

Tobacco Cessation Counseling among Oral Healthcare Professionals in Tricity

Vikas Verma¹, Nidhi Gupta², Krishna Priya³, Preeti Gupta⁴, Aditi Sharma⁵

ABSTRACT

Introduction: Tobacco toll in India has one-fifth of all worldwide death attributed to tobacco. Tobacco use has been labeled as the number one cause of preventable disease and premature death. The prevention and control of tobacco use is an emerging issue of global significance.

Materials and methodology: A cross-sectional study was conducted among oral healthcare professionals in Tricity in the time period of July 2019 to September 2019. A total of 100 dentists (clinicians as well as academicians) who were willing to participate in this study were included in this study. Those who did not fulfill these criteria were excluded from the study. The study tool was comprised of self-structured closed-ended questionnaire. The questionnaire was comprised of 20 questions. The questionnaire was distributed among the oral healthcare professionals of Tricity. The questionnaire consisted of two sections: demographic profile and questions related to knowledge and practice of tobacco use cessation. The responses to the questionnaire were marked on the multiple-choice scale. The data obtained were analyzed using Statistical Package for the Social Sciences (SPSS) version 22.0.

Results: Most of the oral healthcare professionals who participated in the study (79%) belonged to the age-group of 21–25 years and most of the participating oral healthcare professionals (41%) had an experience of 1 year at the time of study. The majority of the dentists (82%) agreed that they were comfortable in handling the patients with tobacco dependence. But only few of them routinely stress on their patients about habit pertaining to tobacco usage (38%) and do counseling for the patients with tobacco usage (35%). Around half of the oral healthcare professionals (48%) agreed that they encourage their patient regarding tobacco cessation and most of them (82%) warn them regarding tobacco cessation but very few advise their patients nicotine replacement therapy (NRT) (11%) or other pharmacological agents and behavioral therapy (7%). Out of the study subjects, only 20% took any additional training pertaining to tobacco cessation and 72% of study subjects feel that the training they got is insufficient.

Conclusion: A fewer percentage of oral healthcare professionals had taken additional training regarding tobacco cessation. So, there was a strong need for more training sessions regarding tobacco cessation.

Keywords: Nicotine replacement therapy, Tobacco cessation, Tobacco cessation counseling.

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INTRODUCTION

Tobacco is one of the most important causes of morbidity and mortality. Tobacco toll in India has one-fifth of all worldwide death attributed to tobacco. There are 7,00,000 deaths per year due to smoking and 8,00,000–9,00,000 per year to all forms of tobacco use of use/exposure in India.¹ Tobacco use has been labeled as the number one cause of preventable disease and premature death. The cause-and-effect relationship between smoking/tobacco and oral disease is well documented in the scientific literature.² Smoking and smokeless tobacco use cause or are associated with these oral conditions: oral cancer, periodontitis, impaired response to periodontal therapy, implant failure, tooth loss, dental caries, delayed wound healing, chronic candidiasis, staining, halitosis, and premalignant tissue change. The prevention and control of tobacco use is an emerging issue of global significance. No single healthcare professional can access all smokers; therefore, combined efforts from all healthcare workers are required in tobacco cessation and prevention. The role of dentists in supporting their patients to withdraw from smoking has been recognized. The important links between tobacco and oral health provide a unique opportunity for dentists to become involved in tobacco cessation activities. Dental visit provides the patient with an opportunity to discuss the habit of tobacco consumption and its detrimental effects on oral and general health. A dentist who recognizes a patient to be a tobacco user has a duty to inform the patient of the options

^{1,3–5}Department of Public Health Dentistry, Swami Devi Dyal Dental College, Panchkula, Haryana, India

²Department of Public Health Dentistry, Swami Devi Dyal Hospital and Dental College, Panchkula, Haryana, India

Corresponding Author: Vikas Verma, Department of Public Health Dentistry, Swami Devi Dyal Dental College, Panchkula, Haryana, India, Phone: +91 8168912399, e-mail: dr.vikas4all@gmail.com

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available to them. Thus, it is important that the dentist should be having appropriate knowledge on how to counsel the patient for the cessation of tobacco use habit.

So, the following study was conducted to assess the knowledge and practice of tobacco use cessation counseling among oral healthcare professionals in Tricity.

METHODOLOGY

A cross-sectional study was conducted among oral healthcare professionals in Tricity in the time period of July 2019 to September

2019. A total of 100 dentists (clinicians as well as academicians) who were willing to participate in this study were included in this study. Those who did not fulfill these criteria were excluded from the study.

The study tool was comprised of self-structured closed-ended questionnaire. The questionnaire was comprised of 20 questions. The questionnaire was distributed among the oral healthcare professionals of Tricity. The questionnaire consisted of two sections:

- Demographic profile, including age, sex status, and practicing experience of the oral healthcare professionals.
- Questions related to knowledge and practice of tobacco use cessation.

The responses to the questionnaire were marked on the multiple-choice scale. The data obtained were analyzed using Statistical Package for the Social Sciences (SPSS) version 22.0.

RESULTS

The demographic data of oral healthcare practitioners participated in the study are summarized in Table 1. Most of the oral healthcare professionals who participated in the study (79%) belonged to the age-group of 21–25 years; 18% of them belonged to the age-group of 26–30 years and very few of them (3%) were from age-group above 30 years. Out of the study subjects, 51% were males and 49% were females. Thirty-eight percent of the oral healthcare professionals were academicians, 39% were practicing clinicians, whereas 23% of them were in both, academics and practicing. Most of the participating oral healthcare professionals (41%) had an experience of 1 year at the time of study and 29% and 16% of them had 2 and 3 years, respectively, whereas few of them (14%) had more than 4 years at the time of study being conducted.

Table 2 describes the knowledge of oral healthcare professionals toward tobacco cessation counseling. The majority of the dentists (82%) agreed that they were comfortable in handling the patients with tobacco dependence. But only few of them routinely stress on their patients about habit pertaining to tobacco usage (38%) and do counseling of the patients

with tobacco usage (35%). Around half of the oral healthcare professionals (48%) agreed that they encourage their patients regarding tobacco cessation and most of them (82%) warn them regarding tobacco cessation but very few advise their patients nicotine replacement therapy (NRT) (11%) or other pharmacological agents and behavioral therapy (7%). About 69% of study subjects got positive feedback from patients after counseling but only 34% of them observed any change in habit pattern in the patients with tobacco usage. Less than half of the study subjects (40%) agreed that they ask their patients to identify potential negative consequences of tobacco use.

Out of the study subjects, only 20% took any additional training pertaining to tobacco cessation and 72% of study subjects feel that the training they got is insufficient. More than half of the study subjects (65%) agreed that they ask their patients regarding the barriers they are facing in quitting the habit and half of them (53%) feel that the chances of quitting the habit has increased after their advice to patients but only 24% of oral healthcare professionals repeated the motivational interventions and 21% used to arrange the scheduled follow-up.

Only 8% of the oral healthcare professionals had referred any of their patients with heavy dependence to psychiatrists for counseling, whereas most of them (92%) agreed that proven therapies regarding treatment of tobacco dependence should be covered by health insurance plans, as 84% of study subjects had assessed that the tobacco users are not willing to quit the habit in a first attempt. Fifty-nine percent of the study subjects agreed that they are aware their patients of assistance, such as telephone quitlines and local health clinic services, that might be available to help patients quit smoking. Lastly, we have assessed in our survey that 77% of participating oral healthcare professionals were aware of "World No Tobacco Day."

DISCUSSION

Use of any form of tobacco always has a harmful effect on oral health as well as the overall health of the people. It has been found that most tobacco users failed to quit, if they do it without seeking any treatment or professional help.³ It has been proved in many studies that tobacco cessation programs are of great help to the users who want to quit tobacco.^{3,4}

Healthcare professionals' involvement in the tobacco control is an essential way of dealing with this man-made epidemic. Hence, the present study analyzed various parameters about tobacco cessation counseling among oral healthcare professionals in Tricity.

In the present study, 82% of oral healthcare professionals were comfortable in handling the patients with tobacco dependence which was much similar to a study done by Vinod et al.,⁵ where 77.4% of the dentists were quite comfortable. In our study, only 35% of oral healthcare professionals had ever done counseling of their patients regarding tobacco usage which is contrary to the study conducted by Singla et al.⁶ in which 60.3% of dentists educated their patients regarding the tobacco cessation during their practice.

The additional training among oral healthcare professionals regarding the tobacco cessation might play an important role. So in our study, we assessed that only 20% of oral healthcare professionals have taken any additional training pertaining to tobacco cessation which was contrary to a study conducted by Vinod et al.,⁵ where only 5% of oral healthcare professionals had taken additional training. But a similar finding was found in

Table 1: Demographic profile of study subjects

Variable	Number (N)	Percentage (%)
Age		
21–25 years	79	79%
26–30 years	18	18%
Above 30 years	3	3%
Sex		
Male	51	51%
Female	49	49%
Status		
Academician	38	38%
Practicing	39	39%
Both	23	23%
Up to 1 years	41	41%
Years in practice		
2 years	29	29%
3 years	16	16%
4 years and above	14	14%

Table 2: Questionnaire assessing knowledge of oral healthcare professionals toward tobacco cessation counseling

Sl. No.	Question	Yes	No
1	Are you comfortable in handling the patients with tobacco dependence?	82%	18%
2	Do you routinely stress on your patients about habit pertaining to tobacco usage?	38%	62%
3	Do you do counseling for the patients with tobacco usage?	35%	65%
4	Do you encourage the patients need for why quitting is personally relevant?	48%	52%
5	Do you tell patients to identify potential benefits of stopping tobacco use?	42%	58%
6	Do you ask the patients to identify potential negative consequences of tobacco use?	40%	60%
7	What steps do you take for habit cessation of the patients?		
	Warn	82%	
	Advise nicotine replacement therapy	11%	
	Other pharmacological agents and behavioral therapy	7%	
8	Have you taken any additional training pertaining to tobacco cessation?	20%	80%
9	Do you feel training you got is sufficient?	28%	72%
10	Do you feel chances of quitting habit have increased after you advised patients to quit the habit?	53%	47%
11	Do you ask the patients to identify barriers or impediments to quitting?	65%	35%
12	Do you repeat the motivational interventions every time to unmotivated patients?	24%	76%
13	Do you arrange scheduled follow-up contact, in person or by telephone, preferably within the first week after the quit date?	21%	79%
14	Did you get any positive feedback from the patients after counseling?	69%	31%
15	Have you ever thought of referring the patients with heavy dependence to psychiatrists for counseling?	8%	92%
16	Have you observed any change in habit pattern in the patients with tobacco usage?	34%	66%
17	Proven therapies for the treatment of tobacco dependence should be covered by health insurance plans. Do you agree?	92%	8%
18	Do you aware patients of assistance that might be available to help patients quit smoking, such as telephone quitlines and local health clinic services?	59%	41%
19	Do you assess—Is the tobacco user willing to make a quit attempt at this time?	16%	84%
20	“World No Tobacco Day” was held on [date]. Do you remember it?	77%	23%

Applegate et al.⁷ study, where less than a quarter got training related to tobacco cessation, whereas Singla et al.⁶ reported that 50% of the dentists participated in their study got some training related to tobacco cessation counseling.

In our study, only 11% of the oral healthcare professionals used NRT for the habit cessation of patients; most of them (82%) usually warn their patients regarding tobacco cessation and very few of them (7%) ever used any pharmacological agents and behavioral therapy. These findings are very much similar to the findings of Singla et al.,⁶ where 12.5% of the dentists have ever used the tobacco cessation aid like NRT gums and patches during their practice. This might be attributed to a lack of information about the product availability, inconsistent academic detailing of the dental professionals regarding these products by pharmaceutical companies, and the high cost of these products.

The present study assessed that very few oral healthcare professionals (8%) ever thought of referring the patient with heavy dependence to psychiatrists for further counseling that might be because of a lack of interest or proper knowledge regarding the tobacco cessation counseling among the oral healthcare professionals. Also in our study, high proportions of oral healthcare professionals recommended the inclusions of tobacco use interventions in dental clinics which were very similar to a study in Chennai by Chandrashekar et al.⁸

It was found in this study that appropriate training to the dentists might encourage them to advocate tobacco cessation

interventions in the clinics similar to the study conducted by Chowdhary et al.⁹ The inclusion of tobacco cessation interventions in the dental curriculum will help oral healthcare professionals to promote quitting the habit of patients in clinics.

Some of the acknowledged limitations of this study were that it was subjective and respondents may not respond accurately. Moreover, the patient's perspective of the effectiveness of counseling was not done.

CONCLUSION

The present study analyzed various parameters about tobacco cessation counseling among oral healthcare professionals in Tricity. A fewer percentage of oral healthcare professionals had taken additional training regarding tobacco cessation. So, there was a strong need for more training sessions regarding tobacco cessation. More courses on regular and distant learning programs should be designed by established institutions and organizations like the Indian Dental Association along with regular continuing dental education programs with wider coverage and emphasis on pivotal role played by dental professionals on regular basis.

ORCID

Vikas Verma  <https://orcid.org/0000-0002-6226-5448>

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