

Is it better to restore or extract deciduous teeth- a survey

Introduction

Often people responsible for the oral care of children feel or believe that since primary teeth will eventually shed, it is not worthwhile to spend time/money on providing good oral health to children. Parents are the ones who take care of their children and make decisions for them. Hence, they should have knowledge about primary teeth, their health and caring in order to build confidence in their children through tiny teeth.

Dental practitioners are expected to recognize and effectively treat childhood dental diseases that are within the knowledge and skills acquired during their professional education. Safe and effective treatment of these diseases requires an understanding of and, at times, modifying the child's and family's response to care. Behavior guidance is the process by which practitioners help patients identify appropriate and inappropriate behavior, learn problem solving strategies, and develop impulse control, empathy, and self-esteem. This process is a continuum of interaction involving the dentist and dental team, the patient, and the parent; its goals are to establish communication, alleviate fear and anxiety, deliver quality dental care, build a trusting relationship between dentist/staff and child/parent, and promote the child's positive attitude toward oral health care. Knowledge of the scientific basis of behavior guidance and skills in communication, empathy, tolerance, cultural sensitivity, and flexibility are requisite to proper implementation. Behavior guidance should never be punishment for misbehavior, power assertion, or use of any strategy that hurts, shames, or belittles a patient.

Studies reported that pediatric oral health in industrialized countries has improved considerably during the last few decades.^{1,2} With modernization, new concepts have evolved with respect to management of dental health. Parents who are in closest proximity in the well-being of the children are the first respondents on attitude and practice toward pediatric dentistry and child's dental care. In developing countries, more coordinated efforts are needed to install a positive attitude toward pediatric dentistry.^{3,4}

Aim: To measure parent practice, awareness and attitude about their children primary teeth.

Materials and methods

A cross-section survey written in both English and Arabic languages by researchers was distributed to the parents in Saudi Arabia by social media "twitter, Instagram, WhatsApp application" the total response 1820 Pearson. The questionnaire consisting of 17 questions were distributed. The demographic details taken from the parents included questions parents' relationship to the child, parental age, parent's educational level, parent's income, and the number of the children in the family, the importance of primary teeth, the affect of missing primary teeth on the eruption of permanent teeth, which is better to extract or treat the primary teeth, at any age was the first child visit to the dentist, the psychological management of the dentist to the child before starting the treatment, during how much the dentist is visiting, where they prefer to treat their child teeth.

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Result

A total of 1820 complete the questionnaire the majority of parents responded were mother (84.67%) with age from 36-60 years old (61.94%) lives in Central Region of Saudi Arabia (65.58%) with high level of education (72.49%), half of the families medium monthly income and they have 3 to 5 children (43.04%), More than half of the families (54.99%) preferred to treat their child teeth in private hospital.

The collected data shown the great majority (75.84%) agreed of the important of the primary teeth as showing in Table 1, and agreed that caries of primary teeth would affect the permanent teeth with majority (63.95%) as showing in Table 2. Most of the families preferred to treat their children teeth than to extract by (73.13%) as showing in Table 3.

Table 1 Describe the majority of people agree the important of primary teeth

In your opinion, are the primary teeth important?		
Answer choices	Responses	
Agree	75.86%	1383
Misagree	7.30%	133
I don't know	16.84%	307
Total		1823

Table 2 Describe the majority of people agreed that caries of primary teeth would affect the permanent teeth

In your opinion, are the primary teeth important?		
Answer choices	Responses	
Agree	64.02%	1767
Misagree	18.38%	335
I don't know	17.61%	321
Total		1823

On the other hand most of the parents (79.69%) considered the high cost and rarely availability of the pedodontist a major problem of dental treatment for their children. Most of the family (95.57%) agrees that presenting with their children in the clinic will relieve the tension of their children. More than half (58.86%) of the parents think

the dentist not dealing well with their child during the treatment that's why (72.66%) of the child responding to the

dentist during the treatment with tensions. Half of the parent's (57.65%) disagree that their child requires dental visit every 6 months as showing in Table 4.

Table 3 Describe the majority of families preferred to treat their children teeth

Do you prefer to extract the primary teeth or treat it?		
Answer choices	Responses	
Extract it	26.84%	489
Treat it	73.16%	1333
Total		1822

Table 4 Describe the majority of family's not regular visiting the dentist

Do you prefer to extract the primary teeth or treat it?		
Answer choices	Responses	
Yearly	18.62%	337
More than one time in the year	19.72%	357
when they feel a pain	57.57%	1042
I don't take them at all	4.09%	74
Total		1810

Discussion

Attitude and practice of parents are important factors of the parental care to primary teeth of the children.¹ In the present study, attitude of the participants revealed that most of them 75.83% parents felt a regular visit to the dentist is important, where 16.85% had no idea about the regular dental checkup and 7.32% felt regular dental check is not important. Earlier studies revealed that earlier and regular dental care among children is uncommon in developing countries.

Although in the present study, it was contradicting to the American Academy of Pediatric Dentistry recommendations that ideally infants' oral health begins with prenatal oral health counseling for parents followed by oral health risk assessment by 6 months of age and establishment of the dental home for all infants by 12 months of age. It also, after the initial visit, recommends regular visit to the dentist, based on the child's oral health.

Many studies found that these recommendations are not taken by the parents in the developing countries and the reasons behind may be a lack of importance of the primary teeth, socioeconomic, and educational status, besides cultural beliefs.¹ Concerning to the affect of the primary teeth on the permanent teeth 63.93% their opinion was agree were 18.39% they disagree and 17.68% they don't know.

On our study most of the families (73.71%) agreed that treating the primary teeth it is necessary, while less than third (26.38%) thinking the extraction much better. Based on several studies, Early extraction of primary teeth might lead to short-term effects like problems in eating and speaking, and long-term effects like mal-alignment of permanent teeth and increased risk of malocclusion in later.²

Majority of the families (80%) consider the cost one of the high

problem of dental treatment, that's why reasons for not treating the primary teeth was not surprising because people in the developing countries believe that soon after the shed down of the primary teeth the permanent teeth would erupt and spending to treat the primary teeth is a waste of money.¹

Regards the availability of Pedodontist most of the families (70.55%) were said it's rarely that's why they agreed most of the time their children responding to dental treatment with a tension. The studies indicate that both techniques can be effective in alleviating anxiety and reducing stress. Some findings suggested that relaxation was more effective with women than with men whereas distraction may be more effective with men than with women. Further research is needed to refine these techniques that should be readily adaptable to dental practice.³

The major problem facing in the dental clinic and more than half of the families agreed with it (60%) the inability to psychological management of the dentist during the child treatment. As recommendation of the American Academy of Pediatric Dentistry (AAPD) communicative management and appropriate use of commands are applied universally in pediatric dentistry with both the cooperative and uncooperative child. At the beginning of a dental appointment, asking questions and active/reflective listening can help establish rapport and trust. Observation of the child's body language is necessary to confirm the message is received and to assess comfort and pain level. Another study found that a better dental health among the children was due to the positive attitude of parents toward oral health of their children.⁴

Regarding the first visit of the child at dental clinic half of the families (51%) believe to took their children in age 5-7 years old when they felt pain, while less than one third (30%) of the families took their children in age less than 4 years old.

The purpose of the first dental visit is to learn about your child's oral health and how to best care for your child's unique needs before any problems occur. Many dental problems can be prevented or more easily treated in the early stages. It's important to find a dentist you trust and an office where you feel comfortable. At this first visit, you will get your questions answered and start to build a relationship. The best way to prepare for this visit is to consider what you want to know, what you want to look for and what you should expect.⁵ Many studies have shown low awareness level among the parents regarding the early visit of a child to dentist. Researchers have found that parents bring their child to dentist only when there is a problem and in very late stage when the diseases are very severe.

More than half of the families (57.63%) they don't believe a bout regularly dental check up every 6 months earlier studies revealed that earlier and regular dental care among children is uncommon in developing countries. It also, after the initial visit, recommends regular visit to the dentist, based on the child's oral health.

Many studies found that these recommendations are not taken by the parents in the developing countries and the reasons behind may be a lack of importance of the primary teeth,^{6,7} socioeconomic,⁸⁻¹² and educational status,^{10,13,14} besides cultural beliefs.

More than half of the participants 57.63% said they take the child when they feel a pain 19.69% said they take them more than one time in the year whereas 18.58% said yearly and 4.09% said don't take them at all. The American Dental Association and the American Academy of Pediatric Dentistry recommend that a child's first visit

should be when the first tooth erupts in the mouth, no later than age one to two.⁶

When questioned about who was with the child at first visit to the dental clinic most of them are parents 95.56% where 2.83% said brothers/sisters 0.72% said grandmother/grandfather despite 0.89% said the child goes alone. The purpose of identifying children's attitudes towards their dentists is to effect positive changes or adjustments that would make children more comfortable in the dentist's office and improve the quality of dental visits. Children in this study indicated that they would prefer to be treated by a dentist of the same gender. Assigning children to dentists of the same gender may improve the general comfort level of children in the dentist's office.⁷

More than half (55%) of the families preferred to treat their children teeth in private hospital followed by less than third (25%) preferred government hospital and 16% of the families preferred the clinic at the same district and very few (4%) preferred the teaching hospital.

Conclusion

In the present of this study the result showed most of the families preferred to treat their children teeth than to extract because they believe of the important of the primary teeth and the affected of the permanent teeth.

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Conflict of interest

The authors declare that there is no conflict of interest.

References

1. American Dental Association Commission on Dental Accreditation. *Accreditation Standards for Advanced Specialty Education Programs in Pediatric Dentistry*. American Dental Association. Chicago, Ill; 2013.
2. Lahti SM, Hausen HW, Vaskilampi T. The perceptions of users about barriers to the use of free systematic oral care among Finnish pre-school children – a qualitative study. *Acta Odontol Scand*. 1999;57:139–143.
3. Paunio P. Dental health habits of young families from Southwestern Finland. *Community Dent Oral Epidemiol*. 1994;22:36–40.
4. Monaghan N, Heesterman R. Dental caries, social deprivation and enhanced capitation payments for children. *Br Dent J*. 1999;186:238–240.
5. Mounissamy A, Moses J, Ganesh J, et al. Evaluation of Parental Attitude and Practice on the Primary Teeth of their Children in Chennai: An Hospital Survey. *International Journal of Pedodontic Rehabilitation*. 2016;1(1):10–14.
6. Källestål C, Wall S. Socio-economic effect on caries. Incidence data among Swedish 12-14-year-olds. *Community Dent Oral Epidemiol*. 2002;30(2):108–114.
7. Kinirons M, McCabe M. Familial and maternal factors affecting the dental health and dental attendance of preschool children. *Community Dent Oral Epidemiol*. 2007;35:429–438.
8. Pizzo G, Piscopo MR, Matranga D, et al. Prevalence and socio-behavioral determinants of dental caries in Sicilian schoolchildren. *Med Sci Monit*. 2010;16:83–89.
9. Petersen PE, Razanamihaja N. Oral health status of children and adults in Madagascar. *Int Dent J*. 1996;46(1):41–47.
10. World Health Organization. *Global oral health data bank*. Geneva: WHO; 2000.