What do parents know about dental trauma among school-age children? A pilot study


Key words: Dental trauma, questionnaire, parents, guidelines
Parole chiave: Traumi dentari, questionario, genitori, linee guida

Abstract

**Background.** The Ministry of Health published in November 2012 the “National guidelines for the prevention and clinical management of dental trauma in individuals during their developmental age”. The aim of this study is to verify the knowledge among parents of children of primary schools to plan corrective actions.

**Methods.** The study was carried out filling in an anonymous questionnaire distributed to parents enrolled in three primary schools.

**Results.** Despite the publication of the National guidelines, the survey results confirm parents’ lack of awareness, knowledge and skills in relation to dental trauma.

**Conclusions.** This survey will allow to plan a training on interventions aimed at the protection of oral health.

Introduction

A dental trauma can be defined the effect of an accidental event that involves the hard and the support structures of a tooth. The most common age at which a dental trauma can occur is 8-12 years, when the periodontal structure surrounding the erupting teeth is weaker and provides minimal resistance to an extrusive force (1, 2). The correct recovery of the tooth/fragment is related to both the time elapsed between the traumatic event and the intervention of the dentist, both for its proper handling, cleaning and transport (2-6). The dental trauma are a little in-depth topic, health related, on which the public is poorly informed, whose prevalence has not only increased in recent years, but it also constitutes a greater threat for oral health in relation to dental caries and periodontal diseases (1, 3).

The literature shows that the knowledge of the correct procedures to follow in case of a dental trauma is not adequate both among parents and teachers of primary and secondary school (2, 4, 7-13). To cope with the lack of information and the prevalence of traumatic events, in November 2012 the Ministry of Health published the “National guidelines for the prevention and clinical management of dental trauma in individuals during their developmental age” (14).
The aim of this study is to verify the knowledge among parents of children of primary schools to plan corrective actions.

Materials and methods

The survey was carried out during the period January-May 2013, selecting three primary schools in the province of Bari. The parents were enrolled on a voluntary basis and were not remunerated for participation. The sample was asked to complete an anonymous questionnaire, divided into three sections:

1. parents’ data (gender, age, level of education, number of children, occupational activity);
2. age of children and level of schooling;
3. questions related to knowledge, management and eventual experience regarding their children’s dental trauma.

Results

Of the 900 enrolled parents, 710 (78.8%, of whom 77% female and 23% male) filled out the questionnaire and were considered for the analysis.

The interviewed parents were aged between 30 and 39 years (49%), between 40 and 49 years (43%), between 20 and 29 years (5%), ≥ 50 years old (2%), < 20 years old (1%).

With regard to the educational level, 42% of the sample claimed to have the average school license, 38% the secondary school diploma, 11% the primary school license, 9% the university degree.

Regarding the employment, 55% were housewives, 32% were in service, 13% were unemployed. The parents resulted to have two children (50%), three children (36%), more than three children (7%), one child only (7%).

The interviewees claimed to know the meaning of dental trauma (71%) and to have knowledge about what to do in case of dental trauma (51%). This information were provided by dentist (72%), family physician (8%), friends (6%), brochures (4%), television (3%), Internet (2%), other (5%).

About the experience in the field of dental trauma, 16% of the parents stated that their child had a dental trauma, occurred at home (62%), whilst playing sport (17%), at school (7%), in other places (14%); they would turn to the dentist (80%), to the Emergency Room (11%), to the family doctor/paediatrics (7%), finally 2% did not specify it. With regard to the timing to act after a traumatic event, 41% stated within 30 minutes, 22% within 2 hours, 9% the following day and 28% were not able to quantify the time required.

With regard to the management of dental trauma, 66% of parents claimed to know that an avulsed or fragmented tooth can be replanted. The avulsed tooth or its fragment would be placed in a handkerchief (45%), in a sterile physiological solution (42%), into milk (12%), in the mouth/baby saliva (1%).

Regarding to the use of dental protections, 58% would recommend them while playing or during sport activities. Of the 42% who would not recommend them, 53% were not informed, 27% considered them not necessary, 10% would not recommend them for aesthetic reasons and 10% gave up for the high costs.

Discussion and conclusions

The success of the intervention as a result of dental trauma depends on the careful handling of the situation. Some authors show that the actors present at the accident site, especially mothers and teachers, have not the necessary information to better assist the traumatized child (2, 4-13).
Our data confirm the parents’ lack of awareness, knowledge and skills in managing a dental trauma. This finding is important because most of the injuries occur at home or at school. Although the use of mouth guards does not fall within ordinary habits of families, it is important to highlight that the majority of parents would turn to the dentist in case of trauma and would act within 30 minutes. This data is comforting if we consider that the success of the recovery of the tooth is guaranteed at 90% when it occurs at least within 2 hours (14, 15). Ozer et al. (2) believe that such behavior is due to the perception of the professionalism of the dentist and his appropriate equipment. On the contrary, regarding to the preservation of the traumatized tooth our results are not satisfactory because a considerable number of the interviewed would keep it in a handkerchief.

In conclusion, we believe that this study, although preliminary, represents an incentive for further researches on this topic because the oral health is an indispensable element for the overall well-being of the individual and it must be preserved since childhood (16, 17). The role of the dentist, in collaboration with the paediatrics, school teachers (particularly those dealing with physical activity) and the parents, becomes essential for the welfare of our children.

Riassunto

Cosa sanno i genitori sui traumi dentari dei bambini in età scolare? Risultati preliminari di uno studio pilota

Background. Il Ministro della Salute ha pubblicato nel Novembre 2012 le “Linee guida nazionali per la prevenzione e la gestione clinica dei traumi dentari negli individui in età evolutiva”. Scopo di questo studio è verificare la conoscenza tra i genitori di bambini delle scuole primarie.

Metodi. Lo studio è stato condotto mediante la distruzione e compilazione di un questionario anonimo da parte dei genitori arruolati.

Risultati. Nonostante la pubblicazione delle Linee guida, i risultati dell’indagine confermano la scarsa consapevolezza, conoscenza e abilità dei genitori sul da farsi in caso di trauma dentale.

Conclusioni. Questa indagine consentirà di pianificare una linea di condotta per interventi di formazione e prevenzione mirati alla tutela della salute orale.

References

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