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1977

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Volchansky,A., Loudon,L., Flores,S.1977.Who visits a periodontist?.Journal of the dental association of South Africa;32(10):599-600

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Practitioner's Corner

EDITOR: HELMUT HEYDT

Who visits a periodontist?

A. Volchansky*, L. Loudon and S. Flores

Chronic periodontitis is a disease associated primarily with adults. It is uncommon during the second decade but by the age of 45 years it affects virtually 100% of the population (Marshall-Day *et al* 1955).

The prevalence of periodontal disease has been determined in many epidemiological studies of various populations throughout the world. To list all these studies is not the purpose of this article but an excellent article dealing with many populations is that of Russel (1967). No study thus far however has dealt with the individuals who seek periodontal and oral medicine care.
The purpose of this study therefore is to report details of a group of patients attending a periodontal practice in Johannesburg.

MATERIALS AND METHODS

One thousand two hundred and fifty patient record cards were examined in sequential order and the following information noted:

1) age and sex of the patient
2) whether the patients had either a periodontal or oral medicine problem
3) whether consultation alone was sought or treatment undertaken

A periodontal problem was defined as either gingivitis or periodontitis. No further subdivisions of these conditions were recorded. Oral medicine problems included lesions of the oral cavity such as white lesions, ulcers, conditions of the tongue, the lip and non-keratinized oral mucosa. Temporomandibular joint dysfunction was not included in the study.

A consultation was defined as one or two visits, the second visit being a follow-up consultation. Treatment was defined as being a minimum of three visits.

RESULTS

The majority of the patients, more than 90 per cent, were referred from dental and medical practitioners, less than 10 per cent attended of their own volition.

Of the 1250 patients seen, 516 were male and 734 were female a male to female ratio of 1:1,4. Their age ranged between 8 and 82 years with a mean age of 37,1 ± 13,4 years. The mean age for males was 38,2 ± 12,7 years while for females it was 36,2 ± 13,7 years. The most frequently occurring age (mode) for the group under study was the 27 years, mainly because of the predominance of the females of this age. Amongst the males the mode was the years 45, 46 and 47 years, all being equally common. Table I lists details of the patients' ages.

*Dental Research Unit of the South African Medical Research Council and the University of the Witwatersrand, Johannesburg, South Africa.

Table I. Details of age and sex of the 1250 patients studied.

Age in years	Male	(% of males)	Female	(% of females)	Total	(% of total)
0-10	1	(0,2)	5	(0,7)	6	(0,5)
11-20	31	(6,0)	73	(9,9)	104	(8,3)
21-30	111	(21,5)	195	(26,6)	306	(24,5)
31-40	148	(28,7)	175	(23,8)	323	(25,8)
41-50	141	(27,3)	152	(20,7)	293	(23,4)
51-60	56	(10,9)	112	(15,3)	168	(13,4)
61-70	24	(4,7)	17	(2,3)	41	(3,3)
71-80	4	(0,8)	3	(0,4)	7	(0,6)
81-90			2	(0,3)	2	(0,2)
Total	516	(100)	734	(100)	1250	(100)

One thousand and sixty four patients of the 1250 had a periodontal problem, while 186 were oral medicine patients. Four hundred and fifty three of the periodontal patients were male and 611 were female a male to female ratio of 1:1,3. The mean age of the males was 38,4 ± 15,0 years while 36,5 ± 13,9 years was the mean age for the females. The oral medicine patients comprised 63 males and 123 females, a ratio of 1:2. Their mean ages were 36,7 ± 12,7 years, and 35,1 ± 12,3 years for the males and females respectively. No significant differences were found between thse mean ages of males and females in any section of the study.

Table II shows the sex and age distribution of the periodontal patients, while in Table III the same information is listed for the oral medicine patients.

Table II. Details of the periodontal patients

Age in years	Male	(% of males)	Female	(% of females)	Total	(% of total)
0-10	1	(0,2)	5	(0,8)	6	(0,6)
11-20	27	(6,0)	65	(10,6)	92	(8,7)
21-30	94	(20,7)	152	(24,9)	246	(23,1)
31-40	129	(28,5)	143	(23,4)	272	(25,6)
41-50	127	(28,0)	126	(20,6)	253	(23,8)
51-60	51	(11,3)	104	(17,1)	155	(14,6)
61-70	20	(4,4)	11	(1,8)	31	(2,9)
71-80	4	(0,9)	3	(0,5)	7	(0,7)
81-90			2	(0,3)	2	(0,2)
Total	453	(100)	611	(100)	1064	(100)

Five hundred and forty two patients sought consultation only, of this number 44 were oral medicine patients and 498 periodontal. Amongst those patients who received treatment, 142 were for oral medicine lesions and 566 underwent treatment for periodontal disease. Table IV compares consultation and treatment.

Table III. Details of the oral medicine patients

Age in years	Male	(% of males)	Female	(% of females)	Total	(% of total)
11-20	4	(6,3)	8	(6,5)	12	(6,5)
21-30	17	(27,0)	43	(40,0)	60	(32,3)
31-40	19	(30,2)	32	(26,0)	51	(27,4)
41-50	14	(22,3)	26	(21,1)	40	(21,5)
51-60	5	(7,9)	8	(6,5)	13	(7,0)
61-70	4	(6,3)	6	(4,9)	10	(5,4)
Total	63	(100)	123	(100)	186	(100)

Table IV. Consultation and treatment details

	Total	(% of total)	Oral Medicine	(%)	Periodontal Disease	(%)
Treatment	708	(56,7)	142	(76,3)	566	(53,2)
Consultation	542	(43,3)	44	(23,9)	498	(46,8)

DISCUSSION

This study was undertaken primarily to establish the age and sex distribution of patients referred for periodontal and oral medicine diagnosis and treatment and appears to be the first reported in this fashion. Severity of disease or finite treatment, such as surgical intervention has not been investigated, and will form the basis of a further report. It is hoped that this paper will serve as a model to clinicians in South Africa to record their results and observations. One must remember that research can be done in clinical practice, and need not be sophisticated to be valuable. Sir William Osler (1941) many years ago emphasised that we must observe natures experiments upon us in disease. Clinical practice is thus a laboratory.

Epidemiological studies, including those amongst selected groups form the base line against which further studies may be compared to assess change. What, for example, will be the effect of the National Dental Week on oral health attendance of patients and perhaps even on forms of dental treatment? Unless values are recorded now one will be unable to assess the effects of such campaigns on adults attending private practice.

One of the questions arising from this study is why was 27 years the most frequent age of attendance for females and 45-47 years for males, although the mean values for the sexes show no significant difference. A suggestion might be that women are more concerned about their appearance, have more time to attend to their oral needs and that pregnancy, oral contraception, and other hormonal influences may play a part.

These points require investigation and substantiation. The World Health Organisation (1961) report on periodontal disease quoted an American Dental Association survey that men over the age of 35 and in women over the age of 40 years, periodontal disease was responsible for between two and three times as many extractions as dental caries. How does this information concerning the general population compare with the findings of the selected group in this study? Do females seek attention earlier and therefore prevent early tooth loss? Would our findings differ to those in a similar group in the United States or elsewhere? All these are questions that require similar types of study to elucidate them.

All of us in practice, whatever form this may take, form impressions of the types of patients that we treat; of how successful our treatments are and so on. These impressions are subjective and are not necessarily substantiated when objective studies are performed. For example, before this study was undertaken our impressions were that the mean age for the entire group would be higher than the 37,1 years actually found, probably around the mid-forties. Our impressions were not confirmed, which indicates that practitioners should be more objective in assessing their patients.

Marshall-Day *et al* (1955) found that in 10 of the 13 groups examined, the males showed a higher prevalence of gingival disease, with an average of 88% and 80% for the males and females respectively; a ratio of 1:0,9. The males also showed a greater degree of severity than the females. The male to female ratio in the study of Marshall-Day *et al* differ to that found in this study where the percentage prevalences were 42,6% for males and 57,4% for females in a ratio of 1:1,-3. This comparison however cannot really be made as figures for the general population are being compared to our selected group. More studies of similar selected groups are needed.

An interesting observation from this study was the fact that nearly half the patients (43,3%) attending the practice sought consultation only. Included among these were patients attending for consultation for an oral medicine diagnosis, those referred back to the genral practitioner for treatment, those who refused treatment as well as patients who did not keep a future appointment. Although it would seem simple to separate the patients into the above categories, this did not prove to be possible.

Finally, the small proportion of oral medicine patients (14,9%) within the 1250 patients examined, would tend to support the viewpoint that oral medicine should not be a speciality in its own right but should remain an integral part of the speciality of periodontics.

Future studies should include subdivision of the patients into socio-economic groups, more specific diagnosis and definitive treatments.

ACKNOWLEDGEMENTS

I wish to thank Dr. P. Cleaton-Jones for his advice and assistance, notably with the statistical presentation, and Miss B. Slack for her fine typing.

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