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Stajalište studenata Sveučilišta u Zagrebu o oralnom zdravlju: pilot studija

Attitude towards Oral Health at Various Colleges of the University of Zagreb: A Pilot Study

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Sažetak

Svrha rada: Željeli smo procijeniti razlike u stajalištima o oralnom zdravlju, pa smo zato promatrali tri različite grupe studenata Sveučilišta u Zagrebu: studente Stomatološkog fakulteta, studente društvenih znanosti i studente tehničkih znanosti. **Ispitanici i postupci:** U istraživanju je sudjelovalo 58 ispitanika u dobi od 20 do 28 godina i svi su bili studenti Sveučilišta u Zagrebu. Odgovorili su na tri pitanja: koliko često peru zube, koliko često idu stomatologu i koliko ima je važno oralno zdravlje. Nakon toga je svima uzet status te iz njega izračunat KEP-indeks, a dobili su i indikator plaka Mira-2-Ton® (Hager Werken, Dursburg, Njemačka) koji su otopili u ustima. Nakon toga izračunat im je indeks plaka. Za statističku analizu korišten je test ANOVA. **Rezultati:** Studenti stomatologije imali su manje plaka od kolega s društvenih i tehničkih fakulteta, a razlika je bila statistički značajna ($p = 0,0018$; $f = 7,14$). Iako su studenti stomatologije imali i nešto niže vrijednosti KEP-indeksa, razlika nije bila statistički značajna. Da zube peru dva puta na dan, odgovorilo je 83 posto ispitanika, a jedino su studenti Stomatološkog fakulteta (njih 21 %) zaokružili odgovor više od tri puta dnevno. Iz odgovara na postavljena pitanja zaključeno je da je percepcija oralnoga zdravlja na visokoj razini, no percepcija oralnih bolesti znatno je lošija. Jasno je da na odgovore ispitanika uvelike djeluje čimbenik tzv. društvene prihvatljivosti odgovora. **Zaključak:** Na primjeru studenata stomatologije vidi se da se educiranjem o pravilnoj njezi i o važnosti oralne higijene mogu poboljšati navike.

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Ključne riječi

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Uvod

Karijes i parodontne bolesti ubrajaju se u najčešće bolesti suvremenog društva (1,2). Prema podatcima Svjetske zdravstvene organizacije (SZO), od 60 do 90 posto djece školske dobi i gotovo 100 posto odraslih ima karijes (2). Parodontitis, uz karijes, jedan je od najvažnijih uzroka za gubitak zuba i, epidemiološki gledano, u cijelom se svijetu smatra javnozdravstvenim problemom (3). Oko 30 posto svjetske populacije u dobi od 65 do 74 godine uopće nema svoje prirodne zube (2). Parodontitis utječe i na opće zdravlje te se povezuje s kardiovaskularnim bolestima, moždanim udarom, dijabetesom, preuranim rođenjem djece s niskom porođajnom težinom i aspiracijskom pneumonijom (4-6). Budući da se više od 90 posto svih bolesti usne šupljine može spriječiti, prevencija je u stomatologiji važna, posebice sa stajališta javnozdravstvene perspektive (7). Ulaganje u prevenciju i razvoj suvremenih kliničkih postupaka temeljenima na znanstvenim spoznajama, nove su smjernice u razvoju moderne stomatologije (7,8).

Istraživanja pokazuju da u razvijenim državama opada učestalost karijesa kod djece i adolescenata, no u zemljama u

Introduction

Caries and periodontal diseases are among the most common diseases of modern society (1, 2). According to the WHO data, 60-90% of schoolchildren and almost 100% of the adult population suffers from caries (2). Apart from caries, periodontitis is one of the most important causes of tooth loss and epidemiologically speaking, it is a public health problem worldwide (3). About 30% of world population aged between 65 and 74 do not have any natural teeth (2). Periodontitis also affects general health and is related to cardiovascular diseases, stroke, diabetes, premature childbirth and low birth weight as well as aspiration pneumonia (4, 5, 6). Since over 90% of oral diseases can be prevented, prophylaxis plays an important role in dental medicine, particularly from a public health perspective (7). The development of modern dentistry is based on investments in prevention and development of modern clinical procedures based on scientific concepts (7, 8).

Results of research show that caries incidence in children and adolescents in developed countries is decreasing while

razvoju vrlo je čest (9). U Hrvatskoj nije dovoljno razvijena svijest o važnosti oralnog zdravlja i njegova utjecaja na opće zdravlje pojedinca, pa je prema tom mjerilu naša zemlja među najnerazvijenijim europskim državama (9, 10, 11). To potvrđuje i činjenica da Hrvati na godinu troše 3,5 zubnih pasti i 0,6 četkica (12). Prema podacima Svjetske zdravstvene organizacije (SZO), 49 posto svjetske populacije ima vrijednost KEP-indeksa 3 (zbroj karioznih i izvađenih zuba te zuba s ispunima), a u većini zemalja Europske unije ta se vrijednost kreće između 0,5 i 1,5 (9). Prema istom izvoru procjenjuje se da je vrijednost KEP-indeksa u Hrvatskoj oko 3,5. Učestalost karijesa u izravnoj je vezi sa stupnjem gospodarskog i socijalnog razvoja društva (1,2). Na području grada Zagreba obavljeno je istraživanje koje je pokazalo da 4,1 posto ispitanika ima juvenilni i rapidno progresivni parodontitis, a čak 82 posto gingivitis (13).

Oralni status pojedine osobe ovisi o navikama i održavanju oralne higijene, načinu života, ekonomskom statusu i učestalosti posjeta stomatologu (14). Djeca i adolescenti u većoj su opasnosti od nastanka karijesa, a etiološki čimbenici povezani su s načinom života te povećanim ukupnim i frekventnim unosom ugljikohidrata, slastica i slatkih napitaka (7). Ako se zubi ne četkaju dovoljno dugo, na njima se stvara i zadržava biofilm koji je glavni uzrok karijesa i parodontnih bolesti (15, 16). Budući da se karijes i parodontne bolesti mogu nadzirati ako se prihvate pravilne oralne navike, smatramo ih bolešću ponašanja (17). No, rezultati istraživanja pokazuju da su mladi ljudi u Hrvatskoj nedovoljno educirani o prevenciji i ne shvaćaju vezu između vlastita ponašanja i rizika koje ono donosi (14). Razina zdravstvene svijesti ovisi o uspješnosti komunikacije između pacijenta i zdravstvenog djelatnika pri prenošenju informacija bitnih za održavanje ili postizanje zdravlja. Zabrinjava podatak da i do 50 posto pacijenata ne razumije što im liječnik govori (8). Studenti stomatologije naučili su tijekom studija mnogo o oralnom zdravlju, liječenju oralnih bolesti, prevenciji i kontroli pa zato imaju i bolju percepciju o oralnom zdravlju, što na kraju rezultira boljim oralnim statusom (18,19). U Hrvatskoj je 1991. godine KEP-indeks iznosio 2,6, a 1999. godine 3,5 (20). Ovaj porast nastao je najvjerojatnije kao posljedica reforme primarne zdravstvene zaštite u kojoj se izgubila sustavna preventivna stomatološka zaštita djece i mladeži u vrtićima i školama, a nije ustrojen novi sustav (20).

Svrha rada bila je istražiti stajališta studenata stomatologije i studenata tehničkih i društvenih znanosti o oralnom zdravlju te usporediti oralne statuse i rezultate mjerenja indeksa plaka u trima skupinama ispitanika.

Ispitanici i postupci

Ovo istraživanje provedeno je u Zavodu za endodonciju i restaurativnu stomatologiju Stomatološkog fakulteta u Zagrebu. Provedbu je odobrilo fakultetsko Etičko povjerenstvo. Nakon što su pacijenti pristali i potpisali informirani upitnik o suglasnosti da se njihovi podatci koriste u znanstvene svrhe, pristupilo se istraživanju.

U istraživanju je sudjelovalo 58 ispitanika u dobi od 20 do 28 godina i svi su bili studenti Sveučilišta u Zagre-

in developing countries it is very high (9). In Croatia, the awareness about the importance of oral health and its effects on general health is lacking, which ranks Croatia along with the least developed European countries (9,10,11). This is supported by the fact that Croatians use 3.5 toothpastes and 0.6 toothbrushes during the year (12). According to the WHO data, 49% of the world population have DMFT index value of 3 (the sum of carious, extracted and filled teeth) whereas in most EU countries the value ranges from 0.5 and 1.5 (9). According to the same source, the DMFT value in Croatia is assessed to be around 3.5. The caries incidence is directly related to the economic and social development of society (1, 2). The results of research done in the Zagreb area show that 4.1% of subjects have juvenile and progressive periodontitis and as many as 82% have gingivitis (13).

The oral status of an individual depends on their oral hygiene habits, way of life, economic status and frequency of visits to the dentist (14). Children and adolescents have a higher risk for caries and the etiological factors are related to lifestyle, increase total and frequent intake of carbohydrates, sweets and sweetened beverages (7). If the teeth are inadequately brushed, a biofilm forms on them and it is the main cause of caries and periodontal diseases (15,16). Since caries and periodontal diseases can be controlled if the appropriate oral habits are adopted, they are considered behavioural diseases (17). However, the results of research show that young people in Croatia are insufficiently educated on prevention and do not recognize the link between their own behaviour and the risks it carries (14). The level of health awareness depends on the successful communication between the patient and the health professional that is, sharing of information relevant for maintaining good health. The fact that up to 50% of patients do not understand what the doctor is telling them is alarming (8). During their studies, dental students acquired knowledge on oral health, treatment of oral diseases, prevention and control and also improved their perception of oral health, resulting in their better oral status (18,19). In 1991, the DMFT index in Croatia amounted to 2.6 and in 1999 it was 3.5 (20). This increase in the DMFT index was probably the result of primary healthcare reform in which the systematic dental prevention in kindergarten and school children was lost and a new system has not been established (20).

The aim of the study was to examine the attitudes of dental students and students of technical sciences and humanities towards oral health and to compare their oral statuses as well as the results of plaque indices in three groups of subjects.

Subjects and methods

This research was carried out at the Department of Endodontics and Restorative Dentistry at the School of Dental Medicine, University of Zagreb. The Ethics Committee of the School of Dental Medicine in Zagreb approved the research. After the patients had given their informed consent to use their data for scientific purposes, the research started.

The study comprised 58 subjects aged between 20 and 28, all of them undergraduate students at the University of

bu. Podijeljeni su u tri grupe prema fakultetu na kojem studiraju:

1. stomatologija
2. tehničke znanosti
3. društvene znanosti

U prvoj skupini bio je 21 ispitanik, u drugoj 17, a u trećoj 20.

Svi su ispunili upitnik u kojem su odgovorili na tri pitanja:

1. Koliko često peru zube
2. Koliko često posjećuju stomatologa
3. Koliko im je važno oralno zdravlje

Za intraoralni pregled korišteni su sonda (PCP-11, Hu-Friedy, Chicago, Illinois, SAD) i stomatološko zrcalo (Roeko, Langenau, Njemačka), uz standardno stomatološko svjetlo (20 000 luxa). Oralnim pregledom utvrđen je broj zuba te broj ispuna i karijesa, a poslije je na temelju tih podataka izračunat KEP-indeks (zbroy karioznih i ekstrahiranih zuba i zuba s ispunom, eng. DMFT – decayed, filled, and missing teeth). U obzir nisu uzeti zubi izvađeni zbog ortodontskih anomalija, trauma ili kongenitalnih anomalija.

Ispitanici su dobili tabletu za obojenje plaka Mira-2-Ton® (Hager Werken, Dursburg, Njemačka) koju su otopili u ustima pa je nakon toga zabilježen indeks plaka (Plaque Control Record) prema metodi koju je razvio O'Leary sa suradnicima (15). Svaki zub podijeljen je na četiri plohe na kojima se gledalo jesu li obloženi plakom.

Statistička analiza

Dobiveni podatci uneseni su u bazu podataka StatgraphicsCenturion 16.0 i statistički obrađeni testom ANOVA.

Rezultati

Da zube pere dva do tri puta na dan, odgovorilo je 83 posto ispitanika, a 17 posto odgovorilo je više od tri puta dnevno i to svi studenti Stomatološkog fakulteta (slika 1.).

Kad je riječ o učestalosti odlaska stomatologu, 28 posto ispitanika odgovorilo je da to čini svakih šest mjeseci – većinom studenti stomatologije i samo troje s drugih studija – a najčešći je odgovor bio *prema potrebi* (slika 2.). Stajalište ispitanika o oralnom zdravlju nalazi se na slici 3.

U statističku obradu uvršteni su podatci dobiveni računanjem KEP-indeksa i indeksa plaka. Na slikama 1. i 2. grafički su prikazani boxplot-dijagrami rezultata istraživanja.

Nije bilo statistički značajne razlike u vrijednostima mjerenja dobivenih uspoređivanjem KEP-indeksa između triju grupa ispitanika ($p=0,1004$; $f=2,4$).

Uspoređujući vrijednosti indeksa plaka dobivena je statistički značajna razlika među grupama ($p=0,0018$; $f=7,14$).

Rasprava

Rezultati su opovrgnuli nultu hipotezu i pokazali da postoji razlika između studenata stomatologije i studenata drugih fakulteta. Studenti stomatologije koji su sudjelovali u

Zagreb. They were divided into 3 groups according to the college they attend:

1. Dental Medicine
2. Technical Sciences
3. Humanities

The first group consisted of 21 subjects; the second one consisted of 17 subjects and the third one of 20 subjects.

The subjects filled in a questionnaire which consisted of the following three questions:

1. How often do you brush your teeth?
2. How often do you visit the dentist?
3. How important is oral health to you?

A probe (PCP-11, Hu-Friedy, Chicago, Illinois, USA) and a dental mirror (Roeko, Langenau, Germany) were used for the intraoral examination with a standard dental light (20 000 lux). The number of teeth, fillings and caries was determined by the oral examination. Subsequently, the DMFT index which stands for the sum of decayed, filled, and missing teeth was calculated based on these data. Teeth extracted due to orthodontic anomalies, dental trauma or congenital anomalies were not included in the count.

The subjects were given a plaque disclosing tablet Mira-2-Ton® (Hager Werken, Duisburg, Germany) which they melted in their mouth and then the plaque index was recorded (Plaque Control Record) according to the method by O'Leary et al. (15). Each tooth was divided into four surfaces which were then checked for plaque.

Statistical analysis

The obtained data were entered into the StatgraphicsCenturion 16.0 database and statistically analysed by the ANOVA test.

Results

83% of subjects stated that they brush their teeth 2-3 times a day, and 17% of them stated that they brush more than 3 times a day and all of them were students of Dental Medicine (Figure 1).

With respect to the frequency of visiting the dentist, 28% of subjects stated that they visit every 6 months; most of them students of dental medicine, and only 3 of them were from other colleges. Yet, the most common answer was 'as needed' (Figure 2). The subjects' attitudes towards oral health are shown in Figure 3.

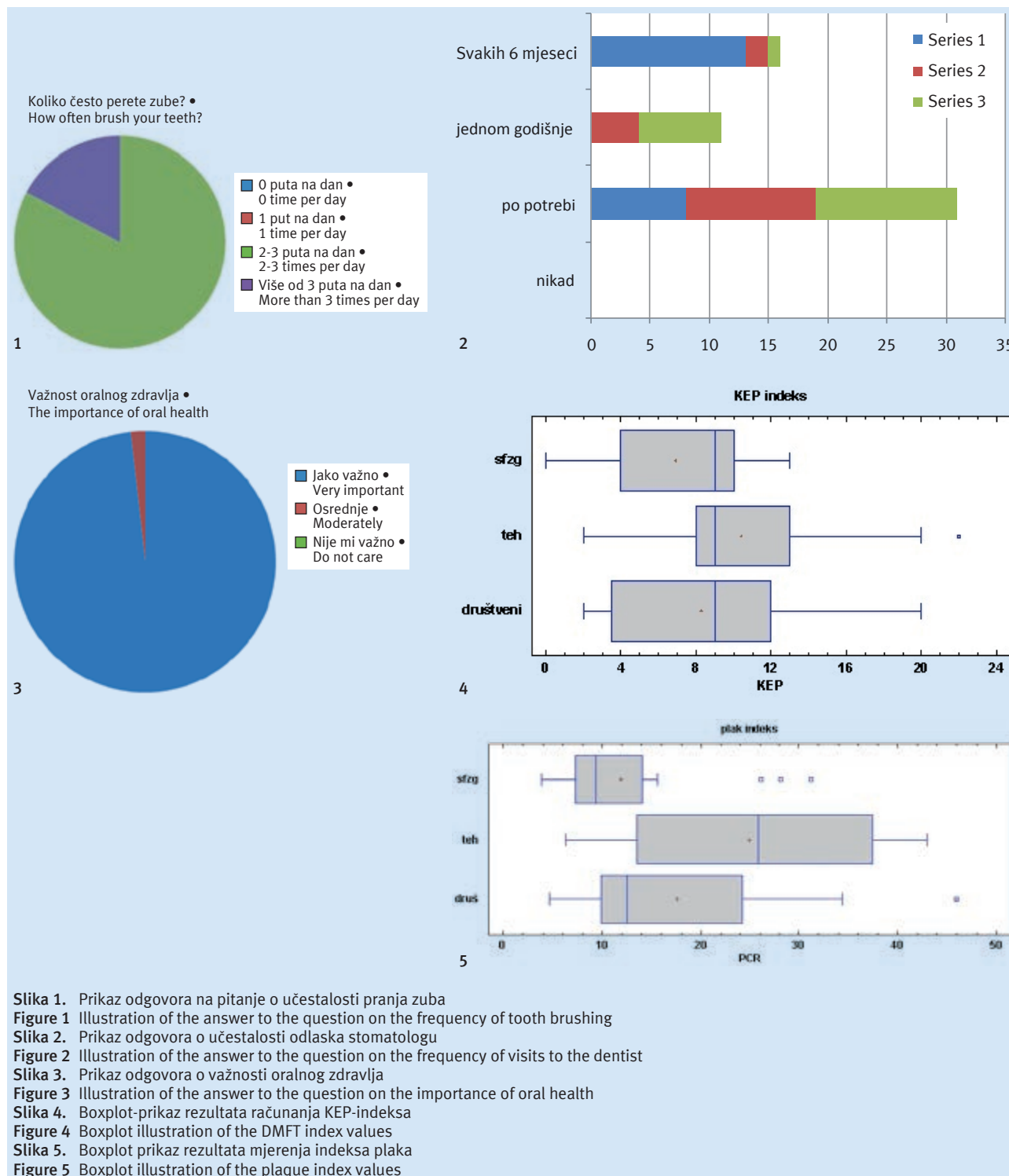
Data obtained by calculating the DMFT index and the plaque index were used in the statistical analysis. Figures 1 and 2 show the boxplot graphs of the research results.

There were no statistically significant differences between the values obtained by comparing the DMFT index in the three groups of subjects ($p=0,1004$; $f=2,4$).

A statistically significant difference was found between the plaque index values in the groups ($p=0,0018$; $f=7,14$).

Discussion

The results refuted the null hypothesis by showing that there is a difference between dental students and students from other colleges. Dental students who participated in the



istraživanju bili su na petoj i šestoj godini te su tijekom studiranja usvojili znanja o oralnom zdravlju, liječenju oralnih bolesti, prevenciji i kontroli, što je modificiralo njihov odnos prema oralnom zdravlju te na kraju rezultiralo boljim oralnim statusom i manjim indeksom plaka (18,19). Zato ne čudi da je 48 posto studenata stomatologije izjavilo da zube peru više od tri puta na dan, a u ostalima ni jedan ispitanik nije zaokružio taj odgovor, odnosno najviše ih je zaokružilo dva do tri puta na dan.

research were all students of the 5th and the 6th year which means that they have already acquired knowledge on oral health, treatment of oral diseases, prevention and control thus modifying their attitude towards oral health, resulting in a better oral status and lower plaque index value (18,19). It is therefore unsurprising that 48% of dental students stated that they brushed their teeth more than three times a day whereas in other groups there were no subjects who chose this answer, that is, most of them chose the '2-3 times a day' option.

Osim znanja studenata stomatologije o oralnoj higijeni, njima su dostupnije stomatološke usluge jer su mnogima i roditelji stomatolozi (18), a i studenti su često na vježbama jedni drugima pacijenti.

Budući da je 98 posto ispitanika izjavilo da im je oralno zdravlje jako važno, možemo zaključiti da je percepcija o oralnom zdravlju na visokoj razini, no percepcija oralnih bolesti znatno je lošija, što se vidi po visokim stopama KEP-indeksa i rjeđim odlascima stomatologu. To se slaže s podacima Pellizzera i suradnika prema kojima 98 posto mladih misli da zube treba prati, ali 40 posto odlazi stomatologu zbog zubobolje, a ne na redovite preglede (14). Važnost redovitih kontrola svakih šest mjeseci shvaćaju studenti stomatologije (61,9 %), a u druge dvije skupine tek je troje ispitanika zaokružilo taj odgovor.

Velik postotak ispitanika koji peru zube dva puta na dan dobiven je i u ispitivanju u Sarajevu – čak 79,5 posto (21). Jasno je da na odgovore ispitanika znatno utječe čimbenik tzv. društvene prihvatljivosti odgovora (22). Tako da ispitanici koji izjavljuju kako zube treba prati dva puta na dan zapravo prikrivaju činjenicu da ih peru jedanput ili rjeđe, a odgovor o pravom broju pranja zuba gotovo je nemoguće dobiti (22). Društveno najprihvatljiviji odgovor na pitanje o učestalosti pranja zuba jest dva do tri puta na dan (23). Više od 50 posto sudionika svjesno je da zube treba prati tri i više puta, ali to ne čine (21).

U svim trima skupinama KEP-indeks viši je od standarda za razvijene europske zemlje. Istraživanje u Finskoj (24), također na studentima, pokazalo je da čak 28 posto ima KEP 0, a u ovom istraživanju tek je četvero studenata (7 %) imalo toliki KEP, i to svi sa Stomatološkog fakulteta. U mnogim europskim zemljama poboljšava se oralno zdravlje i KEP-indeks manji je u odnosu na vrijednosti prije desetak godina (2,24), no u Hrvatskoj to nije slučaj. Prema podacima za našu zemlju iz 1968. godine, 12-godišnjaci su imali KEP-indeks 7 i godinama je opadao da bi 1999. njegova vrijednost iznosila 3,5 (11). Novija istraživanja pokazuju da je KEP-indeks u Hrvatskoj u porastu (10), a takav je rezultat dobiven i u ovom istraživanju. Nezaposlenost, inflacija, nedovoljni obiteljski prihodi i privatizacija dentalne prakse rezultiraju vlastitim organiziranjem korištenja oralno-zdravstvenih usluga, a prve žrtve takvog stanja uglavnom su djeca (25).

Uspoređujući grupe studenata tehničkih i društvenih znanosti, razlike nisu velike - manji KEP i manji indeks plaka imaju studenti društvenih znanosti, ali to se može pripisati tomu što je u drugoj skupini (tehničke znanosti) bilo više muškaraca (77 %), a u trećoj skupini (društvene znanosti) prevladavale su žene (60 %). Istraživanja u kojima se procjenjivala povezanost između spola i KEP-a nisu pokazala statistički veću povezanost, ali između spola i plaka bila je statistički znatna razlika (26). Suprotno tomu, Bego i suradnici istaknuli su veći KEP-indeks kod žena u Hrvatskoj, negoli kod muškaraca (10).

Apart from knowledge on oral hygiene which dental students have, the availability of dental care plays an important role because many of the dental students' parents are dentists themselves (18) and the students get to be the patients during practicals.

Since 98% of subjects stated that oral health is very important to them, we can conclude that the perception of oral health is on a high level. However, the perception of oral diseases is on a significantly lower level, which is reflected in the high values of DMFT index and less frequent visits to the dentist. This is consistent with the results obtained by Pellizzer et al. according to whom 98% of young people think teeth should be brushed regularly but 40% of them only visit the dentist due to toothache and not for regular check-ups (14). Only students of dental medicine understand the importance of regular check-ups every 6 months (61.9% of them) whereas in the other two groups altogether only three subjects chose this answer.

A high percentage of subjects who brush their teeth twice a day was also obtained in Sarajevo, as many as 79.5% of them (21). It is clear that the subjects' answers are significantly affected by the so-called social approval factor (22). This factor causes the subjects to state that they brush their teeth twice a day when in fact they only brush once a day or less frequently and the actual frequency of tooth brushing is almost impossible to find out (22). The most socially acceptable answer to the question about the frequency of tooth brushing is 2-3 times a day (23). More than 50% of them are aware that teeth should be brushed 3 times a day or more, but they do not practice that (21).

In all three groups, the DMFT index is higher than the standard for developed European countries. A study in Finland (24), also carried out with students showed that as many as 28% have DMFT 0 whereas in our study only four students (7%) had DMFT 0, all of them students of dental medicine. Oral health is improving in many European countries with the DMFT index lower compared to ten years ago (2.24) but in Croatia this is not the case. According to the available data for Croatia from 1968, 12-year-olds had DMFT 7, which decreased over the years and in 1999 reached 3.5 (11). More recent studies show that the DMFT index is increasing in Croatia (10) and the same results were obtained in this study. Unemployment, inflation, low income and privatisation of the dental practice lead to individual management of oral health services and the main victims of such a situation are children (25).

The comparison between the groups of students of technical sciences and humanities did not reveal great differences. Students of humanities do have lower DMFT index and plaque index but this can be attributed to the fact that the other group (technical sciences) included more males (77%), whereas female students were predominant (60%) in the third group (humanities). Studies which evaluated the correlation between gender and the DMFT index did not reveal a statistically greater correlation but there was a statistically significant link between gender and plaque (26). Conversely, Bego et al., showed a higher DMFT index in women in Croatia compared to men (10).

Zaključak

Studenti stomatologije razvili su tijekom studiranja bolju percepciju oralnog zdravlja, što rezultira boljom oralnom higijenom. Također su imali manje plaka od studenata društvenih i tehničkih znanosti, a razlika je bila statistički značajna. Iako su studenti stomatologije imali i nešto niže vrijednosti KEP-indeksa, razlika nije bila statistički značajna i nužna su daljnja istraživanja. KEP-indeks je kod svih triju skupina bio viši nego što je u razvijenim europskim zemljama, ali i viši nego prije desetak godina u Hrvatskoj, što upućuje na nedovoljnu posvećenost prevenciji. Percepcija oralnog zdravlja na visokoj je razini, no percepcija oralnih bolesti je znatno lošija, što vidimo prema visokim stopama KEP-indeksa i rjeđim odlascima stomatologu. Budući da su studenti stomatologije proširivanjem znanja o oralnoj higijeni naučili i bolje brinuti se o njoj, to je moguće postići i boljim educiranjem pacijenata. Zato što je stajalište o važnosti oralnog zdravlja na visokoj razini, zbog ovakvih indikatora plaka prijeko je potrebno pacijentima reći na kojim površinama zuba ne provode odgovarajuću oralnu higijenu.

Zahvala

Ova je studija dobila nagradu Rektora Sveučilišta u Zagrebu za godinu 2013.

Conclusion

Students of dental medicine develop a better perception of oral health during their studies, which results in better oral hygiene. Students of dental medicine had less plaque than students of humanities and technical sciences and the difference was statistically significant. Although the dental students had somewhat lower DMFT index values, the difference was not statistically significant and therefore, further research is needed. In all three groups, the DMFT index was higher than in developed European countries. Also, it was higher than ten years ago in Croatia, which points to insufficient preventive measures. The perception of oral health is at a high level but the perception of oral diseases is at a significantly lower level, which is reflected in the high DMFT index values and less frequent visits to the dentist. Owing to the fact that dental students expanded their knowledge on oral hygiene and care, we believe the same could be achieved by better education of patients. Since the attitude toward oral health is positive, such plaque indicators are important as they show the patients which surfaces are inadequately cleaned.

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Abstract

Purpose: The aim of this study was to compare the oral status of three various groups of students: students of the School of Dental Medicine, students of technical sciences and students of humanities. **Material and methods:** Research included 58 students of the University of Zagreb. They answered 3 questions: how often they brush their teeth, how often they visit their dentist and how important dental health is to them. After a standard dental check-up we calculated the DMFT index. They were given an indicator for plaque Mira-2-Ton® (Hager Werken, Duisburg, Germany) and we calculated the plaque index. For statistical analysis the ANOVA test was used. **Results:** Students of the School of Dental Medicine had a lower plaque index than other students and this was statistically significant ($p=0.0018$; $f=7.14$). They also had a lower DMFT index, but it was not statistically significant ($p=0.1004$; $f=2.4$). 83% of students said that they brushed their teeth 2-3 times a day. Only 17% of all students brush their teeth more than 3 times a day and they are all students of the School of Dental Medicine (21% of them). Perception of oral health is on a high level, but perception of oral disease is not. The social approval of the answer was also an important factor. **Conclusion:** Students of the School of Dental Medicine are an illustrative example of improving our habits due to education.

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Key words

Oral Health; Caries; University of Zagreb

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