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# ORIGINAL RESEARCH

# Oral cancer awareness among dental patients: A questionnaire based study

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#### **ABSTRACT**

Background: The present study was conducted with the aim of assessing the awareness of oral cancer among dental patients. Materials & methods: A total of 2000 patients were enrolled in the present study over three months duration. Complete demographic and clinical details of all the patients were recorded. A Performa was made and detailed knowledge and attitude of all the subjects was recorded. The Performa consisted of questionnaire pertaining to assessment of awareness of dental patients in relation to oral cancer. All the results were recorded in Microsoft excel sheet and were subjected to statistical analysis using SPSS software. Results: 1684 subjects correctly answered that oral cancer is a major cause of mortality in India. 1839 subjects wanted to quit tobacco habit. 1192 subjects were smokers because of pleasure factor. 785 subjects enrolled in the present study showed anticipation in stopping smoking habit around them. Knowledge score was high among dental patients in the present study. Higher scores reflected a higher level of knowledge, attitude, and practice regarding the ill-effects of tobacco habits and a better understanding of oral cancer and prevention provisions among the group. Conclusion: If a structured questionnaire-based assessment and education programme is established, it will undoubtedly assist chewers in cutting back on their chewing frequency and eventually completely quitting these deadly habits

Key words: Dental, Awareness, Oral cancer.

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## INTRODUCTION

Oral cancer is a highly relevant problem of global public health, especially for dental surgeons. It is located within the top 10 ranking incidence of cancers and despite the progress in research and therapy, survival has not improved significantly in the last years, representing a continuing challenge for biomedical science. <sup>1-3</sup>

The buccal (cheek) mucosa is the most common site for oral cancer in South and Southeast Asia; in all other regions, the tongue is the most common site. Regional variations in incidence and the site of occurrence relate to the major causes, which are alcohol and smoking in Western countries, and betel quid and tobacco chewing in South and Southeast Asia. Oral cancer mortality rates are influenced by oral cancer incidence, access to treatment, and variations in site distribution. Studies have shown that dentists and other health-care providers are in desperate need of systemic educational updates in oral cancer prevention and early detection, as they are remiss in the provision of oral examinations and in the

detection of early oral cancers. Clinicians can increase survival rates if a cancerous lesion is detected at an early stage, or if a precursor lesion (dysplasia) is discovered and treated prior to malignant progression.<sup>4-6</sup>Hence; the present study was conducted with the aim of assessing the awareness of oral cancer among dental patients.

# **MATERIALS & METHODS**

The present study was conducted at Shri Ram Murti Smarak institute of medical sciences, Bareilly, U.P, with the aim of assessing the awareness of oral cancer among dental patients. A total of 2000 patients were enrolled in the present study over three months duration. Complete demographic and clinical details of all the patients were recorded. A Performa was made and detailed knowledge and attitude of all the subjects was recorded. The Performa consisted of questionnaire pertaining to assessment of awareness of dental patients in relation to oral cancer. All the results were recorded in Microsoft excel sheet and

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were subjected to statistical analysis using SPSS software.

#### **RESULTS**

A total of 2000 subjects were analyzed. Mean age of the subjects was 43.8 years. Out of 2000 subjects, 1574 were males while the remaining were females. Every right answer regarding the knowledge of oral cancer was given 1 mark while every wrong answer was given 0 mark. 1912 subjects answered that they had previously heard of oral cancer. 1684 subjects

correctly answered that oral cancer is a major cause of mortality in India. 1839 subjects wanted to quit tobacco habit. 1192 subjects were smokers because of pleasure factor. 785 subjects enrolled in the present study showed anticipation in stopping smoking habit around them. Knowledge score was high among dental patients in the present study. Higher scores reflected a higher level of knowledge, attitude, and practice regarding the ill-effects of tobacco habits and a better understanding of oral cancer and prevention provisions among the group.

Table 1: Knowledge of oral cancer

Variable	Yes	No
Have you ever heard about oral cancer	1912	88
What is the cause of oral cancer	1325	675
Is oral cancer a major of cause of mortality in India	1684	316
Do tobacco causes oral cancer	1817	183
Do you want to quit tobacco habit	1839	161

Table 2: Attitude and psychological aspects of tobacco habit

Variable		No
Reason for smoking	Pleasure	1192
	Relives tension	508
	Reduces tiredness	202
	Non-specific	98
Do you stop anyone smoking around you	Yes	1023
	No	785
	No answer	212
Do you dislike tobacco smell	Yes	95
	No	1567
	No answer	348
How does smoker look like	Looks good	1745
	Not good looking	255

#### DISCUSSION

Oral cancer is a global health problem with an increasing incidence and mortality rate. In India, the extremely popular use of the smokeless tobacco product renders its population and especially its youth to a greater risk of developing premalignant conditions resulting in an increased incidence of oral cancer in younger patients. General awareness of oral cancer's predisposing risk factors such as smoking, alcohol, smokeless tobacco products and human papilloma virus infections, and its signs and symptoms can lead to avoid them; so it is very necessary to evaluate the level of awareness. Early detection of cancer permits a more conservative and therapeutic approach with a shorter recovery and a more favorable prognosis.<sup>5, 6</sup>

Major risk factors for oral cancer are tobacco consumption, heavy alcohol drinking and poor nutrition - specifically lower fruit and vegetable consumption. Human papilloma virus (HPV) infection, poor oral hygiene and Sharp tooth iLL fitting denture, genetic factors and alcohol in mouthwashes have also been suggested to play a causal role. Hence; the present study was conducted

with the aim of assessing the awareness of oral cancer among dental patients.

A total of 2000 subjects were analyzed. Mean age of the subjects was 43.8 years. Out of 2000 subjects, 1574 were males while the remaining were females. Every right answer regarding the knowledge of oral cancer was given 1 mark while every wrong answer was given 0 mark. 1912 subjects answered that they had previously heard of oral cancer. 1684 subjects correctly answered that oral cancer is a major cause of mortality in India. 1839 subjects wanted to quit tobacco habit. In a previous study conducted by Al-Maweri et al, authors assessed the levels of awareness and knowledge about signs and risk factors of oral cancer among dental patients in Saudi Arabia. A selfadministered questionnaire was used to collect information from 1410 randomly selected patients attending dental departments within public hospitals. The study revealed that only 62.4 % were aware of oral cancer. Some 68.2 and 56.5 %, respectively, were able to correctly identify tobacco and alcohol as risk factors. More than two thirds of subjects had no knowledge about any signs of oral cancer. Participants with lower than university education

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significantly less aware, and had much less knowledge, of the signs and risk factors of oral cancer. The knowledge regarding oral cancer among Saudi dental patients is alarmingly low.8 Hassona Y et al, in another previous study, assessed the levels of awareness, knowledge about signs and risk factors of mouth (oral) cancer, and attitudes towards early diagnosis and treatment among dental outpatients. Only 45.6% of the subjects had heard about oral cancer. Some 66.9% and 33.8%, respectively, were able to correctly identify tobacco and alcohol as risk factors. Some 24.1% had no knowledge about any signs of oral cancer. Male subjects, smokers, alcohol drinkers, older participants (>40 years), participants with less than a university education were significantly less aware, and had much less knowledge, of the signs and risk factors of oral cancer (P<0.05). Awareness about oral cancer among Jordanian dental outpatients is low.9

1192 subjects were smokers because of pleasure factor. 785 subjects enrolled in the present study showed anticipation in stopping smoking habit around them. Knowledge score was high among dental patients in the present study. Higher scores reflected a higher level of knowledge, attitude, and practice regarding the ill-effects of tobacco habits and a better understanding of oral cancer and prevention provisions among the group. In another study conducted by Gunjal, Shilpa et al, authors assessed the current level of knowledge, attitude and practices regarding oral cancer among dental and medical students. More than 90% of the dental students were able to identify smoking, alcohol consumption, betel quid chewing, human papilloma virus infection and exposure to radiation as risk factors associated with oral cancer compared to more than 50% of medical students. Through education and training, awareness amongst medical students can be reinforced, which will promote early detection of precancerous lesions and oral cancers.10

#### **CONCLUSION**

Even though the habit of chewing tobacco is prevalent in India and other parts of the subcontinent, as well as among the Indian diaspora in other parts of the world, no single strategy will be completely successful in ending the habit; however, if a structured questionnaire-based assessment and education programme is established, it will undoubtedly assist chewers in cutting back on their chewing frequency and eventually completely quitting these deadly habits.

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