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## KNOWLEDGE AND ATTITUDE OF GENERAL DENTAL PRACTITIONERS TOWARD PERIODONTAL DISEASE MANAGEMENT

### Summary

The aim of the present study was to assess the current status of periodontal diagnosis and treatment performed by general dental practitioners (GDP). **Materials and methods.** Our survey was conducted from late October 2015 till May 2016. The assessment of periodontal management among GDP was performed by the use of questionnaires, consisting of 33 questions. **Results.** A total of 328 questionnaires were distributed, 316 were completely filled and assessed for the survey. 50.1±2.26 % of participants work in privat area, 45.6±2.29 % in public area and 4.1±0.79% in University. 82.6% of GDP are from urban area and 16.8% from rural area. 52.0±30.13 % and 49.5±24.05% of practitioners from the urban area perform periodontal examination and root surface debridement respectively. In rural area the percentage of the same procedures are 39.9±28.56% and 31.7±24.28 respectively. **Conclusion.** Such studies should be performed at regular time in order to appreciate the changes in the trends of national periodontal management.

**Keywords:** *General dental practitioner, periodontal survey, questionnaire.*

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### Rezumat

#### CUNOȘTINȚE ȘI ATITUDINI A MEDICILOR STOMATOLOGI GENERALIȘTI FAȚĂ DE MANAGEMENTUL AFECȚIUNII PARODONTALE

Scopul actualului studiu a fost de a evalua statusul curent a diagnosticului și tratamentului parodontal, manopere realizate de medicii stomatologi generaliști (MSG). **Material și metode.** Cercetarea noastră a fost condusă din sfârșitul lunii octombrie 2016 și finisată în mai 2017. Aprecierea realizării managementului parodontal de către MSG, a fost efectuată prin utilizarea chestionarelor, care conțineau 33 de întrebări. **Rezultate.** Un total de 328 de chestionare au fost distribuite, iar 316 au fost completate în totalitate și analizate pentru studiu. 50,1±2,26 % dintre participanți activează în domeniul privat, 45,6±2,29 % în instituție publică, iar 4,1±0,79% în cadrul Universității. 82,6% din MSG sunt din zona urbană, iar 16,8% din cea rurală. 52,0±30,13 % și 49,5±24,05% din practicienii din zona urbană realizează examinarea parodontală și respectiv debridarea suprafeței radiculare. În zona rurală procentajul pentru aceleași manopere a constituit 39,9±28,56% și 31,7±24,28 respectiv. **Concluzii.** Studiile similare sunt necesare de a fi realizate la intervale regulate de timp în scopul aprecierii modificărilor tendințelor managementului parodontal național.

**Cuvinte-cheie:** *Medic stomatolog generalist, studiu parodontal, chestionar.*

## Introduction

Periodontal diseases, which are predominantly caused by Gram negative bacterial infections, are common conditions characterized by the destruction of periodontal tissues. [4] Understanding the relationship between periodontal disease and systemic health is necessary for the accurate diagnosis and treatment of both. [4]

The main role of the dentists is to increase the lifespan of dentition by means of disease prevention or thorough treatment. [3]

## Aim

The aim of the present study was to assess the knowledge of general dental practitioners from Republic of Moldova toward the periodontal care.

## Materials and Methods

The actual study represents part of a Pan-European survey of *General Dentists knowledge and day to day practice*, that was initiated in 2013 by the Special Interest Group, chaired by prof. Kenneth Eaton

Our survey was conducted from late October 2015 till May 2016. According to cnms.md data, in 2015 in Republic of Moldova were registered to activate 1778 GDP. [1] In order to achieve a confidence level, that the results would be of a significant appreciation, the Power Calculation indicated a number of 316 questionnaires, consisting of 33 questions, to be completed. [2] Approval from the Ethical Committee was taken.

The questionnaires were randomly distributed to the GDP who were attending the dental training courses organized by State University of Medicine and Pharmacy "Nicolae Testemițanu", Therapeutical Department. The questionnaires were completed anonymously and this encouraged the GDP to take part in the survey.

The questionnaires included three sections:

1. General information — 13 questions concerning personal and professional data.
2. Questions regarding the periodontal diagnosis and treatment procedures implemented by GDP in their day by day practice.

3. Perception of GDP toward risk factors responsible for initiation and development of PD.

Inclusion criteria.

GDP activating on the territory of Republic of Moldova.

Exclusion criteria:

Dental specialist.

## Results

A total number of 328 questionnaires were distributed. Only 316 were considered totally available. 12 surveys were excluded from the study, because they were only partial completed.

In table 1 is represented the demographic characteristics of the participants of the survey. There is an almost equal distribution between gender representatives 46.2% male and 53.8% female.

Regarding the place of graduation, a 99.1% of interviewed graduated in Chișinău, 2 persons (0.6%) — Moscow, Russia and only 1 person (0.1%) — Timișoara, Romania.

If we make an analysis of the practice distribution, one can notice an equal activity in both privat (50.1±2.26%) and public (45.6±2.29%) area. The lowest percentage was registered in the University practice (4.1±0.79)

**Tab.1** Demographic characteristics of participants in the survey.

Age (Mean ±SE)		44.4±0.59
Gender n (%)	Male	146 (46.2%)
	Female	170 (53.8%)
Place of graduation	Chișinău	313 (99.1%)
	Moscow	2 (0.6%)
	Timișoara	1 (0.1%)
Percentage of time worked in:	Privat (Mean ±ES)	50.1±2.26
	Public (Media ±ES)	45.6±2.29
	University (Media ±ES)	4.1±0.79
Location of practice	Urban	261 (82.6%)
	Rural	53 (16.8%)
	Urban/Rural	2 (0.6%)

The highest presence of dental practice was registered in urban area (82.6%), followed by rural area

**Tab.2** Dispersion analysis of primary profilaxis in urban and rural area

Variable	Practice Location		F	Val. p
	Urban	Rural		
	Mean±SD	Mean±SD		
Age	43.1±10.49	50.7±8.35	24.907	0
% of periodontal examination	52.0±30.13	39.9±28.56	7.258	0.007
% of periodontal full-mouth examination	32.0±27.91	28.6±27.23	0.684	0.409
% of periodontal selective partial examination	46.1±27.84	35.0±24.48	7.244	0.007
% of oral hygiene instructions	77.5±24.45	72.4±23.71	1.946	0.164
% of dental floss instructions	55.8±31.75	42.1±28.86	8.494	0.004
% of interdental brush insructions	33.4±31.93	39.1±35.49	1.326	0.25
% of root surface debridement	49.5±24.05	31.7±24.28	23.964	0

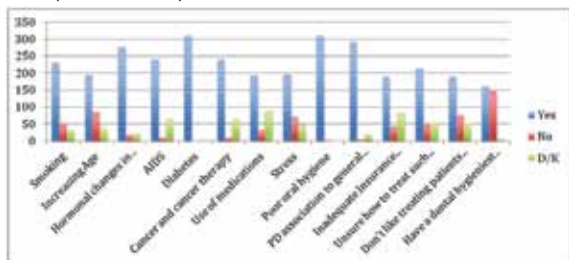
(16.8%). 2 doctors (0.6%) indicated to work in both areas.

In table 2 is represented the dispersion analysis between the urban and rural area. The mean age in the urban area is lower ( $43.1 \pm 10.49$ ) than in rural ( $50.7 \pm 8.35$ )  $p < 0.001$ . This difference can be explained by the migration phenomenon from rural to the urban area. Concerning the percentage of periodontal examination, only a half of the doctors from the urban area perform it ( $52.0 \pm 30.13$ ). In rural area the percentage is even lower ( $39.9 \pm 28.56$ ).

The full-mouth examination in urban area is performed in mean percentage of  $32.0 \pm 27.91$  and in a higher frequency the selective partial examination ( $46.1 \pm 27.84$ ). The values for the rural area are:  $28.6 \pm 27.23$  and  $35.0 \pm 24.8$  respectively.

In both areas, GDP indicated in high percentage ( $77.5 \pm 24.45$ ) and ( $72.4 \pm 23.71$ ) the oral hygiene instruction of the patients. The dental floss instructions in urban area was performed in 55.8% cases, but in rural area the percentage is again lower than in urban ( $42.1 \pm 28.86$ ).

The use of the interdental brush instructions registered higher values in rural area ( $39.1 \pm 35.49$ ) comparing to urban area ( $33.4 \pm 31.93$ )  $p > 0.05$ . A significant statistical difference ( $F = 23.964$ ,  $p < 0.001$ ) was noticed in the percentage of doctors performing the root surface debridement:  $49.5 \pm 24.05$  in urban area and ( $31.7 \pm 24.28$ ) in rural area.



**Fig.1** Survey results regarding risk factors of initiation and development of PD

Figure 1 reflects the answers of the GDP toward the risk factors that can induce the initiation and development of the periodontal diseases.

GDP were the most confident about diabetes (98.4%) and poor oral hygiene (98.4%) as risk factors in periodontal disease etiology.

Stress (62.0%) and use of medication (61.1%) received a lower percentage of positive results in comparison to rest factors.

Factors that decrease the efficiency of the periodontal treatment was considered the insurance how to treat this patients — in a higher percentage than the rest of factors.

### Conclusion

A lot of studies are focused on etiology and pathogenesis of periodontal disease, but only a small number of surveys are concerned on knowledge and performance of general dental practitioners.

This kind of surveys should be done at regular intervals in the same areas to get the idea about improvement and assessments in attitude and perception regarding periodontal treatments.

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