AO-21 Are older men who claim good oral health actually happier?

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[Objectives] To describe the prevalence of self-reported oral health in a population of older community dwelling Australian men and the relationship of Quality of Life, Oral Health Related Quality of Life and oral health function to the perception of good oral health.

[Methods] The population comprised men who participated in the 8 year follow-up of the 1,705 men aged ≥ 70 years at the commencement of the Concord Health and Ageing in Men Project (CHAMP) drawn from Sydney, Australia. Approximately 75% of the original population participated in the follow-up. Oral health data, which included estimates of self-reported oral health status (Poor, Fair, Good, Very Good, Excellent) and capacity to chew foods (texture from soft to hard) were collected at follow-up. Information was also collected using the Short Form Health Survey (SF-12) estimate of Quality of Life, and the Oral Health Impact Profile (OHIP-14) to measure oral health related quality of life. Oral Health Function was measured using two estimates: a 12-item pain/discomfort set of questions; and the capacity to chew foods.

[Findings] The main research questions will investigate the association between the dependent variable (self-reported rating of oral health) and the independent variables related to quality of life (two variables) and oral health function (two variables). It is hypothesised that oral health function will have a mediating impact on quality of life estimates which will then be associated with different levels of self-reported oral health perceptions.

[Conclusions] Analyses will explore the nature of the relationship between oral health function, perceived quality of life and oral health status to answer the question of whether the better the perception of oral health in older Australian men, the happier they are with their daily lives.

[Keywords] quality of life, gerodontics

AO-22 A randomized trial of smoking cessation interventions conducted by dentists

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[Objective] The Global Adult Tobacco Survey (GATS) 2011 reported that tobacco consumption is still a major public health problem in Malaysia. The objective of this study was to investigate the effectiveness of a smoking cessation intervention delivered by dentists using the 5A's model versus brief advice (BA).

[Methods] Six Dental Public Health specialists posted at 6 dental clinics located in the Selangor state was recruited and trained to participate in this randomised control trial. They were randomized equally into two intervention groups, the 5A's and the BA intervention. All dental clinics enrolled patients into this study for a minimum of six months. Patients were called for follow-ups at 4 weeks, 3 months and 6 months after their initial visit for quit smoking. The main outcome measures were self-reported point prevalence abstinence and a carbon monoxide smokerlyzer to validate abstinence at 6-months follow-up.

[Results] At baseline, most subjects were at the preparation stage of smoking cessation (5A's n=108, 42.7%; BA n= 145, 57.3%). There was an ascending positive change of smoking behaviour from 1-month to 6-months follow-up for 5A's, however at 6 months BA group falls slightly by 2.4%. A binary logistic regression analysis using subjects' abstinence at 6 months follow-up was carried out. The odds of quitters in 5A's intervention is 3.81 (95% CI: 1.871-7.76; p=0.00) times higher compared to BA. After adding demographic variables, the OR for the 5A's was 2.11 (95% CI: 0.917-4.889; p=0.08) higher compared to BA. Subsequently, smoking characteristics of the subjects were added to the analysis and the OR for the 5A's was 1.90 (95%CI: 0.652-5.547; p=0.24) higher compared to BA.

[Conclusion] The 5A’s model of smoking cessation intervention was found to be effective compared to BA in the dental setting. All smokers, regardless of motivation, should be offered assistance to quit.

[Keywords] dentists, smoking cessation, intervention, stage of change, tobacco, abstinence