

KNOWLEDGE AND ATTITUDE OF NIGERIAN FAMILY PHYSICIANS REGARDING ORAL MEDICINE PRACTICE.

****Mercy Okoh (BDS, FWACS-Oral Med.)**

***Uwaila Otakhoigbogie (BDS)**

ABSTRACT

This study evaluates the views and knowledge of family physicians regarding oral medicine practice and their willingness to obtain more education in this field. A cross-sectional, self-administered questionnaire survey of family health physicians in the University of Benin Teaching Hospital was used. The questionnaires data were analyzed by means of computerized statistical package (SPSS Inc., 17. Chicago, IL, USA). The response rate to the survey was 76%. A total of 73.7% males and 26.3% females responded in the study. The mean age of the respondents was 28.74 ± 16.04 . All the participating family physician (100%) have been consulted by patients for dental problems, only 42.1% of them often refer patients to a dentist. Only 26.3% were well informed about oral medicine. Although our study revealed lack of knowledge in oral medicine practice among the family physicians, their attitude towards readiness to acquire more education about oral health care and implement oral health strategies in their patients is commendable. These findings provide a valuable incentive for planning of a CME program in oral health care among the family physicians. Also, oral health education, prevention knowledge, and recognition skills should be a component of residency training among the family physicians.

INTRODUCTION:

Oral medicine is the specialty of dentistry concerned with the therapeutic management of orofacial diseases. This encompasses chronic, recurrent and medically related disorders of the oral and maxillofacial region, with their diagnosis and nonsurgical management. Oral Medicine sits at the interface between dentistry and medicine.^[1]

KEYWORD: Knowledge, attitude, family physicians, oral medicine.

****Mercy Okoh (BDS, FWACS-Oral Med.)**
mercy.okoh@uniben.edu

***Uwaila Otakhoigbogie (BDS)**
otakhoigbogie37@gmail.com

**** Oral and Maxillofacial Pathology and Medicine**
Department, School of Dentistry, College of Medical Sciences, University of Benin.

*** Department of Oral Pathology and Medicine,**
University of Benin Teaching Hospital, Benin City,
Nigeria

Corresponding author:

Dr. M. Okoh

08077082732. *Mercy.okoh@uniben.edu*

Oral and Maxillofacial Pathology and Medicine Department, School of Dentistry, College of Medical Sciences, University of Benin.

Many disadvantaged adults visit physicians or hospital emergency departments to receive relief from dental pain. Physicians also see patients with general complaints or concerns about their oral health. Unfortunately, because physicians generally have received little oral health training, patients often do not receive comprehensive emergency services or appropriate counseling. ^[2] In a study on a group of family physicians in Lagos, a proportion (12.4%) of them admitted that they currently had oral problems which they had done nothing about. ^[3] Their knowledge of common oral diseases was also unsatisfactory. ^[3, 4]

In developing countries with low oral health manpower and inadequate oral health facilities, physicians are probably the first port of call for patients with oral diseases and are thus in a position to facilitate early detection and prompt referrals of oral

diseases. ^[3,5] In oral medicine, an early diagnosis or a prompt and appropriate referral are important objectives as they would improve outcome and reduce the morbidity of treatment, ^[6] for example, cases of oral cancer, ^[7] oral complications of medical interventions such as mucositis induced by radiotherapy, ^[6,7] osteonecrosis by bisphosphonates, ^[8] oral signs of systemic problems such as human immunodeficiency virus (HIV) infection, ^[9] or graft-versus-host diseases ^[10] can be mentioned. As a consequence, some studies ^[3, 11, 12] have stressed the importance of undergraduate and postgraduate training in courses relating to oral medicine and diagnostic procedures for both dentists and physicians.

Patients' suffering and the attendant costs could be reduced if family (primary care) physicians could detect, and refer these patients to the appropriate dental clinic. Therefore, the aim of this study is to assess the views and knowledge of family physicians in the University of Benin Teaching Hospital (UBTH), regarding oral medicine practice and their willingness to obtain more education in this field

METHODS:

The study was conducted in the department of Family medicine during their weekly clinical meeting. Questions were sourced, with some modifications, from a pre-validated questionnaire ⁶. The

questionnaire was made up of three sections. Section A, dealt with socio-demographic variables such as age, gender, professional status and number of years in practice. Section B included 10 questions with the option of one answer, addressing the attitude and knowledge of family physicians regarding the practice of Oral Medicine. Section C was made up of a list of 14 oral medicine cases for identification by the family physicians.

The questionnaire's data was analyzed by means of computerized statistical package (SPSS Inc., 17. Chicago, IL, USA). Frequency distributions were determined and the significant levels were set at $P < 0.05$.

RESULTS:

Out of a total of 25 family physicians in UBTH, 19 participated in the survey giving a response rate of 76%. A total of 73.7% males and 26.3% females responded in the study. The mean age of the respondents was 28.74 ± 16.04 , and most of the family physicians (52.6%), were in the age range of 31 to 40 years. A total of 26.3% were consultants, 31.6% were senior resident doctors and 42.1% junior resident doctors. Regarding years of practice, 84.2% had practiced for less than 10 years, 10.5% for 11–20 years, and 5.3% for over 20 years (Table 1).

TABLES

Table 1: Socio-demographic characteristics of Family Physicians

Variables	Frequency (n =19)	Percent (%)
Sex		
Male	14	73.7
Female	5	26.3
Age (years)		
20-30	4	21.1
31-40	10	52.6
41-50	5	26.3
Professional Status		
Junior residents	8	42.1
Senior residents	6	31.6
Consultants	5	26.3
Years of Practice		
1-10	16	84.2
11-20	2	10.5
21-30	1	5.3

All the participating family physicians (100%) claimed to have been consulted by patients for dental problems, but only 42.1% often refer patients with oral conditions to a dentist. About 52.6% assess or speak with patients on oral health, and 26.3% are well informed about oral medicine. The attitude of the family physicians towards recommending oral health strategies to their patients if armed with effective continuing education programs was 100%. Also, 100%

of them showed interest in learning more about oral medicine practice, either through seminars (68.4%) or external posting (26.3%) (Table 2). Concerning the awareness of Oral medicine cases, over 80% were aware of the different oral conditions managed in oral medicine practice except for orofacial pigmentation and burning mouth syndrome with 57.9% awareness respectively (Table 3).

Table 2: Knowledge and Attitude of Family Physicians about Oral Medicine.

Questions	Response	Frequency n (%)
Have you been consulted by patients for dental problems?	Yes	19 (100)
	No	0 (0.0)
How often do you refer patients with oral conditions to a dentist?	Always	8 (42.1)
	At times	11(57.9)
	never	0 (0.0)
Have you heard of the practice of Oral Medicine?	Yes	19 (100)
	No	0 (0.0)
Do you feel you have enough information on oral-systemic links	Yes	3 (15.8)
	No	16 (84.2)
Do you assess or speak with patients about oral health?	Yes	10 (52.6)
	No	9 (47.4)

Do you think as a family physician you are well informed about oral medicine?	Yes	5 (26.3)
	No	13 (68.4)
	I don't know	1 (5.3)
Would you be interested in learning more about oral medicine practice?	Yes	19 (100)
	No	0 (0.0)
	I don't know	0 (0.0)
What form would you prefer to use to improve on your knowledge	Pamphlet	1 (5.3)
	Seminar	13 (68.4)
	External posting	5 (26.3)
	Poster	0 (0.0)
If armed with effective continuing education programs, would you recommend oral health strategies to your patients?	Yes	19 (100)
	No	0 (0.0)
Do you currently collaborate with your Dental health colleagues in research and patient care?	Yes	6 (31.6)
	No	13 (68.4)

Table 3: Awareness of Oral Medicine Cases by the Family Physicians

Conditions	Responses (%)		
	Yes	No	I don't know
Oral medicine conditions may present as follows:			
Oral ulceration and vesiculobullous lesions	94.7	0.0	5.3
Halitosis	100	0.0	0.0
Orofacial pain	84.2	10.5	5.3
Orofacial pigmentation	57.9	5.3	36.8
Oral effects of systemic diseases	100	0.0	0.0
Diseases of the tongue	100	0.0	0.0
Oral candidiasis and other white lesions	100	0.0	0.0
Oral premalignant lesions	89.5	5.3	5.3
Diseases of the Temporo-mandibular joint	89.5	10.5	0.0
Oral complications of HIV/AIDS	100	0.0	0.0
Burning mouth syndrome	57.9	10.5	31.6
Salivary gland lesions	89.5	10.5	0.0
Allergic and immunological lesions of the oral cavity	94.7	5.3	0.0
Oral complications of medical interventions	84.2	10.5	5.3

DISCUSSION

Oral medicine as a specialty in dentistry focuses on diagnosis, physical evaluation, and therapeutic management of medically related oral disorders.^{1, 6} In this study, we investigated the views and knowledge of family physicians regarding oral medicine practice and their willingness to obtain more education in this field. The fact that only about 26.3% of the family physicians are well informed about oral medicine, implies that there is a gap in the knowledge of the field of oral medicine among the family physicians. Consequently, there is a need for better education in the diagnosis and treatment of oral diseases among the family physicians. This finding is in agreement with previous studies that suggest that medical practitioners have limited knowledge in the field of oral medicine.^{6, 13, 14}

In the present study, 100% of the family physicians have been consulted by patients for oral diseases, of which 42.1% of the patients were referred to a dentist. This is similar to a study in which 95.1% of the family physicians had been consulted by their patients about oral complaints, of which 51.9% were referred to a dentist⁴. In addition, a study⁵ of doctors in HIV dedicated clinics found that 75.6% of them had been consulted for one or more oral problems by their patients and only 30.5% of them were referred to the dentist. Training to familiarize general medical practitioners with the more common oral diseases may enhance their diagnostic abilities and prompt referral to the dentist.

All the family physicians (100%) in the present study showed a positive attitude towards recommending oral health care to

their patients, if armed with effective continuing education programs. This is comparable to the results from a study where 87% of family medicine program directors indicated that they would implement an oral health module with their residents, were it available, and 95% felt that oral health care knowledge should be a component of residency training.¹⁵ These findings provide a valuable incentive for planning of a continuing medical education (CME) program in oral health care and its further research among the family physicians.

The present study indicated that about 15.8% of the participants have enough information about oral-systemic links. This shows the limitation of family physicians training in oral health care. This is supported by a study which states that traditionally, physician training is limited in oral health care.¹³ Although, most of the family physicians were aware of oral medicine cases, it did not translate to good oral health practice or prompt referral of oral disease cases to the dentist.

CONCLUSION

Although our study revealed unsatisfactory oral medicine practice among the family physicians, their readiness to acquire more education about oral health care and implement oral health care in their patients is commendable. These findings provide a valuable incentive for planning of a CME program in oral health care among the family physicians. Oral health education, prevention knowledge, and recognition skills should be a component of residency training among the family physicians.

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