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**PATIENT'S KNOWLEDGE AND ATTITUDE REGARDING ORAL
CANCER SCREENING IN DENTAL PRACTICE**

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Abstract

In recent years the oral cancer incidence is increasing and is a real problem in the worldwide. This study aimed to evaluate dental patient's knowledge and perception of oral cancer and screening in dental practice. A questionnaire survey of 92 adults, having no previous history of oral cancer was done. The collected data were about their knowledge of oral cancer, 'screening' experience, attitude and perception on being screened, preventive behaviour (regarding risk factors), appropriateness of a psychological counselling before screening participation. Adults were selected from the patients addressing for dental treatments to the Faculty of Dental Medicine. Seventy-seven percent of participants knew little or nothing about oral cancer and 72% did not know that dentist can usually screens for oral cancer. Ninety-two per cent would like to be informed by the dentist if they were being screened for oral cancer and 97% would like to be informed and helped by their dentists to reduce their risk. Ninety percent are willing to have psychological counselling before screening participation, considering being useful in dealing possible situations of oral cancer. The participants to this study seem generally having no knowledge that oral cancer screening can be done in the dental office but they express their interest in participating in such an investigation. Also, they would like to be informed and greet their dentist assistance to decrease the risk of developing oral cancer. They considered as opportune the psychological counselling before screening participation, considering being useful in dealing possible situations of oral cancer.

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Keywords: Psychological counselling; awareness; early detection of oral cancer; oral cancer screening.



1. Introduction

Currently cancer is a major public health problem and is reported as one of the leading causes of morbidity and mortality worldwide. The number of new cases is expected to rise by about 70% over the next two decades. The cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body and is considered a chronic disease that causes disability and invalidity. It is seen as a multifactorial disease caused by a combination of environmental factors and predisposing genetic factors that at any given time and under favourable conditions can have an effect in predisposed individuals (World Health Organization, 2015).

Oral cancer is a type of head and neck cancer affecting the mouth, lip and oral cavity, that is, oral mucosa, gums, hard palate, tongue and floor of the mouth. Two of the most important risk factors of cancer are tobacco use and alcohol consumption. If this two factors are combined, the risk of oral cancer can be increase (Pelucchi, Gallus, Garavello, Bosetti and La Vecchia, 2006). Also, the risk of oral cancer increases with the quantity of alcohol consumed and is elevated among substantial alcohol consumer (Blot et al.,1998). Poor nutrition, sun exposure and the human papilloma virus are other factors that have been involved in the oral cancer occurrence (Kalavrezos, &Scully, 2015).

Oral cancer occurs more often in males, in people from the lower socioeconomic scale and in ethnic minority groups, although rates in females are on the rise (Scully, &Felix, 2006). Incidence rates are currently increasing worldwide, especially among young individuals, aged less than 45 years (Horowitz, &Nourjah, 1996; Llewellyn, Linklater, Bell, Johnson, &Warnakulasuriya, 2004; Warnakulasuriya, Mak, &Moller, 2007). Often these individuals are not aware of their own heightened risk status (Horowitz, Moon, Goodman, &Yellowitz, 1998; Lowry, &Craven, 1999). Education promoting consciousness about oral cancer may support preventing high-risk behaviours such as tobacco and alcohol consumption. Also, an awareness of personal risk or susceptibility to illness is a central factor in most major theories of health behaviour change (Hennessy, Bleakley, Mallya, &Romer, 2014).

An early diagnosis is ensured by the early response of patients and doctors to early signs and symptoms and may ease diagnosis and treatment before the disease becomes advanced. Monitoring the signs and symptoms among patients coming for regular dental treatment may help the diagnosis of oral cancer in incipient stages (Colella, Gaeta, Moscariello and Angelillo, 2008, Greenwood, &Lowry 2001; López-Jornet, Camacho-Alonso and Molina-Minano, 2010).

2. Purpose of the Study

Most studies that have been achieved by now have investigated oral cancer knowledge among dentists, few data are available about the knowledge of dental patients. Because of this, the purpose of the present study was to investigate patient's knowledge and attitude about the risk factors of oral cancer and to investigate communication among clinicians and patients addressing for dental treatments to the Faculty of Dental Medicine, Ovidius University of Constanta.

2.1. Study Population and Procedure

Participants were adults, addressing for dental treatments to the Faculty of Dental Medicine, Ovidius University of Constanta. The selection of patients was done following two inclusion criteria (1)

age 18 or older with no previous history of oral cancer, and (2) reading, understanding, and capacity to answer the questionnaire. All patients have agreed to participate in this study; being informed that data will be statistically processed and they will keep them confidential. No compensation was offered for patients who showed their willingness and have expressed their agreement to participate in this study.

A questionnaire survey of 92 adults, having no previous history of oral cancer was done. The collected data were about their knowledge of oral cancer, 'screening' experience, attitude and perception on being screened, preventive behaviour (regarding the risk factors), appropriateness of a psychological counselling before screening participation. The questionnaire was designed, was face to face applied and the results were interpreted by psychologists from the Centre for Counselling and Career Guidance, Ovidius University of Constanta.

2.2. The Survey Tool

All the participants of the study received a questionnaire in the dental clinic; the questionnaires were face to face administered, and any question that appeared was explained by a dental student. First the questionnaire assessed: socio-demographic information including age, gender, and education level; self-reported medical history. Information about family history for oral cancer, tobacco smoking and alcohol consumption were considered. The entire questionnaire took about twenty minutes to be completed.

The respondents were asked if they tend to use the healthcare services, when was the last visit to their family doctor, the distance between the last consultation at the dentist and the current appointment and their reasons for visiting the dentist.

Study participants' knowledge about oral cancer and oral cancer risks factors, smoking status and alcohol consumption were evaluated. Participants' knowledge and consciousness about oral cancer was investigated by asking if they had heard of this disease and what they knew about it, ranging from a lot to nothing at all (Tomar , &Logan, 2005). Respondents were asked if they smoked in the past and if they are still smoking in present. The quantity of cigarettes or other type of tobacco was assessed and responses were used to analyse the smoking status. Respondents were asked to report their alcohol intake. Alcohol intake was evaluated as how often alcohol is consumed and the quantity consumed. Finally, participants were asked whether dentists or other physicians give them information, assistance and guidance about oral cancer and they had to answer by "Yes" and "No".

The patients' desire for information, assistance and guidance about oral cancer monitoring and risk factors was assessed by the following questions: the first one was about their knowledge about the fact that dentists were qualified to examine for signs of oral cancer, the second one asked if the patients want to be informed by the dentist if they were examined for signs of oral cancer and the third asked them if they want to be helped by the dentist to help them to reduce the risk of getting oral cancer. Also, participants were asked about appropriateness of a psychological counselling before screening participation.

The participants were asked if they would look for help for a list of possible signs of oral cancer, to find their intentions to ask for help for possible signs of oral cancer persisting for three weeks or more. These are signs commonly associated with oral cancer: a red area, a white area, a painful ulceration or

swelling in the oral cavity. Also, they were asked to select the health care professional they would go to ask for help if these signs shall persist for more than three weeks.

3. Results

The socio-demographic characteristics of participants were summarized in Table 1.

Table 1. Participants Socio-Demographic Characteristics

	No	%
Age		
18 -39	30	32, 60%
> 40	62	67, 39%
Gender		
Male	35	38%
Female	57	62%
Education level		
Higher Education	5	5,43%
High school studies	45	48,91%
Vocational Level	30	32,60%
No Qualifications	12	13,04%

Sixty-two of participants, 67,39% reported that have visited their dentist during the past year before their current visit. A higher percent, 83 (90, 21%), reported that have visited their family doctor during the same period. Of all the participants, 28 (45,16%) visited the dentist for pain or other problem with their teeth, 18 (29,03%) for occasional controls and only 16 (25,8%) visited their dentists for regular controls.

Majority of participants 62 (67,39%) have heard of oral cancer and 13,04% said they had never heard and 19,56% were not sure if they had heard of it or not. Seventy-one of participants, 77,17% percent of participants knew little or nothing about oral cancer and only 9% reported that they knew a lot (Table 2).

Table 2 Self-reported Knowledge

	No	%
Did you ever hear of oral cancer?		
Yes	62	67,39%
No	12	13,04%
Don't know/Not sure	18	19,56%
How much you know about oral cancer?		
A lot	9	9,78%
A little/ Nothing at all	71	77,17%
Never heard of mouth cancer	12	13,04%

Table 3 shows the smoking status. The proportion of ever-smokers in this sample was near 70%, with 38% of participants reporting being current smokers and 32% being previous smokers who had quit.

Twenty-three percent reported never having alcoholic drinks and 77% reported them two to three times a week or more. Most the participants didn't receive information, assistance and guidance about oral cancer from dentists, or other physicians (85.87%, 79).

Table 3. Smoking Status

	No	%
Yes, I smoke cigarettes	35	38,04%
No, but I used to smoke cigarettes	29	31,52%
No I have never smoked cigarettes	28	30,43%

When asked whether dentists were qualified to examine for signs of oral cancer, 72% didn't know or were unsure that the dentist screens for oral cancer. Moreover, 60% didn't know if their dentist screens them for signs of oral cancer on their regular control. Ninety-two percent of participants would like to be informed by their dentist about being screened for signs of oral cancer, 97% would like information, assistance and guidance from their dentists to reduce the risk. Ninety percent are willing to have psychological counselling before screening participation, considering being useful in dealing a possible situations of oral cancer.

Participants of this study related that they would visit the family doctor instead of their dentist for eventual signs of oral cancer were 65% for white area, 63% for red area, 54% for an ulceration and 51% for swelling. In the case of pain in the mouth the majority (51%) indicated they would visit the dentist.

4. Discussions

Analysing the results of the present study it can be stated that smokers were less aware that their dentists screened them routinely. Many of the respondents that has risk factors for oral cancer have little information about oral cancer. Most the participants didn't receive information, assistance and guidance about oral cancer from dentists, or other physicians (85.87%, 79).

It should be taken into consideration that there are some limitations in this study, one of them being the number of participants. It is difficult to demonstrate that the results of this study would be similar when the study population would be extended. Another limiting factor is that until now have not been conducted such studies on population Romania and therefore there were no comparative data. Therefor it is necessary to extend the study to a larger number of patients and conducting similar studies in other regions. The results should, therefore, be interpreted with caution.

Additionally, this study suggest that patients are having no knowledge of being screened for oral cancer. Although oral cancer screening may indeed be taking place by a regular control, dentists don't communicate this to their patients.

Health promotion education is an important part of preventive medicine; prevention or cessation of tobacco and alcohol use may contribute to good general and oral health (Dyer,&Robinson 2006). Communication between patients and family doctors or dentists could improve oral cancer knowledge and motivate individuals for improving their well-being.

5. Conclusions

The participants to this study seem generally having no knowledge that oral cancer screening can be done in the dental office but they express their interest in participating in such an investigation. Also, they would like to be informed and greet their dentist assistance to decrease the risk of developing oral cancer. The participants did not demonstrate anxiety, concern or worry about receiving this information. Also they considered to be opportune the eventually psychological counselling before screening participation, considering being useful in dealing a possible situations of oral cancer.

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