Research Article

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Awareness Towards Risk of Oral Cancer in Patients with Tobacco Usage: A Study

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ABSTRACT

Background: The aim of the study was to assess the awareness regarding the use of tobacco and tobacco related products among the dental students in Patna city.

Materials and Methods: A descriptive study was conducted in a sample of 50 dental patients visiting Dental College and Hospital, Patna, Bihar in the month of August 2014 to November 2014 using self-administered questionnaire. Descriptive statistics was performed to analyse the data.

Results: About 20% of the study group had awareness about adverse effects and 48% of patients are not aware of the effects of smoking remaining and 32% patients are not sure about the effects of smoking. Total of which 64 % were males and 36 % were females.

Conclusion: The study reveals that the dentist can improve the general and oral health of the public to some extent.

Keywords: Oral Cancer, tobacco, betel nut.

INTRODUCTION

Tobacco have been used by the humans for many years in his routine life. Tobacco is the most important preventable cause of disease burden and death all over the world. Apart from being the single most important determinant of cancer and cardiovascular diseases, smoking is also a threat to oral health. Medical experts have proved clearly that usage of tobacco in any forms is harmful to health. Tobacco usage is a significant public health problem all over the world and it is one of the preventable risk to human health. In 2008, the World Health Organization (WHO) in its report on the global tobacco epidemic reported 100 million deaths were caused by tobacco in the twentieth century and states that, if that continues, upto 1 billion deaths can be anticipated in the twenty-first century [1]. Tobacco use in India is a serious public health challenge. The major forms of tobacco that are available are pan masala, tobacco quid, bidi, cigarette, hookah etc. Smoking is responsible for 100 million deaths worldwide [2]. According to World Health Organization, the prevalence of tobacco habits in India is high with, 19% chewing tobacco, 9% hookah and 7% other forms respectively [3]. The cancer patients in association of India revealed prevalence of chewable tobacco is 40% [4]. In India, 1 in 5 of all adult male deaths and 1 in 20 of all adult female deaths at ages 30-69 are due to smoking and soon have 1 million smoking deaths a year [5]. By 2020 it is predicted to account 13% of all death in India [4]. The medical cost of treating tobacco

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diseases in India have been estimated to exceed $900 million in 2004 [6]. Families of smokers spend 3 times more on treatment of illness episodes compared with non-smokers on average. These families also reported 8 times increase in work days lost [7].

MATERIALS AND METHODS

A questionnaire-based study has been done in a Dental College, Patna, Bihar from August 2014 to November 2014 for 50 patients. The subjects targeted for this study were tobacco using patients of age group of 18-70 years. By using a self-administered questionnaire. The questionnaire consists of totally 10 questions. It consists 2 questions on knowledge, 5 questions on attitude, 3 questions on perception of patients towards the anti-tobacco usage with response of Yes, No and Not Sure.

RESULTS

Based on awareness about tobacco usage

Based on the number of questions answered by 50 subjects, 20% have turned out to be positive and they have some knowledge on ill effects of the tobacco usage. 48% have been negative and 32% have turned out to be not sure of the effects based on knowledge of the habits and intake resulting in effects of tobacco.

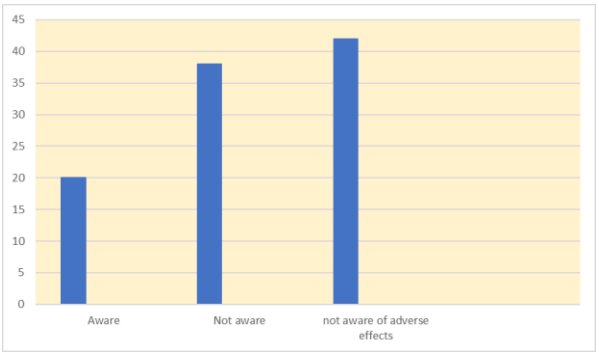

Fig 1: Awareness about tobacco usage.

Patients response after counselling

Patients from different groups responded differently after counselling towards discontinuation of tobacco usage. About 34% have positive attitude towards the anti-tobacco counselling after given by the dentist. 24% of the patients have a negative attitude and 42% are not sure of their attitude towards the anti-tobacco counselling.

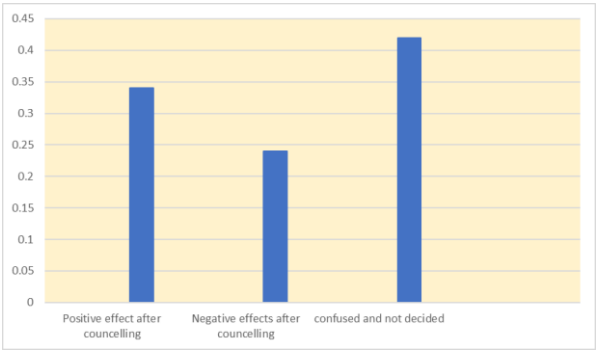

Fig 2: Patient response after counselling.

Knowledge of the patients

Based on knowledge of patients, 20% have positive perception of role of dentist in tobacco cessation activities. 38% have negative perception that is, they still wanted to continue even after knowing the ill effects of the tobacco usage. 42% of patients are not sure that they can stop the tobacco usage after the anti-tobacco counselling.

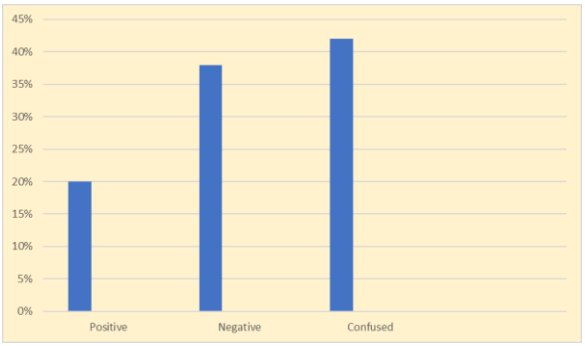

Fig 3: Knowledge of patients.

DISCUSSION

The above study assessed patient's knowledge about the effects of tobacco use, attitude of the patients towards the tobacco usage and the perception about the role of dentist and willingness of tobacco users to quit after the anti-tobacco counselling. From the above response, its been concluded that subjects with knowledge of tobacco usage are more than subject who doesn't know. The response rate of knowledge on the ill effects of tobacco use is more, 50% of the patients are aware of it. 38% of the patients don't have much knowledge on effects of tobacco usage. 66% of the patients agreed that usage of tobacco will lead to

cancer. This can be due to campaigns and advertisements on the effects of tobacco leads to cancer. 24% of the patients does have any knowledge on effects of tobacco and remaining 10% of the patients are not sure that the tobacco usage can lead to cancer. Studies done by John RM, Sung HY, Max W [6] states that 90%of patients agree that tobacco usage will lead to cancer. These patients after knowing the ill effects of tobacco usage have the positive attitude of stopping the usage of tobacco is 45.8 %. The patient who have negative attitude are 34.2%. And 20% of patients are not sure of their attitude. Hence their perception towards quitting the habit is slightly higher than the patient who do no percept the counselling (60%>24.6%). The percentage of patients who have a neutral knowledge about tobacco and its effects also show neutral response (not sure) is moderate, when compared to the positive and negative responses. Hence these patients who don't have a stable mind set has to be given counselling, until they perceive the knowledge accurately which helps them to quit the habit.

CONCLUSION

It has been concluded from the study that the patients who gave positive response is ready to quit the habit after giving the anti-counselling. The patient who gave negative responses don't want to quit their habit even after knowing about the ill effects of tobacco. The patient who gave neutral response must be counselled better to help them to quit the habit and lead a safe life. Usage of tobacco has high risk for oral cancer. Dentists are the first person to screen the oral cavity and it is their duty to give anti-tobacco counselling for their patient who report to them with history of tobacco usage.

CONFLICTS OF INTEREST

The authors declare they have no potential conflict of interests regarding this article.

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