



Service Priorities and Programmes
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Diabetes Mellitus and Periodontal Disease : awareness and practice among doctors working in public General Out-Patient Clinics in Kowloon West Cluster of Hong Kong

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Introduction

At least 10% HK population suffer from type 2 DM while 40% people have periodontal disease. Thus, it is expected that many people are suffering from both conditions. It is now well established that there is an interrelationship between them and such relationship appears to be bidirectional. Few studies were done to explore primary care doctors' awareness of the interrelationship between DM, periodontal disease and their corresponding practice. This study aimed to answer the two research questions: 1) were our public primary care doctors aware of the bidirectional relationship between DM and periodontal disease? 2) if they were aware of the relationship, did this influence their daily practice? Doctors working in the Department of Family Medicine and Primary Health Care in KWC of HA were chosen for the study.

Objectives

- 1) To determine the proportion of the surveyed doctors who were aware of the interrelationship between DM and periodontal disease;
- 2) To understand the practice of the surveyed doctors in relation to periodontal disease when managing DM patients.

Methodology

Doctors' awareness and practice regarding DM and periodontal disease was assessed by a cross-sectional questionnaire survey. A tailor-made questionnaire was developed for this study. Self validation of the questionnaire was done.

Result

168 questionnaires were sent out, 143 were returned (response rate 85.1%). 140 valid questionnaires were analyzed. Ninety-two percent of participants were aware of a relationship between DM and periodontal disease and this awareness was not associated with their years of experience, training status and personal oral health

behavior. Ninety percent knew the effect of poor DM control on periodontal disease but only 76% were aware of the reverse effect of periodontal disease on DM. The difference was statistically significant ($p=0.002$, Related-samples Sign Test). In clinical practice on DM patients, only 5.7% asked dental history often (defined as 50% patients or above), 7.1% examined their mouths often and 12.1% recommended them to see dentist often. Logistic regression showed that awareness factors had no association with periodontology related clinical practice whereas clinical experience, being a Family Medicine specialist and personal interdental cleaning habit were associated with some positive effect on the practice.

A high proportion of doctors in the study were aware of the relationship between DM and periodontal disease. However, this did not appear to influence their practice. Further measures among doctors and patients to promote comprehensive management of DM and periodontal disease should be explored.