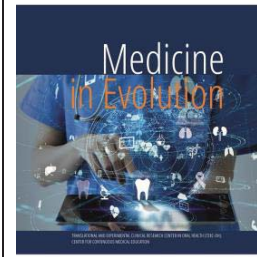


Smoking-related attitude adopted by dentists among their patients



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Abstract

Aim: The purpose of this study was to identify smoking-related behaviors adopted by dentists and their attitude regarding smoking among their patients.

Material and Method: Cross-sectional study conducted between November and December 2020 on a group of 55 dentists, using a questionnaire of 12 items, distributed on-line.

Results: Regarding the opinions and behaviors related to smoking among the dentists included in the study, 6 out of 10 dentists advice their patients to quit smoking and 3 out of 10 recommend reducing the number of cigarettes. As for the attention paid to their smoking patients, they consider that more focus should be given to the adolescents, as they are at an age when habits are easier to correct. More than half of the doctors in the study group consider that additional training is needed regarding the integration of anti-smoking programs in the dental practice.

Conclusion: By receiving proper training and seriously dedicating themselves to smoking cessation counseling, dentists could play an important role in reducing smoking prevalence. There is also the advantage that visits to the dental office are generally more frequent than the other specialties, allowing the doctor to prevent or correct this vicious habit from the beginning and to observe the evolution of their patients through the smoking cessation program.

Keywords: behavior, dentists, smoking, patients

INTRODUCTION

Smoking is a health risk factor that can cause a wide variety of diseases and even death. It has been shown to affect oral health in many ways, from physiognomic conditions such as tooth discoloration to life-threatening conditions such as oral cancer. The effects of smoking on oral health include increased susceptibility to periodontal disease, delayed healing after surgery, decreased success rate of implant treatment, an increased risk of oral cancer and precancerous lesions of the oral cavity [1]. As smoking is a major risk factor for a wide range of pathologies, both general and dental practitioners should be involved in smoking prevention and smoking cessation counseling.

Aim and objectives

The purpose of this study was to identify smoking-related behaviors adopted by dentists and their opinion related to the integration of anti-smoking programs in the activities within the dental practice.

The objectives of this study were: to identify the attitude adopted by dentists regarding smoking, the main conditions for which they recommend patients to quit smoking, their opinion on the involvement of dental practitioners in anti-smoking programs and to identify the methods of anti-smoking education they consider to be the most effective.

MATERIAL AND METHODS

A number of 55 dentists from Romania represented the target group. The questionnaire was applied in November and December of 2020, distributed on-line, through Google Forms. The questionnaire included 12 items and during the 2 months, 55 responses were registered. The collected database was exported and processed in Microsoft Excel.

RESULTS

Out of the total number of doctors, 25.5%, say they smoke daily, 14.5% smoke occasionally, 36.4% do not smoke but have tried in the past and 23.6% have never smoked (Table I).

Table I. Dentists' smoking habits

	N	%
Smoke daily	14	25.5
Smoke occasionally	8	14.5
Do not smoke but have tried in the past	20	36.4
Have never smoked	13	23.6

It was found that 12.7% of doctors were trying to quit smoking, 25.5% want to quit in the future, 34.5% do not want to quit and 27.3% do not smoke (Table II).

Table II. Dentists' smoking cessation behavior

	N	%
Trying to quit	7	12.7
Want to quit in the future	14	25.5
Do not want to quit	19	34.5
Do not smoke	15	27.3

63.6% say they advise patients to quit smoking, 31% advise patients to reduce the number of cigarettes, 3.6% advise them to quit smoking only if they have certain lesions of the

oral mucosa and 1.8% consider that it is not within the competence of the dentist to get involved in anti-smoking activities (Table III).

Table III. Dentists' attitude towards smoking patients

	N	%
Advise patients to quit smoking	35	63.6
Reduce the number of cigarettes	17	31
Advise them to quit smoking only if they have certain oral lesions	2	3.6
Consider that it is not their responsibility to get involved	1	1.8

Out of the 55 subjects, 78,2% say that the dentist should help their patients to quit smoking, 7.3% do not know if the dentist should play a role in anti-smoking programs and 14.5% believe that dentists should not get involved (Table IV).

Table IV. Dentists' opinion regarding their role in patients' smoking cessation

	N	%
Dentist should help their patients to quit smoking	43	78.2
Do not know	4	7.3
Dentists should not get involved	8	14.5

As of the anti-smoking education methods, the most recommended were short informative discussions (72.7%), 5.5% recommend informative videos, 7.3% recommend counseling centers for smoking cessation and 14.5% do not apply any form of anti-smoking education method (Table V).

Table V. Anti-smoking education methods

	N	%
Short informative discussions	40	72.7
Informative videos	3	5.5
Counseling centers for smoking cessation	4	7.3
Do not apply any form of anti-smoking education method	8	14.5

Results show that 86.9% believe that adolescent smokers need more attention from the doctor, 16.4% give them the same amount of attention as in the case of adults, 1.8% prefer not to get involved and another 1.8% claim to not know whether they should pay special attention to them or not (Table VI).

Table VI. Attention given to adolescent smokers

	N	%
Adolescent smokers need more attention	44	80
The same amount of attention as in the case of adults	9	16.4
Prefer not to get involved	1	1.8
Do not know whether they should pay special attention	1	1.8

32.7% say they have not been able to help any patient quit smoking, 47.3% do not know if

they have helped any, 14.5% have helped between 1 and 5 patients and 5.5% have said they helped more than 5 patients (Table VII).

Table VII. Patients helped by subjects included in the study, to quit smoking

	N	%
None	18	32.7
Do not know	26	47.3
1-5 patients	8	14.5
More than 5 patients	3	5.5

Additional training related to patient counseling on smoking cessation is considered useful by 65.5% of doctors, 27.3% consider that the knowledge gained so far is sufficient and 7.2% say that anti-smoking programs are not part of the dentists responsibilities (Table VIII).

Table VIII. Dentists' opinion related to additional training needed

	N	%
Useful	36	65.5
The knowledge gained so far is sufficient	15	27.3
It is not the dentists responsibility	4	7.2

Regarding the influence of the Covid-19 pandemic on cigarette consumption, 45.5% claimed that cigarette consumption increased considerably during the Covid-19 pandemic, 9.7% consider that it did not increase and 44.9% do not know if tobacco use was influenced (Table IX).

Table IX. The influence of the Covid-19 pandemic on cigarette consumption

	N	%
Cigarette consumption increased	23	41.8
Did not increase	4	7.2
Do not know	28	51

DISCUSSIONS

The study showed that 25.5% of doctors say they smoke daily, 14.5% smoke occasionally, of these, 12.7% try to quit smoking now, and 25.5% want to quit in the future.

It was found that 6 out of 10 doctors advise their smoking patients to give up this habit, 3 out of 10 advise their patients to reduce the number of cigarettes. Less than 1 in 10 advise them to quit smoking only if they have certain lesions of the oral soft tissues or does not consider that it is part of their responsibility to get involved in anti-smoking activities. Similar results shown in other studies, the percentage of those who advise their patients to quit smoking in case of oral diseases or regardless of the dental health status, is 86% [2].

Out of all the respondents, 78.2% consider that the dentist should help their patients quit smoking. Similar results have been obtained in other studies, where the percentage of those who consider counseling as part of their duties is 82.2% [1]. Another study conducted in Iran in 2015 shows that about 3 out of 10 doctors consider that they should not be involved in anti-smoking programs [3]. A few studies have highlighted some of the reasons why many dentists do not want to get involved in anti-smoking programs. These include lack of reimbursement of services, lack of time, lack of confidence in one's own ability to help patients and poor training [4-6].

As methods of anti-smoking education, the most recommended were short informative discussions (72.7%), 5.5% recommend informative videos, 7.3% recommend counseling centers for smoking cessation and 14.5% do not apply any form of anti-smoking

education. A study conducted in Australia in 2003 shows that the percentage of those who give informative anti-smoking flyers to patients is 91% [2]. Although the flyers were included as a response to anti-smoking education methods, they were not chosen by the doctors included in the study.

It was found that 8 out of 10 subjects felt that adolescent smokers needed more attention [7], 1 in 10 paid the same attention for them as for adults and 1 in 10 preferred not to get involved or did not know if they should get involved in anti-smoking programs for teenagers. Although about 63.6% of doctors say they recommend that patients quit smoking, only 2 in 10 doctors say they have been able to help their patients quit smoking.

Additional training related to patient counseling on smoking cessation is considered useful by 65.5% of respondents, 27.3% consider that the knowledge obtained so far is enough and 7.2% say that anti-smoking programs do not fall within their responsibilities. A study conducted in Nigeria in 2007 had similar results, with 80.9% of respondents reporting that they would be willing to undergo further training [2].

CONCLUSIONS

This study shows that more than 6 out of 10 doctors advise their patients to give up smoking and a third recommend reducing the number of cigarettes. Usually the respondents recommend smoking cessation only if patients have certain oral lesions. There are also subjects who believe that it is not part of the dentists' responsibility to get involved in anti-smoking activities.

The most recommended methods of education for smoking cessation in dental offices were brief informative discussions, videos and anti-smoking counseling centers. Regarding the attention paid to adolescent smoking patients, most doctors reported that it should be higher compared to adults, mostly because bad habits are easier to correct at a younger age.

Nearly 7 out of 10 doctors communicate the need of additional training regarding the integration of anti-smoking programs in the dental practice. By receiving proper training and seriously dedicating themselves to smoking cessation counseling, dentists can help reduce smoking. In addition, there is the advantage that visits to the dentist's office are generally more frequent than in other medical fields, which allows the doctor to prevent or correct this vicious habit from its inception and to be traced in time.

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