

STUDY ON AWARENESS OF DELETERIOUS EFFECTS OF TOBACCO AND ALCOHOL ON ORAL AND GENERAL HEALTH IN SRIKAKULAM (A. P.) POPULATION

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ABSTRACT

BACKGROUND

Tobacco was first brought to India by Portuguese merchants 400 years ago. Every house in the Portuguese colony took up the new fashion of smoking or chewing tobacco. Later British introduced modern commercially produced cigarettes. Tobacco causes one death in every 6 seconds; yet India is the second leading consumer. According to W.H.O. report, alcohol kills 2.6 lakhs Indians every year. In fact, Andhra Pradesh is by far India's biggest drinking state, consuming on an average 4.3 to 11.4 litres per year. This study was conducted to evaluate the awareness of harmful effects of tobacco and alcohol in Srikakulam (AP) population by asking some questions to the patients who attended the Dental Department, Govt. General Hospital, Srikakulam, and also to increase the awareness of deleterious effects of tobacco and alcohol.

METHODS

A questionnaire consisting of 14 questions was given to 300 patients who attended the Department of Dentistry, GGH, Srikakulam and data was collected and analysed.

RESULTS

This study shows that majority of the patients are males (228). Majority belongs to age group 45-70 years with good number of patients educated up to 10th class and above. Out of 300 patients, majority of the patients are consuming Tobacco since 5 years and more (63%) consuming alcohol (82%) since 5 years and more.

CONCLUSIONS

Patients are getting information regarding ill effects of tobacco and alcohol through mainly T.V. followed by Newspapers followed by radio and internet. Dentists and oral physicians are playing a major role in detection of precancerous changes and cancer of the oral cavity in the earlier stage. Most of the patients want to quit the consumption of tobacco and alcohol if they are properly counselled by dentists and oral physicians.

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BACKGROUND

Oral Cancer is the 6th most common malignancy in the world. Etiological factors are Tobacco either in smoke less or smoking form, alcohol, mate (which is the Tea like beverage consumed in south America and in parts of Europe have shown to be an Independent cause for development of oral and pharyngeal cancer) viral infections (Epstein-Barr-virus, Human papilloma virus, Herpes simplex virus) occupational risks (Excessive solar radiation or U.V. radiation) poor oral hygiene, poor dental status (Sharp or fractured teeth due to caries or trauma) ulcers due to ill-fitting dentures etc., Tertiary syphilis, Ionizing radiation, genetic factors etc.

About 90% of people with oral cancer use tobacco. Thus risk of developing these cancers increases with the amount

of smoked or chewed and the duration of habit. Smokers are 6 time more likely than non-smokers to develop these cancers. Smokeless tobacco increases the risk of these cancers by about 5 times. Drinking alcohol greatly increase a smokers risk of developing oral cancer about 75% – 80%. People who drink alcohol but don't smoke have a higher risk of cancer, if they are heavy drinkers. The combination of Tobacco and alcohol is deadly.

India is the 2nd largest consumer and 3rd largest producer of Tobacco in the world.¹

More than 6 million tobacco related deaths in every year across the world, 1/6th occur in India alone. Tobacco causes one death in every 6 seconds. Tobacco has been associated with rising incidents of tuberculosis, homicide, suicide, Heart ailment, strokes, bronchitis, delayed healing of wounds, infertility, peptic ulcer etc. In India alone every 3rd adult consumes some form of Tobacco. Bidis are most commonly consumed Tobacco primarily consumed by poor. Though ill effects of tobacco addiction are well known its consumption hasn't gone down, despite of the ban in advertising and sale of Tobacco products to minors and smoking in public places. India has one of the world's weakest regime for warning people against the use of tobacco. India slid from a ranking of 123 to 136 among 198 countries in 2012 based on the

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extent of their system to warn about health hazards, as per a report by the Canadian cancer society.

Oral cancer is almost always preceded by visible precancerous changes in the oral mucosa which if detected early can effectively treat the disease in its mild stages, however a very high number of oral cancers are still detected in the last stage in which the treatment is complex expensive and with poor results.²

Most of the new cases detection in the society can be controlled by making increasing awareness programme by the dentists and health care professionals regarding ill effects of Tobacco and alcohol. Therefore the present study was carried out to assess the awareness of the effects of tobacco and alcohol on oral health and general health and oral cancer in patients with present or past history of smoke less or smoking form of tobacco and alcohol consumption in routine dental practice.²

Families of smokers and alcoholics spend 3 times more on treatment of illness episodes compared with normal population. These families also reported 8 times increase in work days lost. Moreover the use of tobacco has been associated with impoverishment through borrowing and distress selling of assets due to cost of hospitalization. Preventive strategies can play a major role in reducing these implication.

The scope of preventive dentistry is constantly expanding and can be as far reaching as a professional's imagination, sense of responsibility and efforts. Dentists & Oral physicians have been recognized as "ideally positioned to counsel against the use of cigarettes and smokeless tobacco products". They are one of the health professionals more frequently in contact with the general population and are first to see the effects of tobacco in mouth. They are as effective in providing smoking cessation counselling as any other health care professional. The evidence is clear that smokers who receive assistance from health care workers are more successful at quitting than those without any support.³

Ariyawardana A, withanaarachchi N conducted a study in 2012⁴ on Awareness of oral cancer and pre cancer among patients attending a hospital in Sri Lanka and founded that Ninety five percent of the respondents were aware of the possibility of occurrence of cancer in the mouth while only 44.9% (n=184) were aware about pre cancer. Of the 390 individuals who were aware of the existence of oral cancer, 80.7% were knowledgeable about the casual relationship between betel chewing habit and oral cancer. Forty –seven and 17 percent were aware of the links with tobacco smoking and alcohol consumption, respectively.

Al- Sharmmaria KF, Moussab MA, Al- Ansaric JM, Alduwairya YS, Honkala⁵ Ejconducted a study in 2006 on Dental patient awareness of smoking effects on oral health. Comparison of smokers and non-smokers and found out that out of 250 patients, nearly 112 people were found to be aware of effects of tobacco on oral and general health. Among smokers and smokeless users, smokers were found to be more aware of fact that smoking can cause mouth

cancer, heart disease and lung disease as compared to smokeless users.

Poonam Sood et al conducted a study in 2008 to assess the knowledge of patients about the consequences of smoking on the general and oral health, to analyse the patients perceptions about the role of dentists in smoking prevention, counselling and cessation and to analyse the willingness of smokers to quit smoking following dentist's advice. She found that the patients had good knowledge about the effects of smoking on general and oral health. Patients had a positive perception about the role of dentists in smoking cessation activities. Smokers exhibited a willingness to quit if suggested by the dentist.

Aims & Objectives

1. To assess the awareness of deleterious effects of tobacco and alcohol on oral health, general health
2. To assess oral cancers in general population
3. To sensitize the patients about the ill effects of tobacco and alcohol in patients who attended the department of dentistry Govt. General Hospital, Srikakulam, AP.

METHODS

A questionnaire type of survey was carried out among 300 out patients attending the department of Dentistry, Govt. General Hospital Srikakulam India. Subjects were randomly chosen with the present or past history of smokeless or smoking form of tobacco and alcohol consumption. The questionnaire was prepared by the investigator and was given to the patients to fill after routine dental check-up.

14 questions were asked response was recorded as yes/no/don't know. Patients with no history of alcohol consumption and tobacco chewing were excluded from the study.

Questionnaire

Q. No. 1. Are you aware smoking form of tobacco can cause mouth cancer? No -221: Yes -79

Q. No. 2. Are you aware smokeless form of tobacco can cause mouth cancer? No -216: Yes -84

Q. No. 3. Is smokeless / smoking form of tobacco linked with any dental problem? No-278: Yes -22

Q. No.4. Are you aware of any precancerous changes (white patch/red patch in the mouth)? No-284: Yes -16

Q. No. 5. Are you aware of can smoking causes heart disease? No -232: Yes -68

Q. No. 6. Are you aware of can smoking causes lung cancer? No -222: Yes -78

Q. No. 7. Early detection of mouth cancer can improve chances of life? Yes-279: No -21

Q. No. 8. Changes in the life style can reduce the risk of developing cancer? Yes -270: No-30

Q. No. 9. Have you self-examined your mouth? Yes -22: No -278

Q. No. 10. Have you noticed any changes while self-examining your mouth? Yes -15: No-285

Q. No. 11. Are you aware of alcohol consumption cause oral cancer? Yes -42: No-258

Q. No. 12. Are you aware consumption of alcohol causes health problems like heart, liver problems and lung problems? No-270: Yes 30

Q. No. 13. Do you want to quit alcohol consumption? Yes -265: No -35

Q. No. 14. Do you want to quit the tobacco consumption? Yes -272: No-28

RESULTS

Out of 300 patients studied 228 patients are male 72 patients are female. Majority of the patients were age between 45 to 70 years.

Based on The Education Level

Majority of the patients were educated up to 10th standard i.e. 42% while 31.5% of the patients were educated up to more than 10th standard or advanced level. 20% of the patients were educated up to 5th standard, only 6.5% of the patients were un educated.

Based on The Frequency

Out of 300 patients studied 171 patients consume tobacco more than 5 time per day while 87 patients consumed up to 5 time per day 42 patients consumes tobacco occasionally. Regarding alcohol consumption 172 patients consumes daily, 82 patients consumes 3 to 4 times weekly 46 patients consumes occasionally.

Based on The Duration

Out of 300 patients majority (40%) of the patients consuming tobacco since 5 years, 23% consuming more than 10 years, 21% consuming more than 5 years 16% consuming since less than 1 year. Regarding alcohol consumption out of 300 patients 20% are consuming since 5 years 38% more than 10 years 24% more than 5 years 18% since less than one year.

Source of Information Regarding Ill Effects of Alcohol and Tobacco

Majority of the people 70% get information from television 10% from newspaper reading, 9% from radio and 7% from internet 4% get from friends and family.

DISCUSSION

Oral cancer is the 6th most common malignancy in the world. Causative factors are tobacco either in smokeless or smoking form, alcohol consumption ulcers due to ill-fitting dentures or sharpened teeth, tertiary syphilis, ionising radiation.

In spite of efforts made by International health organisation in the field of prevention a relative increasing in the incidence of oral cancer has been observed in the past few years. It is evident that the most effective measure to prevent the morbidity and mortality of oral cancer is to reduce the appearance of new cases of cancers via primary prevention. This prevention is directed towards the changing

behaviour or life style known to be associated with oral cancer including tobacco and alcohol.⁶

Only few studies are available regarding deleterious effects of tobacco and alcohol. Our study mainly focused and harmful effects of tobacco and alcohol in oral health as well as general health. In this study 300 patients were selected of these majority of the patients are male (228), majority of the patients age group between 45-70 years with more number of patients very well educated (more than 10th standard).

Adult males are more common users of tobacco and alcohol though well educated. Most of the patients were past users and quit the habit of tobacco because of getting information of deleterious effects of these substances.

Television, Newspapers followed by radio are most effective in approaching for creating awareness on tobacco and alcohol consumption ill effects among huge mass population. More number of people who use smokeless tobacco were un aware of the fact that smoking can cause mouth cancer similar results were obtained in study by S. Ahmed et al.

Current users of tobacco and alcohol were un known of ill effects of alcohol and tobacco consumption. Our study also compared awareness of tobacco and alcohol ill effects on oral and general health among current and past users 95% un aware of precancerous changes of oral mucosa like Leukoplakia, Erythroplakia, oral sub mucous fibrosis.

This study is almost similar to the study conducted by Suyas Vyas et al in Bhopal India.⁷ In Suyas Vyas study 96% of the population are un aware of ill effects of tobacco users like Erythroplakia, Leukoplakia etc. This study conducted in India which is in contrast to study conducted in Srilanka by Ariya Wardhan et al in which 55% of the people can aware of ill effects of tobacco etc. In our study we observed that most of the patients wants to quit the tobacco if they properly counselled regarding the ill effects of Alcohol and Tobacco in oral and general health and expenses of hospitalization due to ill effects of Alcohol and Tobacco.

CONCLUSIONS

Tobacco/alcohol users though being well educated are not aware of harmful effects of tobacco and alcohol consumption. Government and health care workers should take the help of mass media like television, newspaper, radio etc. to spread the harmful effects of tobacco and alcohol in oral and general health. General dentists and oral physicians have the opportunity to see the oral cavity of the patients every day, these personnel can easily asses the tobacco habits by observing stains on teeth and smokers palate and warn the patients who are having these habits to prevent further complications like getting leukoplakia, erythroplakia and cancers and general health problems like liver, lung, heart problems.

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