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Oral health related quality of life: a review

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ABSTRACT

The concept of oral health related quality of life is a relatively new field of research, which examines the functional, social and economic consequences of oral conditions on daily life and well-being. It is now considered as an essential component of assessing oral health of individuals and populations and also outcomes of health care. Several dental researchers have developed measures to assess the effects of oral disorders on the functional, social and psychological well-being. The significant lack of and need for social indicators and a comprehensive approach to measuring the social and psychologic impacts of dental disease has been highlighted in several recent reports.

Keywords: Oral Health, Quality of Life, Social Indicators.

INTRODUCTION

Quality of life is concerned with “the degree to which a person enjoys the important possibilities of life”. Oral health contributes significantly to the quality of life, it is bound to play a major role in imparting the quality of life and quality of life measurement in health care and specially oral health care has gained widespread recognition. A person’s oral health status can effect them physically, socially and psychologically and

influence how people enjoy life; how they look, speak, chew, taste and enjoy food, socialize, as well as their self-esteem, self image and feelings of social well being, successful ageing is related to maintaining quality of life, which in turn is dependent on how well individuals can fulfill these performances. [1]

Subjective self-report measures of impacts of health conditions on quality of life have expanded rapidly in the medical literature over the past 20 years. [2] Although the social impact to measuring

disease outcome has seen widespread application in medicine, oral health status has not generally been conceived in those terms. The study of oral health status has been firmly grounded in the measurement of tissue pathology characterized by the use of numerous clinical indicators with minimal attention to the impact of this pathology on social and psychological function. The significant lack of and need for social indicators and a comprehensive approach to measuring the social and psychologic impacts of dental disease has been highlighted in several recent reports. [3]

The concept of oral health related quality of life is a relatively new field of research, which examines the functional, social and economic consequences of oral conditions on daily life and well-being. It is now considered as an essential component of assessing oral health of individuals and populations and also outcomes of health care, researchers have emphasized the importance and the need for measuring the psycho-social impact of oral conditions on daily life and well-being as well as when assessing treatment needs. [4]

Several dental researchers have developed measures to assess the effects of oral disorders on the functional, social and psychological well-being. It is based on the WHO conceptual framework for the International Classification of Impairments, Disabilities and Handicaps (Fig.1) which was modified for dentistry by Locker in the year 1988 [1, 5] (Fig.2).

The diagram (Fig.1) illustrates the conceptual model. WHO (1980) adapted, which shows various relationship between the component parts of the overall model. For example, handicap may be the outcome of a linear progression along the full sequence of events depicted. Rheumatoid arthritis provides a good illustration of this. The disease affects the supporting tissue of joints which become painful, weakened, and limited in their

range of movement. This imposes severe restrictions on the individual's ability to perform the basic activities of daily living leading in many cases to unemployment, poverty, social isolation and a psychologically debilitating dependence on others. This disorder demonstrates that disability may be a product of discomfort as well as functional limitations.

That this dynamic model is applicable to dental and oral conditions also (Fig.2), many of the elderly they were continuing to manage with poor and ill-fitting dentures, edentulism (impairment), largely the result of dental caries and periodontitis (disease), resulted in difficulties in chewing (functional limitation) which in turn restricted their ability to eat (disability). Many were unable to eat foods of their choice and many found that it took much longer for them to complete a meal. This detracted from the pleasure of eating, caused embarrassment and deterred them from eating with others (handicap). It is also reported social discomfort because of the poor appearance of their dentition and difficulties with talking and singing. In this way, dental and oral pathological conditions have a negative impact on the quality of life and lead to various forms of social and psychological deprivation. Many socio-dental indicators have been developed (Table.1) and tested in various populations in response to the growing recognition of the need for quality of life measurements in oral health care. Socio-dental indicators are measures of oral health-related quality of life and range from survival, through impairment, to function and perceptions. They measure the extent to which dental and oral disorders disrupt normal social-role functioning and bring about major changes in behavior such as inability to work or attend school, or undertake parental or household duties. [2, 3, 5, 7]

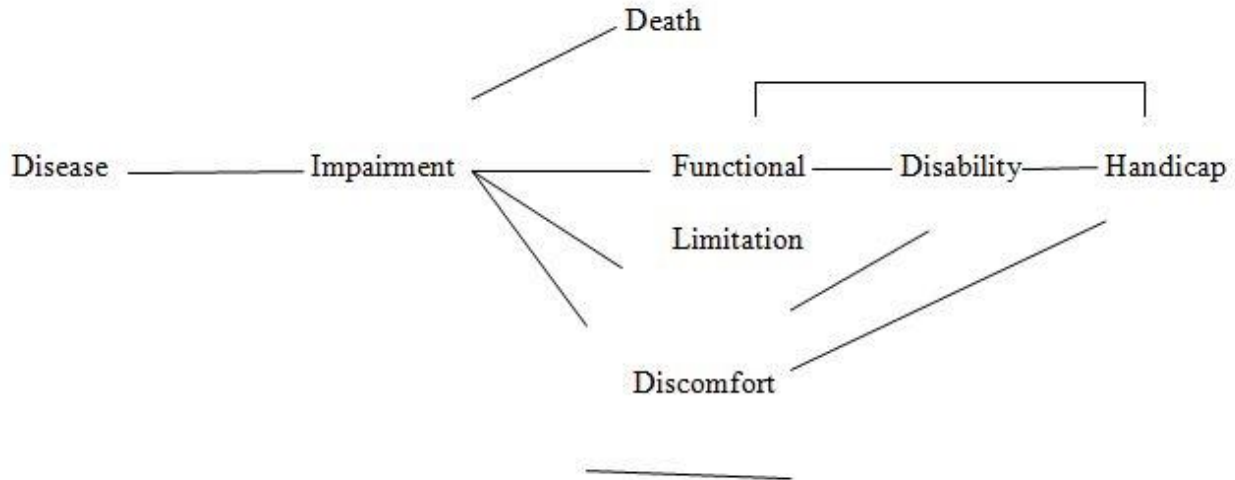


Fig.1 The conceptual model. WHO (1980) Adapted

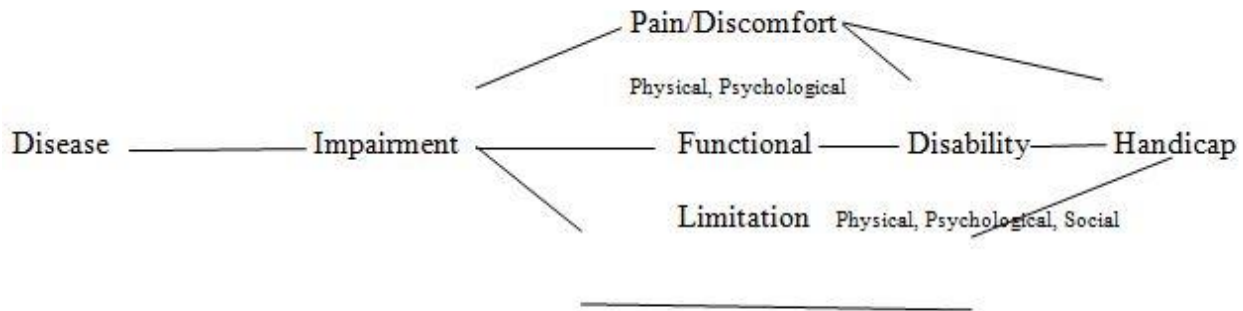


Fig.2 Locker's conceptual model of oral health (1988)

Table 1. Selected oral quality of life instruments

- Oral Health Impact Profile (OHIP) (Slade and Spencer, 1994).
- Dental Impact profile (DIP) (Strauss and Hunt, 1993)
- Oral Health-Related Quality of life Measure (OHQOL) (Kressin et al., 1996)
- Oral Impacts on Daily Performances (OIDP) (Adulyanon and Sheiham, 1997)
- Rand Dental Health Index (Dolan and Gooch, 1991)

- Geriatric (General) Oral Health Assessment Index (GOHAI) (Atchison and Dolan 1990)
- Psychosocial Impact Score (Locker and miller, 1994)
- Dental Impact on Daily Living (DIDL) (Leo and Sheiham, 1996)
- Social Impact of Dental Disease (SIDD) (Cushing, Sheiham and Maizels 1986)

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