# Attitudes, Practices and Perceived Barriers in the Tobacco Cessation Counseling among Dental Practitioners in Chennai

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#### **ABSTRACT:**

**Background:** Tobacco is one of the main causes of death and a major cause of cancer. Tobacco also causes many other respiratory diseases and hence becomes a major negative impact for the human biological system.

**Aim:**The main aim of the study is to know the attitudes and practices of dentists from Chennai and role of dentists in tobacco cessation counselling. This study also has an intention to find all the barriers that prevent them from doing so.

**Materials and methods:** About 150 dentists were contacted and they were asked to answer a questionnaire containing about 13 questions related to attitudes, practices and perceived barriers among dentists in tobacco cessation counselling. Their responses were collected and then the answers from them were coded in Microsoft excel and then the coded answers were sent to SPSS software version 23 and then the results were represented in the forms of graphs with respect to age and gender.

**Results:** From the results collected we could know that dentists are having a positive attitude for tobacco cessation counselling, but lack of proper training is a great barrier for the failure of the tobacco cessation counselling. **Conclusion:** There is a positive attitude towards tobacco cessation

KEYWORDS: Counselling, Cancer, Dentists, Innovative, Novel, Prevalence, Tobacco,

## Introduction:

Globally, tobacco use is being the most dangerous factor for premature death and cancer causes(1). Tobacco has been reported to cause about 5 million deaths in a year of a death per 6.5 seconds(2). Tobacco in all forms is harmful to all biological systems of human beings and that includes the oral cavity(3).

Smoking is one of the main reasons for the cause of the oral cancers and periodontal disease, this may lead to a major factor for the failed dental therapy(4,5). Other ill effects caused due to smoking are staining of teeth and dental restorations and some congenital defects of clefts in mother smokers(6).

Dentists are the first ones who come in contact with the oral cavity of a patient and hence they are exposed to many people who may be a smoker or a non smoker and they are the one who have responsibility in reducing the tobacco consumption among the common population.(6,7). Dentists are in an ideal place to do such tobacco cessation counselling and they should fulfill their responsibilities with care and concern(8).But there is a barrier for the dentists is that they do not have a great knowledge over a better way of conducting tobacco cessation counselling(9).

Hence the dentist must be given a practice of such counselling from their academic sessions itself(10). Thus the aim of the study is to know about the attitudes, practices and barriers in tobacco cessation counselling among Dentists of Chennai. Our team has extensive knowledge and research experience that has translated into high quality publications(11-19)(20-24).

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#### Materials and methods:

A cross sectional survey was carried out among 150 dentists of Chennai city. Before the conduction of study all the protocols were taken such as the questionnaires containing 13 questions were sent to the guide and approval was received. (Table 1) Informed consent was collected from the participants prior to the start of the study. Dentists who were residing in Chennai were included in the study and Dentists who were not willing and not living in Chennai were excluded from the study.

The questionnaires were made in the online format through google forms and was sent to various dentists over Chennai and then the results were collected from them. A time period of 3 days was taken for collecting the results for the questionnaires and the collected results were analysed by the research department of the institution and then the results were approved.

The approved results were inserted in Microsoft Excel and then coded with numerals and then the coded results were imported to Statistical Packages for Social Sciences(SPSS) software version 23 for the analysis and better depicting of the results, the test used for the following was chi square test. Descriptive statistics were used. The results were obtained in the form of graphs and tables and was studied for making a conclusion about the attitudes, practices and perceived barriers of the tobacco cessation counselling among dentists of Chennai.

#### **Results:**

From the analysis made from the SPSS software version 23 we could make some conclusions on the result. The results that were obtained were in favour of behaviour that is positive over the tobacco cessation counselling.

Dentists were ready to provide tobacco cessation counselling and they face a problem in doing so, that is they lack proper training over the cessation counselling but they are ready to learn more about the counselling and give effective tobacco cessation counselling. Figure 1: simple bar graph represents the distribution of gender of population, about 68.70% were male and 31.30% were female. Figure 2: simple bar graph represents the distribution of education among the study population, about 38.17% was bds completed, 14.50% was PG students and 48.33% were MDS. Figure 3: represents association graph between gender and number of dentists who would advice patients to quit tobacco. Majority of male dentists (60.31%) agreed that they would advice patients to quit tobacco



Figure 1:Distribution of study population based on gender

Figure 1: Simple Bar graph representing the distribution of the gender of the participants. About 68.70% of the dentists answered were male and about 31.30% were females. Hence the male respondents were more. The analysis had a p value of 0.03

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Figure 2: Distribution of study population based on educational qualification



Figure 2 represents distribution of study population based on educational qualification. 38.1% of participants completed BDS, 14.5% of participants were post graduate dental students and 47.3% wof participants were MDS graduates.



Figure 3: Association Bar graph between gender and whether dentists would advise patients to quit tobacco. The blue color represents agreement, green represents disagreement, maroon represents maybe and orange represents neutral. The x axis represents the gender and the y axis represents the number of dentists who would like to advise patients to quit tobacco. The test had a p value of 0.00 and a confidence level of 95% chi square test was used. Hence the association bar graph is significant.

#### TABLE 1: Dentist's attitude, practices and barriers on tobacco cessation counselling

Questions	Agree	Neutral	Maybe	Disagree
Educated patient about risk of tobacco use over their health and well-being	124(93.9% )	2(1.5%)	5(3.8%)	0
Advice patient to quit tobacco	113(85.6% )	4(3.0%)	12(9.1%)	2(1.5%)
Discuss benefits of stopping tobacco usage	94(71.2%)	7(5.3%)	28(21.2%)	2(1.5%)
Discuss social benefits of stopping tobacco use	90(68.2%)	11(8.3%)	28(21.2%)	2(1.5%)
Refer cessation clinic	71(53.8%)	12(9.1%)	42(31.8%)	6(4.5%)
Patients might not turn up for further dental treatments	15(11.4%)	20(15.2% )	41(31.1%)	55(41.7 %)
Keep patients on follow up	106(80.3% )	6(4.5%)	13(9.8%)	6(4.5%)
Educated patient about tobacco usage risks over dental health	121(91.7% )	1(0.8%)	9(6.8%)	0
Discuss strategy to stop tobacco use	111(84.1% )	6(4.5%)	9(6.8%)	5(3.8%)
Dental professionals feel constrained because of lack of training in tobacco cessation counselling	27(20.5%)	33(25%)	44(33.3%)	27(20.5 %)

## **Discussion:**

According to the study done with the dentists with questions made and distributed over Chennai, it's very clear that dentists in Chennai are ready to give tobacco cessation counselling and do not believe that they would lose patients because of the counselling and hence they do not have any problem in conducting tobacco cessation counselling. Tobacco use and cessation counselling among dental or oral health practitioners was explored by various communities(25). Even though dental hygienists have unique specific techniques to reduce tobacco-related mortality, more education and training is necessary to increase adoption, implementation and sustainability of these important interventions which can save lives(26).

But dentists think that they lack training to give proper cessation counselling for the tobacco users and that it would be nice if they had good training in tobacco cessation counselling(27). About 68.70% of the dentists answered were male and about 31.30% were females. According to the analysis, about 47.33% of the dentists were MDS and about 38.17% of the dentists were BDS and 14.50% of the dentists were PG students which were similar to those other results given by some researchers(28).

Separate classes for tobacco cessation counselling could be held as a scheduled class in the academic session itself, for improving the cessation counselling done by the dentists.(29).

Where effective ways to stop tobacco usage and knowledge about the cessation clinics that the dentists could refer to the patients(30). The questionnaires were mostly answered by men 68.70% and the rest 31.30% were answered by female dentists. And about 47.33% who answered were MDS and about

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14.50% were PG students and 38.17% were BDS. Many problems were faced while collecting the data as dentists were busy with their schedule and most of the dentists were not exposed to such online questionnaires. Limited time was provided for the collection of data and hence there was an urge in the collection of data from the dentists. Further developing admittance to a powerful medication for tobacco use would have a broad impact on public health(31).

Sometimes dentists wanted the questions to be in their native language for their better understanding and hence the questions needed to be explained in the native language of the dentist(32). Dentists even though face many problems, do not have any negative view over the tobacco cessation counselling and are ready for helping their patients if they wish to cooperate and if not dentists are ready to advise them about the ill effects of the tobacco usage and the benefits of stopping the tobacco usage(33,34).

**Conclusion:** From this study we could conclude that dentists are ready to give cessation counseling on tobacco consumption and are even ready to spend their time in reducing tobacco usage and their only barrier is that they require some basic idea on conducting better cessation counselling.

**Author contribution:** A questionnaire containing 13 novel questions was made and the result was derived from the data collected from the questionnaire.

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