Awareness about primary teeth and their care among General Dentists - A Survey

Samrithi Yuvaraj, Dhanraj Ganapathy*

Department of Prosthodontics, Saveetha Dental College and Hospital, Saveetha Institute of Medical and Technical Sciences, Saveetha University, 162, Poonamalee High Road, Chennai 600077, TamilNadu, India

**Article History:**
Received on: 04 Aug 2020
Revised on: 22 Aug 2020
Accepted on: 23 Aug 2020

**Keywords:**
Children, Primary Dentition, Health Knowledge, Child Care, Primary Teeth

**ABSTRACT**

Often the oral care of children is overlooked because of the fact that primary teeth are replaced by permanent dentition. Proper knowledge and awareness about primary dentition and its care among practicing dentists are essential to educating parents about the importance of oral care from a young age. This study aims to assess the awareness about primary teeth and the care of primary teeth among general dentists. One hundred dentists currently doing their internship in Chennai were surveyed using a multiple-choice questionnaire. Responses obtained were tabulated, and the results of the questionnaires were computed in percentages. 83% of the dentists surveyed said it was sufficient to brush once, 17% of the dentists surveyed felt it was essential to brush twice. 12% felt that chocolates were the chief cause of decay, 6% felt that prolonged bottle-feeding predisposed children to caries, 7% felt that improper brushing technique could be the cause of decay, 75% of the dentists surveyed felt it was a combination of all the other factors that led to decay. This study found that the majority of dentists screened did have sufficient knowledge and awareness about the care and treatment of primary teeth. Any void in knowledge indicated by this study is a worrying concern and must be rectified by highlighting and stressing the importance of primary teeth during undergraduate education.

*Corresponding Author
Name: Dhanraj Ganapathy
Phone: 
Email: dhanrajmganapathy@yahoo.co.in

**ISSN**: 0975-7538
**DOI**: https://doi.org/10.26452/ijrps.v11iSPL3.3045

© 2020 | All rights reserved.

**INTRODUCTION**

Teeth are an essential advantage for people. Every single person has two arrangements of teeth – one lot of essential dentition from birth to six years old and the second set which is the changeless dentition that starts emitting around six years and endures till death. Usually, more significance will, in general, be allowed to the subsequent set (i.e.) the lasting dentition however as a general rule the essential dentition is as significant, if not a higher priority than the changeless dentition.

There is a typical misguided judgment that milk teeth will shed and henceforth don't require legitimate support and care (Ravishankar et al., 2010). The essential teeth or milk teeth are imperative to youngsters for eating, biting, talking, phonetics, feel and in any event, for space support for the emission of perpetual teeth. Issues with the milk teeth can trouble the youngster prompting failure to bite or talk torment appropriately and growing (Nagaveni, 2011; Ravishankar et al., 2010).

Without essential information on caries hazard factors, the significance of deciduous dentition and oral
upkeep, utilizing preventive measures gets troublesome (Finlayson et al., 2007) however lately there has been a critical diminishing in the pervasiveness of dental caries in a large portion of the created nations. (Steele-Moses et al., 2008) Anyway, kids from creating or lacking countries are as yet found to have high caries pervasiveness. This is because adequate information and mindfulness about dental consideration may not be virtually open or accessible in these creating and lacking nations. (Arnrup et al., 2001)

This study was carried out to assess the knowledge of general dentists about primary dentition and their care in Chennai.

Table 1: Distribution of sample according to sex

| MALES | FEMALES | TOTAL |
|-------|---------|-------|
| 17    | 83      | 100   |

Graph 1: Distribution of sample according to sex.

MATERIALS AND METHODS

The study was conducted among 100 dentists who were doing their internship in Chennai. Voluntariness and strict confidentiality were assured. A questionnaire was prepared and used to assess the knowledge and awareness of primary teeth and their care. The results were then tabulated and analysed. A conclusion was then arrived at based on the findings of this study.

RESULTS AND DISCUSSION

A total number of 100 dentists were surveyed to assess their knowledge about primary teeth. Out of the 100 dentists, surveyed 83% were female, and 17% were male (Table 1, Graph 1). Out of the 100 dentists surveyed 89% of the dentists surveyed said yes, primary teeth are important, 7% of the dentists surveyed said no, primary teeth are not essential, and 4% of the dentists surveyed were not sure (Table 2, Graph 2).

Table 2: Importance of Primary Teeth

| Importance of Primary Teeth | Percentage |
|-----------------------------|------------|
| YES                         | 89         |
| NO                          | 7          |
| NOT SURE                    | 4          |

Graph 2: Importance of Primary Teeth

Out of the 100 dentists surveyed, 87% of the dentists surveyed said yes, primary teeth must be treated, 8% of the dentists surveyed said no, primary teeth need not be treated and 5% of the dentists surveyed were not sure whether primary teeth required treatment or not. (Table 3, Graph 3).

Table 3: Treatment of Primary Teeth

| Treatment of Primary Teeth | Percentage |
|----------------------------|------------|
| YES                        | 87         |
| NO                         | 8          |
| NOT SURE                   | 5          |

Graph 3: Treatment of Primary Teeth

Out of the 100 dentists surveyed, 83% of the dentists surveyed said it was sufficient to brush once, and 17% of the dentists surveyed felt it was essential to brush twice. (Table 4, Graph 4). Out of the 100
dentists surveyed, 12% felt that chocolates were the chief cause of decay, 6% felt that prolonged bottle-feeding predisposed children to caries, 7% felt that improper brushing technique could be the cause of decay and 75% of the dentists surveyed felt it was a combination of all the other factors that led to decay (Table 5, Graph 5).

Table 4: Frequency of Brushing

| Frequency of Brushing |          |
|----------------------|----------|
| ONCE                 | 83       |
| TWICE                | 17       |

Graph 4: Frequency of Brushing

Out of the 100 dentists surveyed, 82% of the dentists surveyed said that yes, pulpal involved primary teeth can be treated, and 18% of the dentists surveyed said no, pulpal involved primary teeth cannot be treated (Table 6, Graph 6).

Table 5: Causes for Decay

| Causes for Decay |          |
|------------------|----------|
| Chocolates       | 12       |
| Prolonged bottle feeding | 6   |
| Improper brushing | 7       |
| Combination of the above factors | 75       |

Graph 5: Causes for Decay

Primary teeth, otherwise known as baby teeth, milk teeth, temporary teeth and deciduous teeth, are the first set of teeth in the development of humans. They erupt during infancy and are usually lost or replaced in early childhood, but in some cases, they are retained and remained functional for years. (Bath-Balogh and Fehrenbach, 2011; Wake et al., 2000)

Table 6: Treatment of pulpal involved primary teeth

| Treatment of pulpal involved primary teeth |          |
|-------------------------------------------|----------|
| YES                                       | 82       |
| NO                                        | 18       |

Graph 6: Treatment of pulpal involved primary teeth

Out of the 100 dentists surveyed, 42% of the dentists surveyed said that extraction was the best method of treatment for a pulpal involved primary tooth, 39% of the dentists surveyed said that a root canal treatment was the best mode of treatment for a pulpal involved tooth and 18% of the dentists surveyed said that no treatment was required for a pulpal involved primary tooth (Table 7, Graph 7). Out of the 100 dentists surveyed, 94% of the dentists surveyed said that yes and 6% of the dentists surveyed said no (Table 8, Graph 8).

In the above survey, we can see that 89% of dentists said that primary teeth were important. In comparison, 7% of the dentists said that primary teeth were not essential and 4% of the dentists said that they were not sure whether the deciduous dentition was essential or not. So we can safely assume that the majority of dentists consider deciduous dentition as necessary as the permanent dentition. The other seven dentists on being asked why they felt that primary teeth were not important felt that since the deciduous teeth were going to exfoliate anyway and be replaced by a second set of dentition, a
lot of importance need not be given to the primary teeth. (Oswal, 2010; Kim and Ahn, 2018)

We can presume that the same reasoning can be given for their response to the second question too. The results of our survey showed that while nearly 87% of dentists said that primary teeth must be treated, 8% of the dentists felt that it was unnecessary and 5% of the dentists surveyed were unsure about their course of action.

**Table 7: Best method of Treatment for Pulpal involved Primary Teeth**

| Method of Treatment for Pulpal involved Primary Teeth | Number |
|------------------------------------------------------|--------|
| Extraction                                           | 42     |
| Root Canal Treatment                                  | 39     |
| No Treatment                                          | 18     |

Many a time it so happens that the people responsible for the oral care of children, themselves feel or believe that it is not essential or imperative to spend time, money and effort on providing good oral health to children. This is a disquieting attitude and must be addressed. Even though a five or seven per cent minority, in the long run, it can lead to a problem of larger magnitude. As the saying goes, 'A stitch in time saves nine'.

**Graph 7: Best method of Treatment for Pulpal involved Primary Teeth**

It is essential to emphasize the importance of oral health care from the time of eruption of the first tooth (Setty and Srinivasan, 2011). This will ensure that the child gets a routine dental check-up and any problems can be identified and treated in the early or nascent stages (Curzon and Pollard, 1997) Maintaining healthy primary teeth is essential to a child’s overall oral health as well as his or her general development. (Asnani, 2010; Scheer, 1989)

We, as health care professionals, need to treat all problems equally irrespective of the age of the patient. We need to stress on the fact that primary dentition must also be given as much value as the permanent dentition. Any dissent or disagreement of this statement indicates a worrying void in the knowledge being absorbed or imparted at the undergraduate level. A small problem ignored in a child may manifest as a more considerable concern at a later date. This issue must be corrected; otherwise, it will have far-reaching consequences.

**CONCLUSIONS**

While this study found that the majority of dentists screened did have sufficient knowledge and awareness about the care and treatment of primary teeth, any void in knowledge indicated by this study is a worrying concern and must be rectified by highlighting and stressing the importance of primary teeth during undergraduate education.

**Funding Support**

The authors declare that they have no funding support for this study.

**Conflict of Interest**

The authors declare that they have no conflict of interest for this study.

**REFERENCES**

Arnrup, K., Berggren, U., Broberg, A. G. 2001. Usefulness of a psychometric questionnaire in exploring parental attitudes in children's dental care. *Acta Odontologica Scandinavica*, 59(1):14–20.

Asnani, K. 2010. Examination, diagnosis and treatment Planning. *Essentials of Pediatric Dentistry,*
Bath-Balogh, M., Fehrenbach, M. J. 2011. Illustrated Dental Embryology, Histology, and Anatomy. *W B Saunders Company.*

Curzon, M. E., Pollard, M. A. 1997. Do we still care about children’s teeth? *British Dental Journal,* 182(7):242–244.

Finlayson, T. L., Siefert, K., Ismail, A. I., Sohn, W. 2007. Maternal self-efficacy and 1?5-year-old children’s brushing habits. *Community Dentistry and Oral Epidemiology,* 35(4):272–281.

Kim, M. R., Ahn, S. H. 2018. The effects of child-care teachers’ multicultural acceptability and multicultural teaching competence on multicultural education practices. *Korean Council For Children’s Rights,* 22:639–662.

Nagaveni, B. 2011. Knowledge, Attitude and Practices of Parents Regarding Primary Teeth Care of their Children in Davangere city, India. *Pesquisa Brasileira em Odontopediatria e Clinica Integrada,* 11(1):129–132.

Oswal, K. 2010. A common risk approach for oral health promotion and prevention. *Indian Journal of Dental Research,* 21(2):157–157.

Ravishankar, T. L., Chaitra, T. R., Mohapatra, A. K., Gupta, V., Suresh, B. S. 2010. Mother’s knowledge about pre-school child’s oral health. *Journal of Indian Society of Pedodontics and Preventive Dentistry,* 28(4):282–282.

Setty, J. V., Srinivasan, I. 2011. Awareness and attitude of patients’ parents toward pulp therapy of the primary teeth: A clinical survey. *Journal of Indian Society of Pedodontics and Preventive Dentistry,* 29.

Steele-Moses, S. K., Russell, K. M., Kreuter, M., Monahan, P., Bourffi, S., Champion, V. L. 2008. Cultural Constructs, Stage of Change, and Adherence to Mammography among Low-Income African American Women. *Journal of Health Care for the Poor and Underserved,* 20(1):257–273.

Wake, M., Hesketh, K., Lucas, J. 2000. Teething and Tooth Eruption in Infants: A Cohort Study. *Pediatrics,* 106(6):1374–1379.