

Oral health and the quality of life

Corneliu Amarieci¹, Cristina Nuca²

Constanta, Romania

In 1946 WHO introduced a changed pattern in the definition of health by stipulating in the foreword of its Constitution the following: "oral health is the state of physical, mental and social well being and not just the absence of a disease or handicap".

This definition leads to a multidisciplinary approach of health whose individual value is measured within a broader psychological and social frame [1].

In the field of oral health, this new approach suggests the fact that the final goal of dental medical services is not the lack of dental caries or periodontal disease as much as the mental and social state of health obtained through dental treatment.

Quality of life is rarely stated as an objective of dental medicine although the improvement of the quality of life represented the main motivation of the profession of dental physician from the moment when the first patient was cured of pain, solved his chewing problems or improved the physiognomic function. Most of the patients still demand treatment because of these reasons, all of them originating, on a conscious or subconscious level, in their desire to improve the quality of life represented by the lack of physical suffering, the ability to properly eat and communicate verbally as well as having a pleasant appearance, unaffected by dental issues.

The understanding and study of the causes of pain, the optimal methods of treatment, the materials to be used in order to make the treatment efficient as well as the way in which the pathology of the oral cavity may influence the entire organism, represent characteristics of the quality of life which made the main subject of the science of dental medicine since the beginning.

When the doctor's attention is focused only on the oral cavity, the result will be an unsatisfied patient. The patient must be considered as a whole, and the way in which therapeutic decisions will influence his general state of health as well as the quality of life has to be taken into account.

The importance given to the relation between the quality of life and oral health is relatively recent. No further than 4 decades ago, oral health issues were considered of minor importance only to be taken into account occasionally to complete the data offered by the biological and clinical examinations [1,2].

Beginning with the 80's, the concept of the Oral Health Related Quality of Life (OHRQoL) became a priority for specialists in the purpose of assessing the consequences of oral disease on the quality of an individual's life, as well as the initiation of proper action resulting in annulling the negative impact of these conditions on the quality of life.

¹ Professor, Department of Oral Health and Dental Management, Faculty of Dental Medicine, "Ovidius" University of Constanta

² Associate Professor, Department of Preventive Dentistry, Faculty of Dental Medicine, "Ovidius" University of Constanta

The evaluation of the relation between the quality of life and oral health now takes a main role in the sanitary policy of the developed countries.

The USA's Department of Health main objective for 2010 is: "the increase of life expectancy and the improvement of the quality of life". The Secretary of Health (Donna E. Shalala) stated in the year 2000 that: "oral health issues may generate useless pain and suffering causing devastating complications of the individual well being resulting in financial and social costs which significantly diminish the quality of life and affect American society. [3]

The concept of "oral health related quality of life" therefore includes new perspectives and underlines the passage from a bio-medical approach to medical care, of which main objective is to treat a disease, to a bio-psychological-social approach which pays attention to all of the patient's problems considered as a whole, based on the saying: "there are no illnesses, there are only sick people" [4].

Under these circumstances, treatment plans are extended in order to include complementary or alternative medical services and pay attention to the maintenance or recovery of mental health after treatment.

The concept of the oral health related quality of life is based on a conceptual agreement involving multiple aspects.

First of all, it is a generally recognized fact that the notion of quality of life is a subjective experience of each individual and the evaluation of the relation between oral health and an individual's quality of life based exclusively on the experiences of medical services suppliers is totally insufficient because of the fact that subjective opinions of each individual are required in order to make a correct evaluation.

The second subject on which scientists agree is that the relation between the quality of life and the oral health includes both emotional and cognitive components, these

two components being complementary. The emotional component reflects the individual state of well being and the cognitive is more stable and usually associated with personal resources. When oral health related quality of life is assessed, both components must be therefore evaluated.

The fact that the evaluation of the relation between the quality of life and oral health includes both positive aspects as well as the negative aspects of this relation, this prospective representing a modification of prior medical patterns, which focused mainly on the negative effects of an illness, is also of extreme importance [5,6].

The relation between the quality of life and oral health is therefore a dynamic concept and a multidisciplinary specialty including notions belonging to psychology, public health and general health, and the improvement of the quality of life represents the final goal of any therapeutic activity [3].

This concept refers to the way in which a clinician treats the patient as a whole, by correlating oral health services with the social and personal life of the patient just like a manager may institutionalize initiatives which take into account the patient's satisfactions when establishing prices.

Politicians are also involved in this concept because public policy aiming at improving the individual's quality of life and protect the quality of life at individual level is without any doubt health policy.

The relation between oral health and the quality of life depends on various factors, both medical and non medical.

Oral health related quality of life is defined as the evaluation, both from a personal and a medical perspective of the way in which the following types of factors affect individual well being: functional, psychological (concerning the aspect and self-esteem of a person), social (interaction and perception) as well as pain and discomfort experiences [3].

Relating these factors to the dentomaxillary system leads to the evaluation of oral health related quality of life.

The pain and the discomfort given by the oral diseases or by their complications can be more stressful both physically and psychologically than the ones occurring at any other level in the organism as the oral cavity is in the centre of attention in most current activities (chewing, speaking, etc).

The lack of freedom in choosing a specific type of food, which causes pain or discomfort, limits social activities and interactions apart from the fact that it is incompatible to proper nutrition.

Self-perceived and social image of an individual is strongly tied to oral health and it is of extreme importance for the social dimension of current activities.

These four groups of factors (functional, psychological, social and pain/discomfort) included in the definition of oral health related quality of life can be measured during medical practice and research.

It is important to specify that these groups of factors vary according to person, situation and the interaction between a person and a given situation. The person related factors are extremely varied and related to the individual's personal history, to education, social status, medical history (experiences of oral diseases and dental treatments), psychological status (happiness, depression) and also to its motivation, hopes and aspirations.

The situation related factors may be represented by the existence of an impediment in the exercise of a basic function of the dentomaxillary system (chewing, speaking), by the appearance of a certain discomfort in a given situation (when eating), by the avoidance of smiling and communicating in certain moments because of oral disease and even by avoiding to look into the mirror.

Relating oral health degree to the quality of life is extremely important both for

dental medical practice as much for clinical research and dental health education.

Dental medical practice is strongly tied to all current activities and the patient's quality of life. Services are related to function improvement (chewing, speaking and appearance) and the elimination of this discomfort and pain certainly improves a patient's quality of life.

As far as research is concerned, it is only useful to the extent it is capable of improving the quality of the medical act, a certain material or a specific treatment in order to produce an end result capable of contributing to the increase of a patient's quality of life.

All the aspects of research, both basic scientific research and clinical and behavioral, are aimed at improving the patient's quality of life.

Basic scientific research, for instance, regarding chemotherapy for the treatment of cancer diseased people evaluates the efficiency of the treatment on a cellular level. Clinical research may demonstrate the clinical efficiency of such a treatment. Even so, the patient may refuse this alternative and may choose a shorter life but with higher quality of life.

Successful research must take into account the aspects regarding the quality of the life it wishes to prolong.

Community dental medicine research and behavior sciences research should have a common goal, the improvement of the individuals' quality of life.

The quality of life concept becomes therefore essential for dental medical education, and oral health should permanently relate to general health and base itself on a patient [7].

The persons authorized to increase the level of sanitary education of the population must take into account the concept of oral health related quality of life as well as the way in which this relation influences medical care and prompting oral health.

The study of oral health related quality of life takes into consideration all the aspects of a person's life as well as the resulting state of well being, acting in consequence at all levels of medical care [8,9].

On individual level these considerations may influence therapeutic decisions while on a social level it pleads for the understanding of general needs.

More than this, oral health related quality of life may also become part of political and legal speech.

The DMFT index, for instance, is used as an objective clinical method for measuring the oral health state. Still the politicians may understand easier the population's needs if this index would be translated into a lower individual quality of life, with poor nutrition due to the impossibility to nourish because of the tooth loss or fatigue and general illness because of tooth aches and infections [3,10].

In this way the study of the relation between oral health and the quality of life becomes an instrument both for the understanding and education of practitioners, researchers and educators and also for community level health education [11].

Since clinical indicators of oral health reflect the way in which oral health services suppliers perceive collective and individual state of well being, public perspective on this status has become extremely important in evaluating the way in which the public oral health system functions both on the

level of an individual and on the level of the entire society.

Oral health has a significant impact, either positive or negative, not only on an individual's personal life but on the functioning of society in general.

The individual perception on well being also has a strong impact on the oral health system although it is, most of the times, different from the specialist's point of view. It is certain that the fact that the enforcement on a national level of measures aimed at modifying oral health policies leads to the improvement of clinical indicators as well as social-dental parameters. [5,12]

In order to obtain a balanced perspective of oral health policies, reflected into preventive treatments and programs applied that community level, increased attention must be paid to the perception of oral health at all levels: in children, teenagers or adults; women or men; majority or minority populations. [13]

All health suppliers, clinicians, educators, administrators, politicians and researchers at different levels (clinical, social, behavioral, public health) must be involved into the attempt to understand the relation between oral health and the quality of life, because the way in which oral health globally influences the concept of quality of life (an individual's degree of satisfaction regarding his personal ability to function at all levels: personal, social, a.s.o.) represents an essential measure and an indicator of success for any oral health public strategy.

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Correspondence to: Dr. Cristina Nuca, DMD, PhD, Assoc. Prof., Department of Preventive Dentistry, Faculty of Dental Medicine, 7, Ilarie Voronca street, 900684 Constanta, Romania. E-mail: medcris@yahoo.com