Evaluation of self-perception of awake bruxism in dentistry students – clinical case series

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Periodontal treatment often includes several surgical procedures, so a bad postoperative smoking habit (non-smoking patients or those who stopped the habit in the postoperative period showed less postoperative pain). The use of nonsteroidal anti-inflammatory drugs and its duration influence the postoperative pain.

Discussion and conclusions: Periodontal treatment often includes several surgical procedures, so a bad postoperative period may prevent the patient from continuing treatment, which may in some cases jeopardise the maintenance of teeth. Smoking habits have been shown to be the most prominent variable in postoperative pain. It is therefore extremely important to encourage patients to stop smoking or when it is not possible to interrupt during the postoperative period.

Evaluation of self-perception of awake bruxism in dentistry students – clinical case series

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ABSTRACT

Introduction and Objectives: Bruxism is a repetitive muscular activity of the masticatory muscles where there may, or may not, exist dental contact and, depending on the adaptability of the individuals may cause lesions in the stomatognathic apparatus [1]. It is now possible to use the Ecological Momentary Assessment (EMA), which involves carrying out a self-report questionnaire about Awake Bruxism (AB) at various times of the day, in a random order in the subject’s environment through smartphones [2]. The main objective of this study was to analyse auto perception of AB through the use of EMA in dentistry students.

Materials and Methods: Ten (n = 10) dentistry students of the Instituto Universitário Egas Moniz, in Almada, Portugal, with access to a smartphone, were invited to participate in this study. All the assumptions of the Helsinki Declaration have been fulfilled and an informed consent for clinical case of Clínica Dentária Egas Moniz approved by the ethic commission of Instituto Universitário Egas Moniz. Initially, it was requested the signature of the informed consent. Then, each student answered two questionnaires (T\textsubscript{0}). The first was a specific bruxism questionnaire and the second was the “General Anxiety Disorder-7” (GAD7) questionnaire [3]. Finally, after a slideshow presentation about the BruxApp\textsuperscript{a}, each student downloaded this app to their smartphone. The students were asked to use the app for 7 days, answering to, at least, 12 random alerts that were sent randomly during the day. At the end of 7 days-period the students were asked to answer again to the same 2 questionnaires (T\textsubscript{1}).

Results: Unfortunately, we were not able to collect results from smartphones with the Android System\textsuperscript{a}, likewise increasing self-perception and contributing to establish a clearer idea of bruxism as an epidemiology. Moreover, it is important to refer that, besides being a pilot study, the loss of half of the participants due to failures with the Android System\textsuperscript{a}, this is a severe limitation of this study.

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Evaluation of the quality of life before and after rehabilitation with dental implants: a pilot study

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\textbf{ABSTRACT}

\textbf{Introduction:} The World Health Organisation (WHO) defines quality of life as “an individual’s perception of their position (…) and in relation to their goals, expectations, standards and concerns” [1]. It is also known that dental implants restore function, aesthetics and phonetics, factors that, in turn, influence quality of life [2]. The Oral Health Impact Profile (OHIP) is used to assess oral health self-perception [3]. This pilot study was aimed to evaluate and compare the patient’s quality of life, before and after oral rehabilitation with dental implants.

\textbf{Materials and methods:} After study approval by the Ethics Committee of Egas Moniz, CRL, and following the informed consent, a validated Portuguese version of the OHIP, in its short-form (OHIP-14), was applied in order to allow the profiling of socio-demographic and oral health characteristics of the patients, as well as to measure their self-perception. Data analysis was performed by using descriptive and inferential statistics methodologies. In the later, a significance level of 0.05% was established.

\textbf{Results:} A total of 23 patients, from the Egas Moniz Dental Clinic (EMDC), designated for rehabilitation with dental implants, with a mean age of 51.9 (±15.5) years, were included in the study. The sample was characterised, predominantly, by females, married, with an active status and a higher level of education. From those, 14 patients were evaluated before and after rehabilitation with dental implants. The overall OHIP-14 mean score changed from 18.8 (±11.0) to 2.5 (±2.1). Before rehabilitation the highest OHIP-14 subscale score was the one related to the “psychological discomfort” domain. An improvement of the quality of life was observed not only for the overall OHIP-14 index score (median decreased from 16.5 to 2.0) but also for each of the OHIP domains: “functional limitation” (2.5–1.0, $p=.012$), “physical pain” (3.5–0.0, $p=.001$), “psychological discomfort” (5.0–0.5, $p=.002$), “physical disability” (3.0–0.0, $p=.003$), “psychological disability” (2.5–0.0, $p=.002$), “social disability” (1.0–0.0, $p=.006$) and “handicap” (1.0–0.0, $p=.007$).

\textbf{Discussion and conclusions:} There were significant improvements on the patient’s quality of life through rehabilitation with dental implants, as noted by the decrease in measured self-perception scores before and after rehabilitation. The changes were identified for all of the seven OHIP-14 domain scores indicating an overall improvement in the patient’s quality of life.

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\textbf{References}