoj ordinaciji (19). Naime, to može, primjerice, kod djece kao stomatoloških pacijenata, potaknuti da počnu odbijati suradnju sa stomatologom (31). DPA prevalence. The factors for the DFA appearance and presence in this group were identical to those related to the average population. However, displaced persons had stronger reactions to them. Possible reasons for this could be that this specific population of individuals had lower average indices of oral health status, and worse behavior patterns related to the frequency of dental visits and the reasons for dental visiting. All of this could lead to strengthening of vicious circle, where poor oral health status mutually anticipated the DFA appearance and presence.

Conclusions

Displaced persons belonged to the risk group with high DFA prevalence. The factors for the DFA appearance and presence in this group were identical to those related to the average population. However, displaced persons had stronger reactions to them. Possible reasons for this could be that this specific population of individuals had lower average indices of oral health status, and worse behavior patterns related to the frequency of dental visits and the reasons for dental visiting. All of this could lead to strengthening of vicious circle, where poor oral health status mutually anticipated the DFA appearance and presence.

Conflict of interests

Authors of this paper declare that they do not have financial or any other kind of interest.
Abstract

Introduction: In Bosnia and Herzegovina, apart from domicile population, there is a certain number of displaced persons. Most of them are situated in the area of Canton Tuzla. These persons are generally at risk of and being watched for various diseases, including the disease of the orofacial area. Dental fear and anxiety (DFA) is also inevitably present in displaced persons, with higher prevalence compared with general population. Therefore, the aim was to evaluate the DFA presence and the most common reasons for dental fear and anxiety in displaced persons in our country. Patients and methods: 310 interviewed persons were included in this study, aged 35 to 44 years, from several cities of Canton Tuzla. They were divided in the group of displaced persons (n=153), and the group of domicile inhabitants (n=157). The study participants were interviewed about the DFA presence, as well as about the risk factors for DFA, which was subsequently evaluated by the Modified Corah’s Dental Anxiety Scale. Results: A high prevalence of DFA presence was determined in the total sample (38.71%), and particularly in the displaced persons group (57.52%). The results showed that displaced persons rarely visited dentists, mainly when it was necessary (odontalgia), with stronger reactions to factors that could cause DFA appearance. Conclusion: Displaced persons are regarded as one of the highest risk groups for prevalence of DFA. This could be mainly due to poor oral health status, rare dental office visits and the urgent need for dental treatment, which could lead to vicious circle of mutual strengthening between bad oral health and DFA appearance.

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Key words

Refugees; Dental Anxiety; Oral Health; Oral Hygiene