A pilot survey: Assess the Awareness of Oral Health of Diabetes Mellitus Patients under Primary Health Care

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Introduction
Diabetes mellitus and periodontal disease are two common chronic diseases that have long been considered to be biologically linked. That is, diabetes can have a negative effect on periodontal health and periodontal disease can increase the need for insulin in diabetics. Periodontal disease is the sixth leading complication of diabetes. If people have been diagnosed with diabetes, there are 3 to 4 times more likely to develop periodontal disease. According to a population-wide oral health survey carried out in Hong Kong in 2001, oral health was unsatisfactory among adults and non-institutionalized people aged 65 to 74 years. The survey revealed that 52.9% of adults/elderly people had untreated tooth decay and 55.3% had moderate-to-severe periodontal disease. They had little knowledge of and a poor attitude towards dental disease. In Hong Kong, the oral health promotion and assessment are mainly provided by Department of Health. However, the General out-patient clinic (GOPC) also take care a lot of elderly patient with diabetic. Our health care professionals should take a more active role in promotion and prevention of oral health in community.

Objectives
Objectives: 1 Assess DM patient’s oral health care behavior; 2 Assess patient’s knowledge and attitude about dental diseases and diabetic mellitus; Aims: Enhance the awareness of oral health in DM patients of GOPC.

Methodology
Venus: HKEC GOPC Target group. Middle adult or elderly patients with type 2 diabetes were randomly selected to join the program. A pre and post questionnaire regarding their oral health attitudes, behaviors and knowledge was designed to assess the awareness of oral health. In pre questionnaire, there were 10 questions with 5 points rating and scored from strongly agree to strongly disagree. After the pre questionnaire, 5 minutes individual nursing intervention during Diabetes mellitus complication screening (DMCS) related to diabetic and oral health was introduced to
patient. Then a post a questionnaire which contains 4 questions was used to evaluate the progress after completing the whole DM complication screening.

**Result**
There are 96 subjects completed the questionnaire. 1/3 of the subjects have more than 11 years of DM. In the survey, 94% of the subjects claimed that good oral health was crucial to daily life. 81% of the subjects stated that people with diabetes were more prone to oral problems. 62% of the subjects believed they could have better oral health if the blood glucose condition was under-controlled. Around 87% of the subjects were convinced that oral diseases are preventable. However, there was still a 38% of the subjects did not know the relationship between diabetes and oral health. 81% of the subjects did not have regular dental check-up, and only 2% of the subjects had their dental check-up every six months. After the nursing intervention, 87% of the subjects claimed an oral healthcare service should be included in regular diabetes complication screening program. All subjects claimed they had enhanced their oral health knowledge after the interview. 88% of the subjects claimed they would seek medical advice if they had signs of periodontitis. Conclusion: In order to promote oral health in diabetic elderly, we recommend a joint care service shared by primary healthcare setting and dental healthcare department. Diabetes elderly can participate and being empowered through different health promotion activities. At the same time, both health departments can enrich their service in a cost-effective and productive manner.