

# DENTAL SPECIALIST PROFILE OF VARIOUS DENTAL CLINIC TRICHY AND PERAMBALUR DISTRICT

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## ABSTRACT:

*Introduction: A dentist or dental surgeon, is a surgeon who specializes in dentistry—the diagnosis, prevention, and treatment of diseases and conditions of the oral cavity. The dentist's supporting team aids in providing oral health services. The dental team includes dental assistants, dental hygienists, dental technicians, and in some states, dental therapists. Data was collected by visiting dental clinics in Perambalur district. To estimate the specialist profile of dental clinics in Perambalur district. The number of consultants per speciality visiting the dental clinics to perform treatment was assessed*

*Aim:*

*To study the specialist profile of various dental clinics in Perambalur district.*

*Materials and methods:*

*In early December, 30 questionnaires were distributed to dentists in and around Trichy and Perambalur district. This study gathered information about age, gender, number of years of practice, type of practice, consultants visiting their clinic, location of practice.*

*Results:*

*According to this survey information, most of the dentist were male about 73.3 % and female about 27%. 17 members were in the age group between 31-35 years, 8 members were in the age group between 36-40 years and 5 members were in the age group between 26-30 years.*

*Conclusion:*

*The present study concludes that Male dentist were found predominantly in and around Trichy and perambalur around age group between 31-35 years. Most of the dentist were practising in urban areas. Most of the consultant visiting their clinic as Orthodontist. Endodontic procedures were the maximum among consideration of the procedure that are being performed.*

**Keywords:** Age, Gender, location of practice and type of practice.

## INTRODUCTION:

A dentist, also known in the U.S. as a dental surgeon, is a surgeon who specializes in dentistry—the diagnosis, prevention, and treatment of diseases and conditions of the oral cavity. The dentist's supporting team aids in providing oral health services. The dentist assumes an important position in the health-care system because he alone can diagnose, intercept, treat, cure or prevent any disease or abnormality of the oral cavity. The primary job of dentist is to educate and motivate the patients to maintain oral hygiene because most of the dental & periodontal diseases are caused by poor oral hygiene. The dental team includes dental assistants, dental hygienists, dental technicians, and in some states, dental therapists. A licensed dentist can carry out most dental treatments such as professional teeth cleaning, restorative (dental restorations, crowns, bridges), orthodontics (braces), prosthodontic (dentures, crown/bridge), endodontic (root canal) therapy, periodontal (gum) therapy, and oral surgery (extraction of teeth), as well as performing examinations, taking radiographs (x-rays) and

diagnosis. Dentists can also prescribe medications such as antibiotics, fluorides, pain killers, local anesthetics, sedatives/hypnotics and any other medication that serve in the treatment of the various conditions that arise in the head and neck. Dentists need to take additional qualifications or training to carry out more complex procedures such as General anesthesia, oral and maxillofacial surgery, and implants. Specialisation in dentistry is not new. However the advent of recognised specialist training pathways leading to the certificate of completion of specialist training and the formation of specialist lists by the Dental Council of India (DCI) has formalised the system for developing a specialist dental workforce. The **Dental Council of India** was incorporated under The Dentists Act, 1948[1] to regulate dental education and the profession throughout India. It is financed by the Ministry of Health and Family Welfare and through the local state dental councils. There are currently 9 distinct dental specialties recognised by the DCI .

The dental specialties are Oral medicine, Oral surgery, Oral pathology , Prosthodontics, Periodontics, Pedodontics, Orthodontics , Endodontics and Implantology. Oral medicine (sometimes termed dental medicine, oral and maxillofacial medicine or stomatology) is a specialty focused on the mouth and nearby structures. It lies at the interface between medicine and dentistry. Oral medicine is concerned with clinical diagnosis and non-surgical management of non-dental pathologies affecting the orofacial region (t Oral & Maxillofacial surgery (OMS) specializes in treating many diseases, injuries and defects in the head, neck, face, jaws and the hard and soft tissues of the Oral cavity and Maxillofacial (jaws and face) region[1]. Oral pathology refers to disease of the month, jaws and related structures such as salivary gland, temporomandibular joint, facial muscles and perioral skin. The specialty oral and maxillofacial pathology is concerned with diagnosis and study of the causes and effects of diseases affecting the oral and maxillofacial region[2]

Prosthodontics is the dental specialty that treats patients with missing or deficient teeth and/or oral and maxillofacial tissues[3]. Periodontics is the specialty of dentistry that studies supporting structures of teeth, as well as diseases and conditions that affect them. The supporting tissues are known as the periodontium, which includes the gingiva (gums), alveolar bone, cementum, and the periodontal ligament[4].

Pedodontics is the branch of dentistry dealing with children from birth through adolescence. Orthodontics is branch of dentistry dealing with diagnosis, prevention

And correction of malpositioned teeth and jaws. Endodontics is the dental speciality concerned with the study and treatment of dental pulp. Root canal therapy is one of the most common procedure. A dental implant is a surgical component that interfaces with the bone of the jaw or skull to support a dental prosthesis such as a crown ,bridge ,denture facial prosthesis or act as an orthodontic anchor. Over the past three decades, significant advances have occurred in the clinical use of oral and maxillofacial implants. Statistics on the use of dental implant reveal that about 100,000-300,000 dental implants are placed per year, [1] which approximates the numbers of artificial hip and knee joints placed per year. [2] Implants are currently used to replace missing teeth, rebuild the craniofacial skeleton, provide anchorage during orthodontic treatments and even to help new bone formation in the process of distraction osteogenesis.[21]

#### MATERIALS AND METHODS:

In early December, 30 questionnaires were distributed to dentists in and around Trichy and Perambalur district. This study gathered information about age, gender, number of years of practice, type of practice, consultants visiting their clinic , location of practice .

Over the course of the past 30 years, implantology has constantly evolved to become one of the main focuses of modern dentistry.. Significant improvements in the success rate and longevity of dental implants have increased awareness and the interest of the public and professional community alike. For most clinical scenarios, implant-retained and implant-supported restorations provide the best alternative for the rehabilitation of partially or completely edentulous patients.

#### RESULTS:

##### GENDER AND AGE OF THE DENTIST

Table 1:

	Male	Female
Gender	22(73.3%)	8(27%)

Table 2:

	26-30 years	31-35 years	36-40years
Age group	5	17	8

**TYPE OF PRACTICE**

Table 3

	General dentistry	Speciality	Both
Type of practice	20(66%)	0	10(33%)

**CONSULTANT VISITING THEIR CLINIC**

Table 4

	ORAL MEDICINE	ORAL SURGERY	ORAL PATHOLOGY	PROSTHODONTICS	PERIODONTICS
CONSULTANT	9	12	5	10	8

	PEDODONTICS	ORTHODONTICS	ENDODONTICS	IMPLANTOLOGY
CONSULTANT	8	14	8	10

● oral medicine    ● oral surgery    ● oral pathology    ● prosthodontics  
● periodontics    ● pedodontics    ● orthodontics    ● endodontics  
● implantology

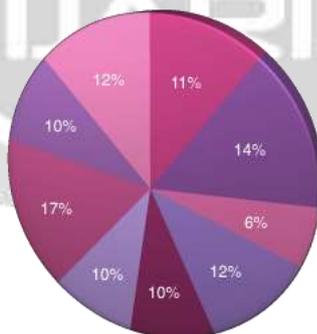


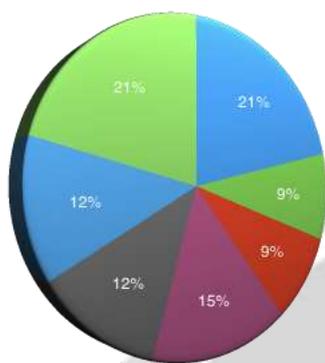
Figure 4

Location of practice

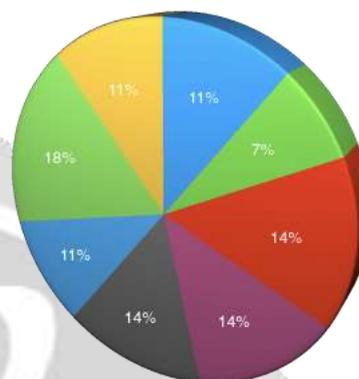
Table 5

	Urban	Periurban	Rural
<b>Location of practice</b>	22	8	0

- Oral medicine
- Oral surgery
- Oral pathology
- Prosthodontics
- Periodontics
- Pedodontics
- Orthodontics
- Endodontics
- Implantology



Urban areas-bulk of practice.



Periurban areas-bulk of practice

Bulk of practice  
Table 6

	ORAL MEDICINE	ORAL SURGERY	ORAL PATHOLOGY	PROSTHODONTICS	PERIODONTICS
<b>BULK OF PRACTICE</b>	10	5	0	7	9

	PEDODONTICS	ORTHODONTICS	ENDODONTICS	IMPLANTOLOGY
<b>BULK OF PRACTICE</b>	8	7	12	0

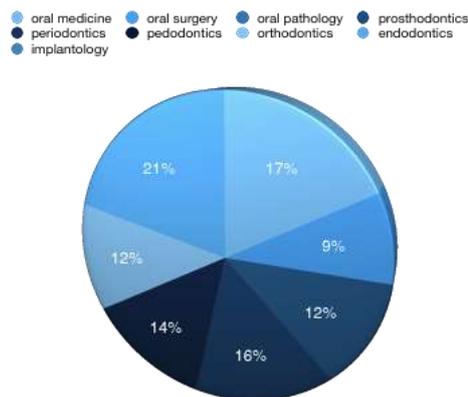


Figure 6

#### Discussion:

The table given above gives information about the age and gender of the dentist, type of practice, number of years of practice in dentistry, consultant visiting their clinic, location of practice and speciality forms the bulk of their practice with percentage. According to my survey information, most of the dentist were male about 73.3% and female about 27%. (table 1) 17 members were in the age group between 31-35 years, 8 members were in the age group between 36-40 years and 5 members were in the age group between 26-30 years (table 2). Most of the dentist were general practitioners about 66% and 33% dentist were both general and speciality practitioners (table 3). About 73.3% dentist were practising in Urban areas and 27% dentist were practising in peri urban areas. (table 5) About 17% Orthodontist visiting their clinic as a consultant (table 4). Endodontics specialty plays a major role in bulk of their practice. (table 5). In urban areas, Endodontic and orthodontic procedure were maximum among dental practitioners.

Dentists are expected to contribute to the achievement of the general health of patients by implementing and promoting appropriate oral health management. A dentist must have acquired this ability through the achievement of a set of generic and subject specific competences – abilities essential to begin independent, unsupervised dental practice. This should be achieved by the time he or she obtains the first professional degree. [5]

The competences, at the graduation, are the basic level of professional behaviour, knowledge and skills necessary for a graduating dentist to respond to the full range of circumstances encountered in general professional practice. This level of performance requires some degree of speed and accuracy consistent with patient wellbeing. It also requires an awareness of what constitutes acceptable performance under changing circumstances and a desire for self-improvement [6]

The Dental Council of India (DCI) was established as a result of the Dentist Act of 1948, which was intended to regulate dental practice and promote scientific advances. DCI is still the premier governing body of dental education in India. Its responsibilities include the regulation of dental education, profession, and ethics and liaising with the government to obtain administrative approval for dental college and higher educational courses. Dentist can also be involved in researches like finding out the correlation between oral diseases and heart problems, diabetes, and respiratory ailments, causes of oral cancer, etc. Another area of research could be the synthesis and analysis of new dental materials for oral applications or electrical stimulation of the muscles of mastication. [23]

In 1994, the Chief Dental Officer for England published a report outlining the future for specialist dental services. [7]. The report recommended that specialist dental services might be delivered increasingly in dental practices based in the community rather than in hospitals, with the exception of maxillofacial surgery, which should continue to be hospital based. Since then, there has been an expansion of specialist practices particularly for orthodontic care, but also for surgical dentistry and restorative care. Alongside this has been the continuing need for consultants within the hospital dental services and academic dentists within universities. [8]

Not only is the provision of specialist dental services evolving but the workforce is also changing. There has been an increase in the proportion of female dentists and in those applying for specialist training. This has implications for the whole time equivalent workforce as many female dentists take time off for child rearing

and/or wish to work part-time.[9] The desire to reduce hours spent at work for a more favourable balance of career and family life is also increasing in the male medical workforce.[10] Coupled with this is a rise in the proportion of consultants who wish to retire early.[11]

In the past, dental specialists generally followed hospital careers as consultants in their specialty although with a proportion of their time spent seeing patients privately. In line with the recommendations of the report from the CDO, many specialists are now considering working in specialist practice.[12] However, the system for providing training numbers for specialist registrars is designed to ensure that there are adequate numbers of trained specialists to fill hospital consultant posts and is primarily set up to cater for doctors. Specialist practitioners on the high street offering NHS dental care may reduce the requirements for hospital-based consultant posts in these specialties, although the extent to which they do this is unknown, as they will be providing care either via the NHS, or privately or a combination of both.[13]

Success rates of treatment modalities are an important part of evidence-based practice; they are the basis of treatment planning and prognostic considerations. A successful outcome for root canal treatment relies on adequate removal of micro-organisms from the canal system and prevention of recolonisation or propagation of residual micro-organisms through the placement of a root filling that obturates the space entirely, combined with a restoration that produces a satisfactory coronal seal.[14] Despite being one of the most technically demanding procedures in restorative dentistry,[15] Conventional root canal treatment completed in dental schools or by specialists has been shown to be highly successful.[16,17,18] Barbakow *et al.* evaluated root canal treatment performed in general practice in patients aged 10 to 80 years over a nine year period.[19].

C S Durga found that The majority were under 36 years old with over 40% of the study sample aged between 31 and 35 years. Twenty-four of the respondents (7.4%) were over 40 years old. Of these, ten were training in oral and maxillofacial surgery and five were training in restorative dentistry. The women in the survey were on average younger than the men ( $P = 0.004$ ).But in the present study ,Endodontic prodcures were maximum among the dental practitioners.[20]

Dental surgeons commonly encounter swellings, which could be developmental, inflammatory, or neoplastic in origin. Although neoplastic tumors constitute only a minority of such conditions, a dentist must be aware of the various tumors that could mimic an ordinary swelling. A systematic approach including detailed clinical history, proper clinical examination, and use of laboratory investigation would enable the dental surgeon to point out the differential diagnosis of such lesions. Further appropriate histopathological studies would help in arriving at a proper clinical diagnosis.[22]

#### Conclusion:

The present study concludes that Male dentist were found predominantly in and around Trichy and Perambalur district with age group between 31-35 years.They are practising mostly in Urban areas.Most of the dentist were general practitioners.Most of the consultant visiting their clinic as Orthodontist . Endodontic procedures were the maximum among consideration of the procedure that are being performed.

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