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Patients' Normative Oral Health Needs in a Tertiary Dental Hospital

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Oral health demands are expressed as periodontal disease, caries trauma, malocclusion, oral tumours, prosthetic and dental fluorosis which brings the patients to seek treatment (normative need). The study of 39,487 patients documented in University of Benin Dental hospital general practice register revealed infection, (47.20%) as the most dominant normative oral health need. Followed by caries (21.75%) and periodontal disease (18.75%). A public oral health policy directed to these normative needs is recommended.

Key words: Normative, oral, health, needs, dental, hospital

INTRODUCTION

Oral health demands are expressed by patients as presenting complaints. These demands are ultimately reappraised clinically by the health care providers to establish normative needs. Normative need as part of Bradshaw taxonomy of needs represents needs that are professionally defined, with knowledge base through a desirable standard (Bradshaw, 1985). In health care need has a variety of meanings which may change over time. (Grossman, 2006) In the health sector the commonly used methods of assessing need for treatment is based solely on clinical criteria. However wider health need interpretation is required for a holistic health care outcome. (Thorsell *et al.*, 2006); though there is no illusion on a consensus on joint meaning of need in the health sector (Culyer, 1998). Health need exists when patient’s functioning falls below some minimum specified level and there is a remediable cause taking effectiveness of care process and intervention into consideration (Brewin *et al.*, 1987). This intervention produce a benefit at reasonable risk and acceptable cost (Buchan *et al.*, 1990), through a particular agency or authority. Sherumpong *et al.* (2006) assessing orthodontic need in Thailand opined that clinical assessment requires more integrated normative assessment. Similar oral health needs assessment had been done in London (Oliverira and Sheigam, 2003), Uganda (Nalweyiso *et al.*, 2004) and Bangladesh (Pearson *et al.*, 2001). The objective of this study therefore is to examine patients’ normative oral health needs in this setting.

MATERIALS AND METHODS

The study setting is the University of Benin Dental Hospital in Oredo Local Government Area of Edo State Nigeria with a clinical facility of four functioning departments. A non-confidential retrospective cumulative data from 39,487 patients documented in University of Benin dental hospital general practice register for ten year (1992-2002) was studied. The expressed need was taken as the patient compliant, while the normative need was taken as the actual treatment given. The presenting complaints for this study were those specific to unit of need.

RESULTS AND DISCUSSION

Patients’ expressed needs is a sine qua non for normative needs determination. Patient complaints is the expressed need, while the treatment rendered is the normative need. Bradshaw taxonomy of needs is an

acceptable standard for need assessment in policy formulation. 39,487 patients’ expressed needs as patient presenting complaint was a lead to normative need determination. Infection (21,948) 47.20% was the most dominant normative need. This Was followed by caries (10,114) 21.75% and periodontal disease (8,718) 18.75%. Other in decreasing order of preeminence were trauma (2,239) 4.82%. Developmental problems (1292) 2.78%. Tumours (910) 1.96%. Prosthetic (746) 1.60%. Table 1, Fig. 1 and 2. This brings the total normative need to 46,497. This is in tanderm with Steven and Gabbay’s (1991) views that individual normative needs usually exceed their expressed needs. Normative need assessment is a policy guide. Many Nigerians lack access to basic oral healthcare services. Over the past decades, little efforts have been made to address these normative oral health concerns; because of lack of comprehensive definition and determination of normative oral health need that will guide policy decision-making. This will assist in developing a blue print for decision-making for national oral health plan that will be all embracing. This will facilitate collaborations among individuals, healthcare providers, communities and policy makers at all levels of the society. We therefore conclude that a change in oral health need perception can come by change in public perception, change in policy maker’s perception and change in general health approach.

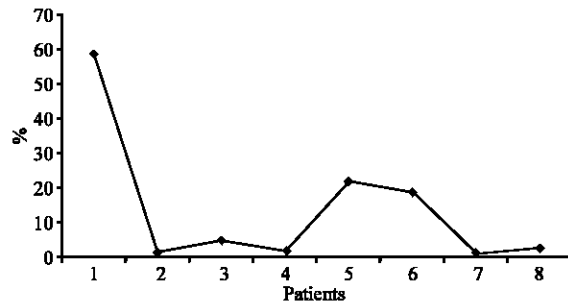


Fig. 1: Graph of percentage patients’ normative needs, UBTH

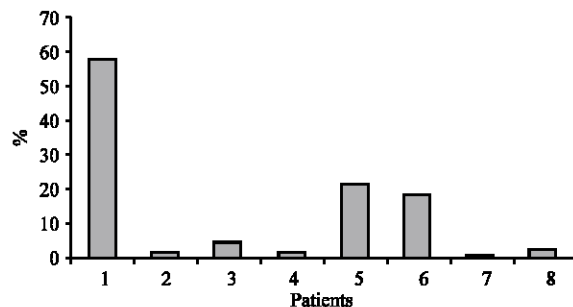


Fig. 2: Bar chart of percentage patients’ normative need, UBTH

Table 1: Patients' normative needs, UBTH

Needs	Types	Number of patient	%
Infection	Pulpitis (5,206), apical periodontitis (5826), dento-alveolar abscess (3138), submandibular cellulites (1347), sublingual cellulites (1026), submental cellulites (862), ludwig's angina (48), acute ulcerative gingivitis (1214), osteomyelitis (952), localized osteitis (902), viral infection (812) and fungal infections (604), HIV (11).	HIV = 11 + 21937 = 21948	47.20
Prosthetic (Dentures)	Partial dentures (462), full upper and full lower dentures (82). ACrylic crowns (202).	746	1.60
Trauma	Fractures (852), soft tissue laceration (982), avulsion (164) and tooth fracture (241).	2,239	4.82
Tumours	Odontogenic (560) and non-odontogenic tumours (350)	910	1.96
Caries	Caries	10,114	21.75
Periodontal	Periodontal disease	8,718	18.75
TMJ	Temporomandibular joint problems	530	1.14
Developmental problems	Clefts (720) and orthodontic problems (572)	1292	2.78
Total		46,497	100.00

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