

The 2015/2016 Theme of the South African Dental Association: Oral Health and Psychosocial Wellbeing

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It is indisputable that Oral Health is a significant contributor to general health and wellbeing.¹⁻⁴ Oral health conditions affect almost two-thirds of the world population throughout the course of life.⁵ It is hence imperative that this important public issue, Oral Health, be placed high on national policy agendas. In so doing, the required resources can be mobilised to support strategic orientations and priority actions aimed at reducing the effects of poor Oral Health on the wellbeing of the population. Good Oral Health impacts on the individual's ability to enjoy life activities, such as eating, swallowing, smiling, tasting, kissing and smelling. These activities contribute to the enjoyment of life, quality of life and general wellbeing.^{2,4}

The papers published in recognition of the Theme sought to highlight the critical role that Oral Health professionals could play in ensuring the optimal Oral Health and wellbeing of their patients. As a prologue, we conceptualised wellbeing as a critical dimension of health and related quality of life. This radical paradigm shift from an inadequate medical definition towards a comprehensive understanding of health and its determinants supports a worldwide consensus to move beyond a normative view of health and to incorporate the subjective aspirations of our patients. Throughout this series of publications, we defined Oral Health as a fundamental component of general health and wellbeing. Using this multidimensional concept, we evaluated the perceptions held by patients about the impact of oral diseases and conditions on their functional, social and psychological wellbeing.^{1,2,4}

Hence our conclusions and recommendations for Oral Health professionals to increase their appreciation of psychosocial and functional dimensions of Oral Health.

Below is a summary of key findings and recommendations from four articles published in this series.⁶⁻⁹ The Guest Editorial highlighted the need to embrace the broad definition of Oral Health and its clinical implications. In so doing practitioners may begin to appreciate and integrate the expectations of patients regarding the care they receive.⁶ Evidence indicates that Oral Health professionals have the clinical competence to restore the function and aesthetics of diseased oral and dental structures. However, most practitioners are unable to account for the social and psychological consequences of treatment they offer to patients. To that end, a new breed of dentists must be developed, having impeccable technical and excellent social skills.¹⁰ This means that dental schools must reorient their teaching and learning philosophies to include social determinants of health and their contextual implications for care.

As part of the re-engineering of health care, the NHI provides an opportunity to incorporate social determinants as part of treatment planning, management of oral diseases and reimbursement. The proposed scheme prioritises socially disadvantaged patients, and seeks to incentivise clinicians who incorporate this dimension into their patient management regimen. It is therefore prudent for Oral Health professionals to be capacitated in preparation for the rollout of NHI.

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The second paper was a review of Obstructive Sleep Apnoea⁸ (OSA), a condition characterised by multiple episodes of apnoea and hypopnoea due to collapsed airway. OSA is a relatively high prevalence condition with serious effects on the quality of life of the patient. This

trilogy of dysfunctions includes impairment of daytime alertness, of cognitive function and overall enjoyment and quality of life. While specialist medical examinations is required for an objective diagnosis of OSA, dentists are well positioned to suspect, screen, refer and co-manage these patients. The rising levels of diabetes and obesity in South Africa makes OSA arguably the most underdiagnosed, undertreated condition that continues to "erode health over time".¹¹ Hence there is a compelling case made by the authors that the Oral Health profession cannot remain uninvolved in dealing with this silent public health problem. Dental schools should offer curricularized and professional developmental modules to enable dentists to better manage patients affected by OSA. The use of oral devices by dentists in the management of OSA should be increased, as these interventions have been proven to improve clinical outcomes and patient wellbeing; as well as prolong life and perhaps save marriage.¹²

The third study, the national household survey was aimed at determining the association between psychosocial wellbeing and Oral Health. We found that South Africans perceived their wellbeing as moderately satisfactory, (6/10). This positive psychosocial state was associated with an increased number of dental visits and good oral hygiene.⁷ In our conclusion we assert that dentists should assist patients to achieve and maintain good oral hygiene, thereby greatly improving their subjective wellbeing.

The final paper in this series correlated malocclusion and wellbeing.⁹ Malocclusion was found to have a significant impact on the dental self-confidence of patients, 18 years and younger. In older patients the effect of malocclusion was significant on the social subscale. Unlike the popularly held belief, the impact of malocclusion on psychological wellbeing was found in our study to be higher in males and older patients. Dentists should therefore make special efforts to accommodate these patient groupings, by providing specific and appropriate treatment options.

The timing of this year's SADA Theme was most fitting as it coincided with the groundbreaking adoption of

a contemporary and comprehensive definition of oral health by delegates at the 104th World Dental Federation Congress. It is envisaged that as this process continues, relevant measurement tools will be developed to facilitate global comparisons. While is still early days, we anticipate that this "new" definition of Oral Health will improve clinical practice and place the interests and expectations of patients at the centre of clinical dental care.

References

1. Gift HC, Atchison KA. Oral health, health, and health-related quality of life. Medical care. 1995;NS57-NS77.
2. Locker D, Slade G. Concepts of oral health, disease and the quality of life. Measuring Oral Health and quality of life. 1997;11-24.
3. World Health Organization. Constitution, Geneva:WHO. 1984.
4. Sheiham A. Oral health, general health and quality of life. Editorial. Bulletin of the World Health Organization. 2005;83(9):644.
5. Glick M, Monteiro da Silva O, Seeberger GK, et al. FDI Vision 2020: shaping the future of Oral Health. International Dental Journal. 2012;62(6):278-91.
6. Ayo-Yusuf O, Motloba D, Rantao M. The dental profession: Promoting psychosocial well-being and not just treatment of oral disease. South African Dental Journal. 2015;70(2):46-7.
7. Ayo-Yusuf O, Motloba P, Ayo-Yusuf I. Oral Health and subjective psychological well-being among South African Adults: Findings from a national household survey. South African Dental Journal. 2015;70(10):436-41.
8. Motloba D, Ayo-Yusuf O, Solomons Y, Sethusa M. Obstructive Sleep Apnoea: Epidemiology, quality of life, and management-implications for dentists. A review. South African Dental Journal. 2015;70(5):190-5.
9. Motloba D, Sethusa M, Ayo-Yusuf O. The psychological impact of malocclusion on patients seeking orthodontic treatment at a South African Oral Health training centre. South African Dental Journal. 2016;71(5):200-5.
10. Hart JT. A new kind of doctor. Journal of the Royal Society of Medicine. 1981;74(12):871.
11. Isidoro SI, Salvaggio A, Bue AL, Romano S, Marrone O, Insalaco G. Effect of obstructive sleep apnoea diagnosis on health related quality of life. Health and Quality of Life Outcomes. 2015;13(1):1.
12. Ivanoff CS, Hottel TL, Pancratz F. Is there a place for teaching obstructive sleep apnoea and snoring in the predoctoral dental curriculum? Journal of Dental Education. 2012;76(12):1639-45.

SADA

Annual General Meeting (AGM)

Notice is hereby given that the Annual General Meeting (AGM) of the South African Dental Association will be held

at **Sunnyside Park Hotel, Parktown, Johannesburg**

on **Thursday 16 March 2017 at 18:00** followed by snacks and refreshments.

The Agenda for the meeting will be posted on the SADA website.

SADA is your Association and your voice counts.

Punkaj Govan - Acting Chief Executive Officer

