

Prevalence of Tobacco Habits in Dental Outpatients

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ABSTRACT

Background: Tobacco usage in any form has devastating effects on the health of the person including oral and pharyngeal cancer, which is one of the major causes of death.

Aim: This study aims to evaluate the prevalence of tobacco consumption in various forms among dental outpatients.

Materials and methods: Patients reporting to the outpatient department of the College of Dental Sciences, Davangere, Bengaluru, India, were evaluated for the presence or absence of habit. Habit history was recorded using standardized proforma from every patient, and the obtained data was assessed in relation to age, gender, duration of habit, and frequency of tobacco consumption.

Results: Among the 507 study participants, habits were present in 115 (22.68%), among which 101 (87.82%) were males and 14 (12.17%) were females. Among males, raw tobacco chewing and gutkha chewing had equal prevalence [25 (21.73%)] followed by cigarette smoking [23 (20%)]. In females, tobacco chewing [10 (8.69%)] was the most common habit and none of them smoked tobacco. Habits were more prevalent between the age group of 16 and 30 years. The results were found to be highly significant on applying chi-square test.

Conclusion: Higher prevalence of tobacco usage among the study population as compared with other studies needs to be addressed and counseled.

Keywords: Prevalence, Smoking, Tobacco chewing.

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INTRODUCTION

Tobacco consumption has turned to be a fashion statement than just being a habit. Tobacco habits are prevalent not only in males but also in females.¹ It contains 20,00,000 chemicals including 4,000 known carcinogens, which can lead to precancer or cancer.¹ In various parts of India, people practice deleterious tobacco habits in different forms.² Tobacco used in any form has devastating effects on the health of the person including oral and pharyngeal cancer, which is one of the major preventable causes of death.³

AIM

The study aimed to evaluate the prevalence of tobacco consumption in various forms among the dental patients reporting to the outpatient department (OPD) of the College of Dental Sciences, Davangere, Bengaluru, India.

MATERIALS AND METHODS

Totally 507 patients reporting to the OPD of College of Dental Sciences, Davangere, Bengaluru, India, from February 2014 to May 2014 formed the study sample. Habit history was recorded using standardized proforma from every patient. Patients were categorized into appropriate age groups with 15 years interval. The prevalence of habit was assessed in relation to age, gender, duration of habit, and frequency of tobacco consumption.

RESULTS

Out of 507 patients examined, 115 (22.68%) consumed tobacco in some form, whereas 392 (77.31%) persons did not have any habits (Graph 1).

When the prevalence of habit was compared in relation to age, it was found that tobacco consumption was more prevalent in the age group of 16 to 30 years, i.e., 37 (7.29%) followed by age group 31 to 45 years [28 (5.52%)]. When compared with the gender of patients, tobacco habit was more prevalent in males [101 (19.92%)] (Graph 2).

When the type of habit was compared with age (Graph 3), chewing form of tobacco was found to be more

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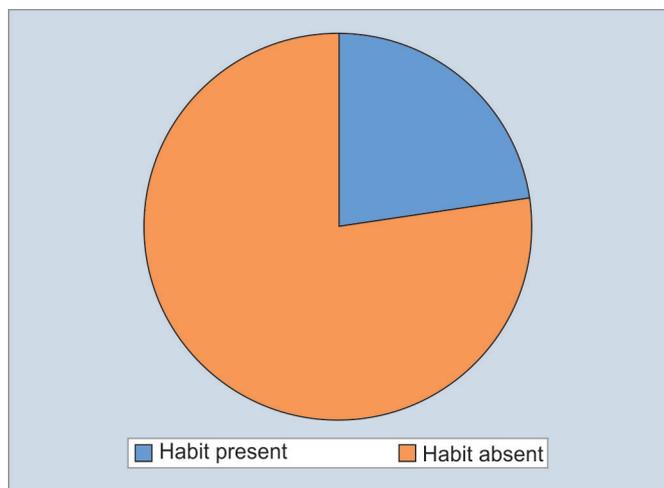
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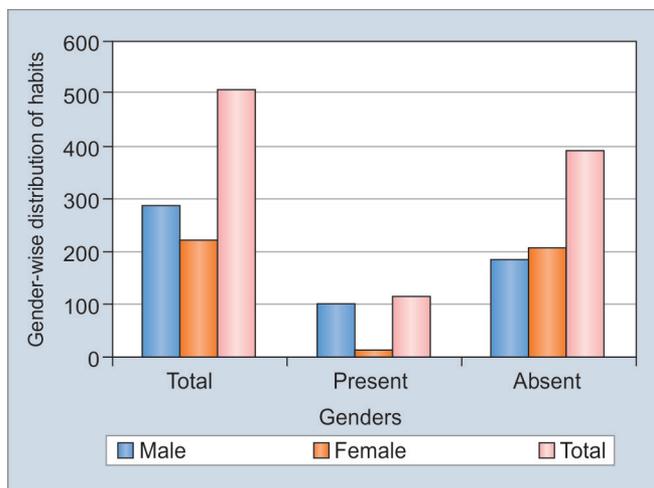
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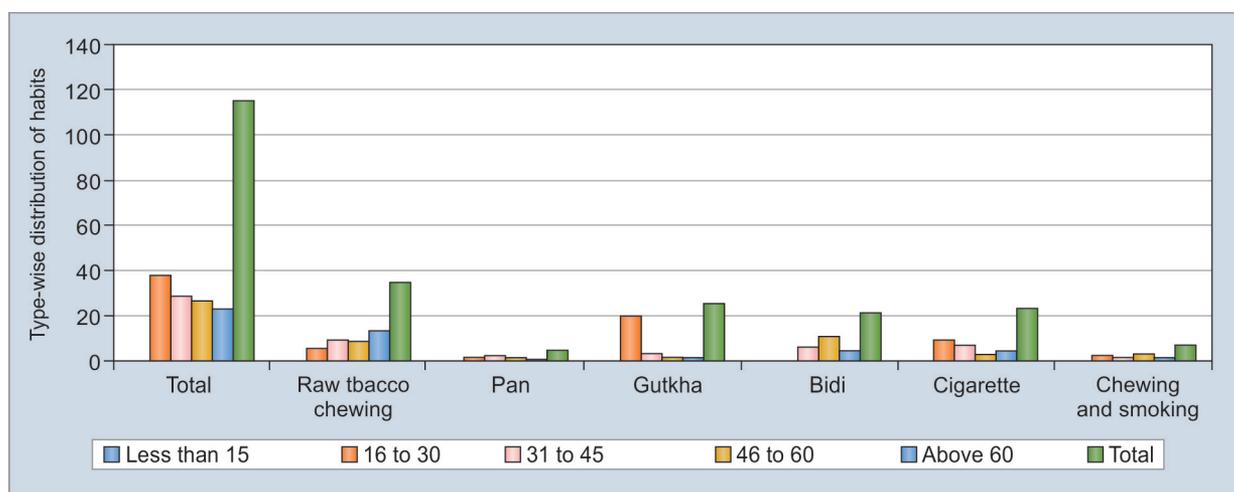
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Graph 1: Prevalence of habit



Graph 2: Prevalence of habit in relation to gender



Graph 3: Type of habit in relation to age

prevalent than smoking tobacco. Raw tobacco chewing [35 (30.43%)] was most prevalent in the age group above 60 years [13 (11.30%)], followed by the age group of 16 to 30 years [9 (7.82%)]. Gutkha chewing [25 (21.39%)] was second in order of prevalence, which was most common in the age group of 16 to 30 years, followed by cigarette smoking [23 (20%)], which was found to be more prevalent in age group of 16 to 30 years [9 (7.82%)], and bidi smoking [21 (18.26%)] was prevalent in the age group of 46 to 60 years, with 11 (9.56%) patients.

Males were found to have a habit of raw tobacco chewing [25 (21.73%)] and gutkha chewing [25 (21.73%)] in equal proportion. The habit of gutkha chewing, bidi and cigarette smoking was absent in females, while raw tobacco chewing was found to be the most prevalent habit in females [10 (8.69%)]; 7 (6.08%) males had both chewing and smoking tobacco habits.

When duration of habit was compared with age, 50 (43.47%) patients had habit for more than 10 years and this was most prevalent in the age group 46 to 60 years

[20 (17.3%)], and 42 (36.52%) patients had habit for less than 5 years, which was more prevalent in the age group of 16 to 30 years [24 (20.83%)].

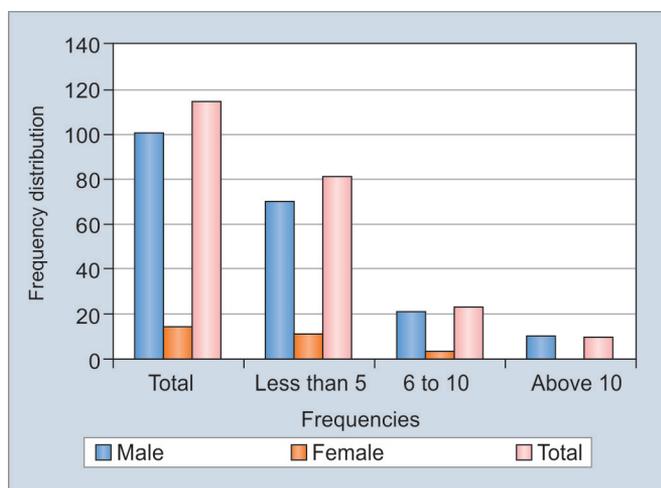
When the duration of the habit was compared in relation to gender, most of the males [44 (38.26%)] and 6 (5.21%) females had habit for more than 10 years.

When the frequency of habit was compared with age, most of them practiced the habit for less than five times a day [81 (70.43%)], with high prevalence in the age group of 16 to 30 years [33 (28.69%)].

When the frequency of habit was compared with gender (Graph 4), interestingly, a maximum number of 70 (60.86%) males and 11 (9.56%) females used to practice habit for less than five times a day.

DISCUSSION

The study aimed to check the prevalence of tobacco habit among the dental outpatients in relation to age, gender, duration, and frequency of the habit. Out of 507 subjects examined, habit was present in 115 (22.68%) patients



Graph 4: Frequency of habit in relation to gender

and absent in 392 (77.31%) patients, which was more as compared with the results of Kasat et al⁴ (16.4%).

In our study, habit was more prevalent in males [101 (87.82%)] than in females [14 (12.17%)], which was statistically significant. Tobacco being considered as a stress reliever among the population, males doing more physically strenuous work, increased chances of exposure and peer pressure among the young males,⁵ and social restriction in females in a local population can support these findings.

The use of chewing form of tobacco [64 (55.65%)] was significantly higher than smoking form [44 (38.26%)], which was in contrast to the results of Muttappallymyalil et al,⁶ who found more of tobacco smokers. The contrast in the findings can be attributed to the geographic location and the climatic conditions where the studies have been carried out.

Among smokeless tobacco users, raw tobacco chewing [35 (30.43%)] was more prevalent, followed by gutkha chewing [25 (21.39%)]. In smoking form, cigarette smoking [23 (20%)] was more prevalent followed by bidi smoking [21 (18.26%)]. This finding was statistically significant but was contradictory to the findings of Patna and Gupta⁷ wherein bidi smoking was more common than cigarette smoking.

Totally 50 (43.47%) patients had habit for more than 10 years, and most of them were under the age group of

46 to 60 years followed by the age group above 60 years. There was a positive correlation of duration of habit with increasing age, which could be related to the addictive nature of nicotine and also to the lack of motivation to quit the habit.

It was found that young individuals practiced habit for less number of times than older individuals, which might be attributed to the tolerance developed to doses, with time requiring higher doses to develop the same effect in older individuals.

CONCLUSION

The present study revealed a higher prevalence of tobacco usage in and around Davangere, indicating the rampant nature of the spread of habit in recent years, emphasizing the need for renovating and aggravating the antitobacco campaigns.

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