

Tobacco Cessation Counseling among Dental Professionals – Willingness, Knowledge and Perceived Barriers

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ABSTRACT

Introduction: Although dentists have a responsibility to deliver smoking cessation advice and assistance to their patients but smoking cessation counseling is not practically being made a part of the routine day to day practice. Aim: To assess the willingness, knowledge and barriers in tobacco cessation counseling by dentists in Kashmir, India.

Material and methods: A close-ended, self administered 12 item-questionnaire was distributed among the 520 registered dentists in Kashmir; out of whom 425 participated in the study. The responses of the duly filled 410 questionnaires were subjected to descriptive analysis.

Results: 67.07% of the dentists agreed that it is their role in helping patients to quit smoking. Around 53% of the respondents thought that their advice to the patients regarding quitting of tobacco use would not be beneficial while 48% of the respondents believed it to be useful. 77% of the dentists agreed that they do not get time to discuss about the benefits of quitting the use of tobacco with their patients.

Conclusion: It was concluded that although dentists were aware of their obligations towards smoking cessation counseling for patients but certain factors like lack of time, confidence and training; as well as fear of losing patients, were the common barriers for the same.

Keywords: Tobacco, smoking, dentists, counseling

INTRODUCTION

Nowadays the harmful effects of using tobacco on oral and general health are known to one and all. Every year, more than five million people lose their lives, worldwide, due to the harmful effects of tobacco; hence making it the chief cause of death; although preventable. After every eight seconds someone, somewhere in the world, dies as a result of tobacco use.¹ The study of British doctors² has revealed that the life span of smokers drop down by an average of 7.5 years; irrespective of the type and amount of tobacco smoked.²

It has been anticipated that if the current trend in the use of tobacco is not arrested, about 450 million deaths will occur, worldwide, in the next 50 years.³ Death due to various systemic diseases like lung cancer, respiratory diseases, cardiovascular diseases may be caused due to smoking, it being a well-known and recognized risk factor for such diseases.⁴ It also causes premature hair graying, hair loss, and skin aging.^{5,3} Moreover, a large number of oral conditions and diseases have been linked with smoking such as oral cancer,⁶ periodontal diseases,⁷ failure of periodontal therapy,⁸ failure of dental implants,⁹ oral pain,¹⁰ and dental caries¹¹ and congenital defects like cleft palate/ cleft lip in children.¹²

Enormous physical, mental, social and economic implications are associated with use of tobacco, in India. By 2020, it is

predicted to account for 13% of all deaths in India.¹³ Families of smokers on an average spend 3 times more on treatment of illness episodes compared with non-smokers. These families also reported 8 times increase in work days lost.¹⁴ To overcome the heavy costs of hospitalization, for patients suffering from diseases caused due to tobacco use, the families are led to poverty as they are forced to borrow money, or take loans or sell their assets.¹⁵ Preventive strategies can play an essential role in reducing these implications.

One of the strategies to reduce the smoking-related diseases/deaths is to promote the participation of health professionals in tobacco preventive and cessation health education programmes. While fiscal policies such as taxation and prohibition of advertising have been effective, non-legislative and cost-effective approaches to tobacco cessation should be employed as well. Even short and concise dental office-based interventions can be effective in convincing and assisting tobacco users for quitting the same. Dentists play an imperative role in educating and counseling patients about health risks/consequences of tobacco-use as patients are in regular contact with dentists during the dental visits.

Hence, a study was carried out among the dental professionals of Kashmir, to assess their willingness, knowledge and barriers in tobacco cessation counseling

MATERIAL AND METHODS

A cross-sectional study was conducted among the registered dental surgeons of Kashmir, India, to assess their willingness, knowledge and barriers in tobacco cessation for their patients. All the registered dental practitioners who were willing to participate in the study were included. Exclusion criteria - those dental practitioners who were not registered in the state dental council. A convenient sampling technique was employed; Out of the total 520 registered dentists, 425 participated in the study. A close-ended 12 item-questionnaire was formulated and pre-tested on around 10 dental surgeons using Cronbach's alpha which was found to be satisfactory. In addition to the questions related to tobacco cessation counseling like the willingness, knowledge, training needs, barriers faced by dentists in tobacco cessation counseling, it included their personal demographic

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data like age, gender, qualification and experience of practice. The self-administered questionnaire was hand-delivered to the dentists during their clinical hours. Then all duly filled questionnaires were collected after 20 minutes from the respondents. The confidentiality of the respondents was well maintained. There were 15 incompletely filled questionnaires which were excluded from the analysis.

STATISTICAL ANALYSIS

The responses to the questionnaire from 410 participants were put to descriptive statistics using mean, standard deviation and percentages, for all questions.

Gender	Frequency
Males	280 (68.2%)
Females	130 (31.7%)

Table-1: Frequency distribution of respondents according to gender

Qualification	Frequency
B.D.S.	370 (90.24%)
M.D.S.	40 (9.75%)

Table-2: Frequency distribution of dentists as per qualification

Experience of practice	Frequency
< 25 years	130 (31.7%)
>25 years	350 (85.3%)

Table-3: Distribution of respondents according to the period of practice

RESULTS

67.07% of the dentists agreed that it is their role in helping patients to quit smoking. Around 53% of the respondents thought that their advice to the patients regarding quitting of tobacco use would not be beneficial while 48% of the respondents believed it to be useful. 77% of the dentists agreed that they do not get time to discuss about the benefits of quitting the use of tobacco with their patients (Figure-1, table-1,2).

DISCUSSION

The burden of smoking and associated diseases is enormous and hence it is not a single healthcare professional that can reach all smokers and help them to quit the habit; but the collaborative Endeavour from all health care professionals is

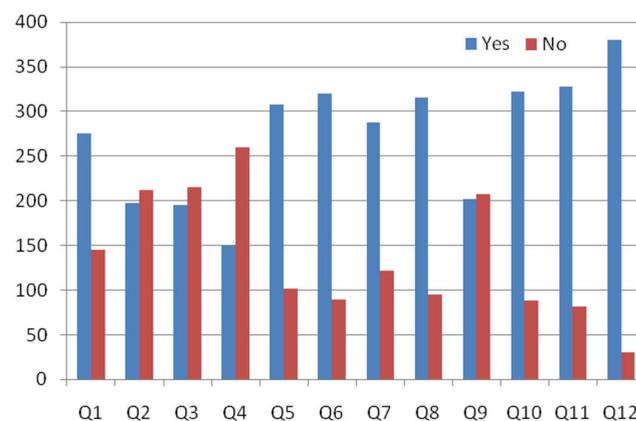


Figure-1: Responses to the questionnaire

Questions	Answers
Q1. Do you think that you have a role in helping patients in smoking cessation?	67.07% of the dentists agreed that it is their role in helping patients to quit smoking whileas 35.36% of the respondents did not believe that they had any responsibility towards it.
Q2. Do you advice all patients who come to your clinic to quit smoking (for smokers) or not to adopt smoking (for non-smokers)?	Around 48% of the dentists advice patients to quit smoking (smokers) or not to adopt smoking (non-smokers).
Q3. Do you think that your advice would be beneficial to patients in quitting the use of tobacco?	Around 53% of the respondents thought that their advice to the patients regarding quitting of tobacco use would not be beneficial while 48% of the respondents believed it to be useful.
Q4. Do you assist the patients in tobacco cessation process, if they are willing to do so?	Majority (75.12%) of the respondents agreed that they assist their patients to quit smoking if the patients are willing to do so.
Q5. Do you know about 5As of tobacco cessation counseling?	Majority (63.41%) of dentists were not aware about 5 As of tobacco cessation counseling.
Q6. Are you a smoker yourself?	Around 79 % of the respondents were smokers while 21.95% were non-smokers.
Q7. Do you think that if you ask patients about the use of tobacco, patient might not turn up again?	Majority (around 71%) of the respondents believed that they might lose their patients if they ask and counsel them about the use of tobacco.
Q8. Do you think that you don't get time to advice for tobacco cessation and discuss its benefits with your patients?	Around 77% of the dentists agreed that they do not get time to discuss about the positive points of discontinuing the use of tobacco with their patients.
Q9. Do you think even if u advice patients to quit smoking, they won't get motivated?	50.73% of the dentists thought that even they advice patients to quit smoking still patients would not do so while 49.26% of the respondents disagreed about the same.
Q10. Do you think that you lack the knowledge about tobacco cessation counseling?	Majority (79%) of the dentists believed that they lack the knowledge about tobacco cessation counseling.
Q11. Are you willing to undergo training of tobacco cessation counseling?	80% of the respondents were willing to undergo tobacco cessation counseling training.
Q12. Do you recommend the use of nicotine substitute products to the patients who want to quit smoking?	92.68% of the respondents recommended NRT to the patients who were willing to quit smoking.

needed in eradicating and prevention of this fatal menace. So, a study was carried out among the registered dental professionals of Kashmir, India to assess their willingness, knowledge and barriers in tobacco cessation for their patients.

In assisting patient for quitting the use of tobacco, the role of dentists has been well acknowledged. The accessibility to the health care services is of utmost importance for the dental patients who are willing to quit smoking. A dentist who knows that a patient is addicted to smoking carries an obligation to educate the patient about the ways and choices available to him, who is then required to be referred to smoking cessation services. Smokers are in different frame of mind as to whether to quit smoking or not; or even if they consider quitting still not sure of further steps to be followed. Dental professionals can assist patients from pre-contemplation through contemplation towards action by investigating and counseling them well.¹⁶

The 5 A's model consist of:¹⁷

- Asking about smoking and desire to stop
- Advising the value of quitting
- Assessing the motivation to quit
- Assisting the patient to stop through access to appropriate support; and
- Arranging follow-up support

In the present study, 67.07% of the dentists agreed that it is their role in helping patients to quit smoking. This finding was in accordance with the previous studies.^{18,19} Around 53% of the respondents thought that their advice to the patients regarding quitting of tobacco use would not be beneficial while 48% of the respondents believed it to be useful. This shows an overall confusion regarding the effectiveness of dentists' advice. This finding was similar to the previous study done by Wyne et al.²⁰ who found a feeling of doubt among the dental professionals regarding the success of their smoking cessation advice.

In the present study, around 77% of the dentists agreed that they do not get time to discuss about the benefits of quitting the use of tobacco with their patients. Majority (79%) of the dentists believed that they lack the knowledge about tobacco cessation counseling. Many (around 71%) respondents believed that they might lose their patients if they ask and counsel them about the use of tobacco. Hence, it is evident that lack of time and knowledge; fear of losing patient turn-over and a feeling of doubt about the efficacy of the dentists' advice; are the most common barriers in tobacco cessation counseling among the dental professionals. These findings were in accordance with the previous studies.^{21,22}

Around 79 % of the respondents were smokers. This finding reveals a concern over the principle of health education which states that a health professional should be an example of possessing healthy habits himself while he/she is trying to incorporate any behavioural change among others. So, dentists' advice would have a positive impact on the patients only if they are non-smokers and they set an example themselves against this detrimental habit.

A bulk (80%) of the respondents was willing to undergo tobacco cessation counseling training.

Hence, it is suggested that tobacco-cessation- counseling training programs should be provided to the dental practitioners so that they are well-equipped with this essential skill to deliver their services well with regard to the helping their patients in

quitting the use of tobacco. Moreover, the dental Institutions should emphasize more on Smoking Cessation Interventions and education in the curriculum of the students during their bachelors as well as masters courses, so that the forthcoming dental professionals have the indispensable competency to bring down the vast range of diseases associated with the use of tobacco and hence the overall mortality would be diminished.

Limitations: The social desirability bias in present study cannot be ruled out as the responses to the questionnaire might include some favorable responses.

CONCLUSION

It was concluded that although dentists were aware of their obligations towards smoking cessation counseling for patients but certain barriers like lack of time, confidence and training were revealed. Hence, adequate training will enhance the confidence of dentists in providing smoking cessation counseling to their patients in the dental settings during their routine day to day practice.

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