

Attitudes, Practices, and Perceived Barriers in Smoking Cessation among the Dental Surgeons: A Pilot Study

Thangadurai Maheswaran, Shanmugam Mohanapriya, Nalliapan Ganapathy, Vadivel Ilayaraja, Janardhanam Dineshshankar, Thukanayakanpalayam Ragunathan Yoithaprabhunath, Andamuthu Mahendrapurumal Yamunadevi

Department of Oral Pathology and Microbiology, Vivekanandha Dental College for Women, Tiruchengode, Tamil Nadu, India

ABSTRACT

Background: Tobacco is one of the most important causes of morbidity and mortality. The use of tobacco, especially cigarette represents the leading cause of preventable illness and death in the developed world. Tobacco also plays a vital role in etiology of oral diseases such as periodontitis and oral cancer. Today, it is a norm for dentists to play a pivotal role in promoting smoking cessation and offering advice and information on the oral health effects of tobacco use. **Aim:** The aim of this study was to evaluate the attitude, practices, and perceived barriers to smoking cessation among the dental surgeons of our institution. **Materials and Methods:** A pretested, closed-ended, self-administered, questionnaire was distributed among the dental surgeons of our institution who are willing to participate in the investigation. The questionnaire consisted of questions pertaining to attitude (5 questions), practices (6 questions), and barriers (4 questions) in smoking cessation in clinical practice. The three-point Likert scale was used to record the response to each question. The data were tabulated and analyzed to find the most common response to each question. **Results:** The majority of the dentists had a positive attitude toward smoking cessation and considered to be the responsibility to ask and advice about smoking habit. The study revealed that 70% of the dentists refer their patients to appropriate smoking cessation service, but only 51% of the dentists follow-up the patient about smoking cessation. The lack of interest among the patients is found to be the most commonly reported barrier for the dentists regarding smoking cessation. **Conclusion:** The study has provided useful information about the dental surgeons of our institution regarding smoking cessation. Training in tobacco cessation will better equip the dentist in their efforts to improve community oral health.

KEYWORDS: Dental practice, oral cancer, smoking cessation, tobacco

INTRODUCTION

Oral cancer is a major problem in the Indian subcontinent where it ranks among the top three types of cancer in the country.^[1] Smoking is one of the most important risk factors for developing oral cancers, other risk factors include alcohol, betel quid consumption, poor oral health, and human papillomavirus infection.^[2]

Tobacco is one of the important causes of morbidity and mortality. In addition, tobacco is also a primary cause

of many oral diseases and condition ranging from mild to life-threatening, such as stained teeth and restoration, gustatory dysfunction, halitosis, periodontal diseases, poor wound healing, oral precancerous lesions, and cancer.^[3]

Address for correspondence: Dr. Thangadurai Maheswaran, Department of Oral Pathology and Microbiology, Vivekanandha Dental College for Women, Elayampalayam, Tiruchengode - 637 205, Tamil Nadu, India. E-mail: maheswaranmds@yahoo.in

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As the Nation's leading advocate for oral health, the "Indian Dental Association" has health initiatives such as "Tobacco Intervention Initiative" and "Oral Cancer Foundation" to improve people's lives. Tobacco cessation should be the multisectoral and multi-professional approach. All the health professionals, individually and through their organization can have a substantial impact on the struggle to diminish the use of tobacco and hence, its effect on health and economy.^[4]

Among the health professionals, dental surgeons play a significant role in identifying the smokers as they may notice intra-oral signs such as odor, tooth stains, oral health problems earlier than other health professionals, thus, they are in a position to offer preventive care. As a result dentist knowledge about smoking cessation is crucial to minimize smoking-related harmful effects.^[5]

The present study was conducted to assess the attitudes, practices, and perceived barriers of dental surgeons toward smoking cessation in the clinical practice.

MATERIALS AND METHODS

A cross-sectional survey was conducted among the dental surgeons in Vivekanandha Dental College for Women, Tiruchengode, Namakkal district, Tamil Nadu, South India. A pretested, closed-ended, questionnaire was distributed among the dental surgeons of our institution who are willing to participate in the investigation. We distributed 65 questionnaires, and we got 57 filled out questionnaires. The first part of the questionnaire contains five questions about the opinion of the dentists toward smoking cessation. The second part includes six questions about the practices and third part contains four questions regarding the barriers in promoting cessation of smoking. The three-point Likert scale was used to record the response to each question. The data were tabulated in excel and analyzed to find the most common response to each question.

RESULTS

The attitude of the dental surgeons toward smoking cessation is shown in Table 1. Almost all the dental surgeons (98%) agreed that it is the responsibility of the dentist to provide smoking cessation counseling. Most of them (91%) are confident in offering smoking cessation counseling effectively. Out of 57 dental surgeons, 21 reported that patients do not expect smoking cessation advice in the clinical practice. Only 28% of the dentists accepted that there is lack of adequate opportunities available for the training in smoking cessation counseling.

The response to the question related to the practices of the dental surgeon regarding the smoking cessation is

shown in Table 2. Almost all the dentists (98%) have the habit of enquiring and advising about the smoking cessation. Out of total 57 dentists, only three do not offer counseling for smoking cessation, and eight never bothered to inform the benefits of quitting smoking to their patients. The study revealed that 70% of the dental surgeons refer their patients to appropriate smoking

Table 1: Attitude of dentist toward smoking cessation

Opinion about smoking cessation	Not at all, n (%)	To some extent, n (%)	To greater extent, n (%)
How much is your responsibility as a dentist in smoking cessation?	1 (2)	26 (46)	30 (53)
How effective do you think smoking cessation counseling provided by the dentist?	5 (9)	31 (54)	21 (37)
How confident you are in your ability to effectively offer smoking cessation counseling?	5 (9)	41 (72)	11 (19)
Do you think patients expect smoking cessation advice from dentists?	21 (37)	30 (53)	6 (10)
Are there adequate opportunities available to you for training in smoking cessation and prevention counseling?	16 (28)	34 (60)	7 (12)

Table 2: Practices in smoking cessation

Your practice related to smoking cessation	Never, n (%)	To some extent, n (%)	Always, n (%)
Do you enquire about your patient's smoking status?	1 (2)	15 (26)	41 (72)
Do you offer smoking cessation counseling to your patients?	3 (5)	20 (35)	33 (58)
Do you provide advice to motivate patient to quit smoking?	1 (2)	20 (35)	36 (63)
Do you inform patients about the benefit of quitting smoking?	8 (14)	16 (28)	33 (57)
Do you refer patients to appropriate service to help them stop smoking?	17 (30)	31 (54)	9 (16)
Do you follow up with the patient and their progress in giving up smoking?	29 (51)	19 (33)	9 (16)

cessation service to help them stop smoking. However, 51% of the dentists admitted that they do not follow-up the patient about smoking cessation.

The commonly reported barriers of smoking cessation are shown in Table 3. The lack of interest among the patients is found to be the most commonly reported barrier (82%) than the other barriers such as lack of time (61%), lack of knowledge (49%), and the fear of losing the patient (42%) regarding smoking cessation by the dentist in their clinical practice.

DISCUSSION

The use of tobacco continues to be the preventable cause of death in the world. As research and findings continue to show the negative effects of tobacco consumption on health and the number of affected people increases, the list of conditions caused by tobacco consumption has grown.^[4] Similar studies exploring the attitudes of the dental surgeons in the different part of the world also revealed that smoking cessation is one of the main responsibility of the dental surgeons.^[3,5-9] In the randomly selected 265 dentists from California, Pennsylvania, and West Virginia, it was found that the dentist who underwent workshop training have a good attitude toward smoking cessation than the other dental surgeons. Patients from the intervention group received much advice and assistance in the cessation of smoking than the control group.^[6] In the study done among the dental surgeons in Udaipur city only 24.5% of them thought that adequate opportunities available for smoking cessation.^[3]

The cross-sectional survey of Nigerian dentists and the dental students reported that they have the habit of asking tobacco habits when eliciting the history. However, they did not agree that it is the responsibility of the dental professional's to promote smoking cessation. This seems to reflect the fact that most of them do not have enough knowledge related to smoking cessation and lack of services in their community.^[10] In our study, only 28% of the dentists conveyed that there is lack of adequate opportunities available for training in smoking cessation counseling.

We found that in our study most of the dentist involved in asking, advising, assessing and motivating the patient to quit smoking but only 51% of dentists have regular

follow-up of such patient. Still, our results are better than the study set up in California by Walsh *et al.*, in which only 4% of the dentists are involved in follow up of the patients in smoking cessation counseling.^[6] In the study among the dental surgeons of Udaipur city, 90% of the dentists have the practice of follow-up the patients in smoking cessation.^[3]

Lack of interest among the patients was found to be the most important barrier of our study. A study by Walsh *et al.* found only 17% of dentists reported this, whereas in our study, 82% of the dentists reported that their patients lack interest in smoking cessation.^[6] About 98% of the dentists are not much interested to promote smoking cessation counselling among the dental surgeons in Nigerian population.^[10] Lack of time for smoking cessation counseling was reported by 61% of the dentists as the next commonly reported barrier in our study. Among the dentists of the Malaysian population, it is reported that the (86.9%) dentists lack the training and time in practicing toward smoking cessation.^[7] Nearly, 42% of the dentists in our study reported the fear of losing the patient if counseled much as the next important barrier. A similar result (35%) was found among the dental surgeons in a study done in Udaipur city of Rajasthan. A study by Ibrahim and Norkhafizah reported that 52.4% of the dentists feared that patient may leave the clinic if advised to give up smoking.^[7] In Kerala, 81.4% of the dental surgeons believed that dentist-patient relationship would affect if smoking cessation counseling were promoted to their patients.^[9]

Dentist plays a very important role in tobacco cessation at both their clinical and community levels. It is therefore essential that the barriers on this path should be removed to achieve total success in their effort. At the clinical level, the dentists should be encouraged to devote more time for counseling the patients toward tobacco cessation since it stops further aggravations of the disease and also results in speedy recovery.^[8] The educational interventions should be promoted by the dental surgeons toward the patients for smoking cessation activities.^[11] The main limitations of the study include small sample size, institutional setup, and inherent subjective bias of questionnaire method.

Table 3: Barriers in smoking cessation

Barriers in smoking cessation	Disagree, n (%)	Tend to agree, n (%)	Totally agree, n (%)
Lack of interest among the patients	10 (17)	28 (49)	19 (33)
Lack of time for counseling	22 (39)	27 (47)	8 (14)
Lack of knowledge about smoking cessation	29 (51)	12 (21)	16 (28)
Fear of losing patient if counseled much	33 (58)	13 (23)	11 (19)

CONCLUSION

Dentists can promote smoking cessation by conducting camps, awareness program with posters and explaining the ill-effects of tobacco thereby preventing oral cancer at an earlier stage. In a nutshell, we found a good attitude and practice among our dentists, however, referral and follow-up is to be improved. Lack of interest among the patient is found to be the important barrier. Although dentists have their own limitations, a good dentist should continue to advice and assist patients for smoking cessation.

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Conflicts of interest

There are no conflicts of interest.

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