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**Effects of perceived dental neglect on oral health and oral health related quality of life in
15 to19 year old adolescents attending public schools in Gampaha District**

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Self-care is a necessary human regulatory function which is solely under individual control and it is purposeful and self-initiated. During the transition from the childhood to adolescence, complex and important health care needs will arise, hence it is the critical time period during which the adolescents initiate risk behaviours, if there is no intervention. Dental neglect among adolescents can be explained mainly as failure to fulfil the known knowledge of oral health care for proper maintenance of the oral cavity. Hence it is vital and viable to measure dental neglect among adolescents to assess the effects of dental neglect on oral health. The objective of this study was to assess the effects of perceived dental neglect on oral health and oral health related quality of life among 15 -19 year old adolescents attending public schools in the Gampaha District. A school based descriptive cross sectional study was conducted to assess the Perceived Dental Neglect (PDN), oral health status and Oral Health Related Quality of Life (OHRQoL) among 1332 study participants. Perceived dental neglect and OHRQoL were assessed using the validated PDN and Oral Impact on Daily Performance scales (OIDP modified). The 18 item PDN scale and the 12 item OIDP modified scale used scoring methods based on five point and six point Likert scales, respectively. A significant difference ($p < 0.05$) was observed in number of decayed and missing teeth between low, medium and high PDN groups. A significant difference ($p < 0.01$) was observed in the Calculus Index between low, medium and high PDN groups. Moreover a significant positive correlation was observed between the number of decayed teeth and the PDN score. Significant association could not be obtained between PDN and OHRQoL. The Dental Neglect Scale appears to be a sound method for objectifying dental neglect. It has a significant effect on dental caries and oral hygiene. Having identified the high risk group for dental neglect by using the valid and reliable PDN scale, interventions could be implemented in order to achieve primary prevention. Even though PDN has no significant effects on OHRQoL, having identified the high oral impact group for daily performance by the valid and reliable OIDP-modified scale, interventions could be implemented to achieve secondary and tertiary prevention, by offering needed dental treatment to the affected participants.

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