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Evaluation of the relationship between oral health-related quality of life (OHRQoL) and skeletal malocclusion – a pilot study

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ABSTRACT

Introduction: The impact of dental malocclusion in the oral health-related quality of life (OHRQoL) has been described in the literature [1,2]. However, the impact of severity of skeletal malocclusion on the OHRQoL has never been addressed. Therefore, this exploratory study aimed to evaluate the relationship between patient perception of OHRQoL and skeletal malocclusion.

Materials and methods: This study was approved by the Egas Moniz Ethics Committee. This cross-sectional observational study involved patients that sought orthodontic treatment between January and April 2019, at the Orthodontic Care Consultation of Egas Moniz Dental Clinic (Monte de Caparica – Almada, Portugal). Exclusion criteria were patients with severe diseases, craniofacial abnormalities, cognitive deficits, caries, periodontal diseases, and previous orthodontic treatment history. A total of 19 patients met the criteria and were enrolled in the study. OHRQoL was assessed through the Oral Health Impact Profile – Portuguese validated version (OHIP-14) [3] and skeletal malocclusion by cephalometric Steiner criteria [4]. Resulting data were submitted to descriptive and inferential statistical analysis.

Results: The sample included 7 (37%) males and 12 (63%) females, with a mean age of 27.9 years. Patient distribution among Steiner's classes was as follows: 10 (52.6%) Class I, 7 (36.8%) Class II and 2 (10.6%) in Class III. The OHIP-14 total score ranged from 0 to 49. Significant differences were found for the OHRQoL domain related to psychological discomfort, among the three skeletal classes ($p = .027$), with lower median scores obtained for Class II (0) when comparing to Class I (3.5) and Class III (4.5). All other OHRQoL domains were not found to be significantly different among the skeletal classes ($p > .05$).

Discussion and conclusions: For the first time, OHRQoL's psychological discomfort domain was found to be significantly different when considering the severity of skeletal malocclusion. Overall, Class II patients have less psychological discomfort with their clinical condition than the remaining malocclusion patients. This is the first study to evaluate the OHRQoL quantifying the severity of skeletal malocclusion. This pilot study will serve as the basis for larger-scale studies in order to comprehensively validate these preliminary findings.

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ABSTRACT

Introduction: In the oral cavity, there are usually several pathogenic microorganisms capable of forming oral/dental infections and subsequent systemic infections [1]. The main reason for the patients to seek medical-dental care is usually condition where pain is always present [2]. Medication like pain killers and antibiotics are frequently used [1]. Prescription is a personalised act, where it is necessary to define a diagnosis, specify the therapeutic objective, consider the different options and finally choose an effective and safe treatment. Currently, the most common prescribed medication in dentistry are antibiotics and non-steroidal anti-inflammatory drugs (NSAIDs) [3,4]. This study aimed to answer the following questions: How often are medication prescribed in the emergency appointment at Egas Moniz Dental University Clinic and what kind of medication are prescribed? This study follows the principles of the Declaration of Helsinki.

Materials and Methods: Pilot Study Observational and Retrospective. Of the 388 emergency appointments, carried out between 1 March 2019 and 31 March 2019 at Egas Moniz Dental University Clinic 249 cases were randomly selected and analysed. Inclusion criteria were all patients who were prescribed medication. Frequency tables were performed according to gender, age and the type of drug prescribed (antibiotic, analgesic and/or NSAIDs).

Results: In 249 emergency appointments, only 50 were prescribed medication. The most common prescribed were antibiotics ($n=33$), followed by NSAIDs ($n=30$), analgesics ($n=10$) and others ($n=2$). The most common antibiotic prescribed was amoxicillin + clavulanic acid – 875 mg + 125 mg ($n=17$), followed by amoxicillin – 1 g ($n=11$).

Discussion and conclusions: Medication by itself is not as successful as the dentist local intervention treatment procedure [3]. Studies show that the most prescribed medication in dentistry are antibiotics and NSAIDs [3,4]. Our results confirm that idea. According to our data, the prevalence of prescription in emergency appointments is approximately 20%. Furthermore, it is important to have a rational prescription in order to reduce the disease duration, systemic repercussions and also the appearance of resistance and high costs [5,6]. Future research should include a bigger sample and a longer period.

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***In vitro* erosive dental wear measured with a 3D intraoral scanner – a pilot study**

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ABSTRACT

Introduction: Erosive tooth wear is a common condition in modern societies. Without preventive measures, it can lead to dentine hypersensitivity, loss of vertical dimension of occlusion and aesthetic problems [1]. Suitable diagnostic tools need to be developed for use in prevalence studies in order to compare the results of different investigations as well as for monitoring the progression of tooth wear, as highlighted in the European Consensus statement on management guidelines for severe tooth wear [2]. The use of 3D intraoral scans has increased, however surface alignment for comparison of sequential scans is a complex process. The goal of this *in vitro* pilot study was to develop a protocol for a future study on the accuracy of an intraoral scanner and software for the measurement of erosive wear. Focus was made on the development of a reliable method for superimposition and subtraction of intraoral scans, facilitating the measurement of wear progression using volume change.