

# MYTHS ASSOCIATED WITH DENTAL SCALING

(Study done by Pharmacy students/lecturer)

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## ABSTRACT

*An observational study was conducted to explore various myths prevailing about dental scaling and to see their prevalence among general population of Lahore. A structurally designed data collection proforma was used to gather data. Sample size of the study was one hundred. Two public and three private sector dental settings of Lahore were visited for this purpose. It was found out that majority of study subjects hesitated to get their teeth scaled when advised. Anxiety (26%), painful side effects (42%), high costs (32%) of getting scaling done were the main reasons for hesitation. Most of the respondents were found strong believers of myths irrespective of their age, status and gender. One myth was that scaling tends to increase gaps between teeth. Scaling loosens teeth 54% of the study subjects thought. These myths show lack of awareness about the importance of dental health among the study subjects.*

**Key Words:** Myths about Dental Scaling, Anxiety, Pain.

## INTRODUCTION

Scaling is the act of removing plaque and calculus from the crowns and roots of teeth with the help of specially designed hand instruments called scalers or through ultrasonic devices.<sup>1</sup> If the gums are sensitive and painful then surface or local anesthesia is used before scaling. In case of tooth sensitivity after professional scaling, it is usually recommended to use a desensitizing tooth paste to provide relief from sensitivity.<sup>2</sup>

Scaling and polishing of the teeth will reduce gingivitis and bleeding and will prevent periodontitis. Dentists advise dental scaling when oral examination reveals deposits around the teeth.<sup>3</sup> Regular flossing and brushing keeps teeth healthy and strong.<sup>4</sup>

## METHODOLOGY

A descriptive/observational study was conducted to find out the myths prevailing among the people about scaling and to know why people are hesitant in getting

the scaling done. One hundred subjects both male and female between 15-60 years of age, having past medical history of dental scaling or had been advised for dental scaling formed the study group. Duration of the study was two months. Various public and private sector clinical settings were visited for the purpose of this study.

A structurally designed data collection proforma was filled by face to face interview with people. It covered all aspects of risks, myths and prescribing trends of dental scaling. The results were analyzed by using basic statistical measures.

## RESULTS

This study was conducted to observe various perceptions about dental scaling. Reasons for hesitations in getting scaling done are given in Fig 1. Anxiety, painful side effects and high costs were found to be the main reasons. Cost of scaling varied from Rs. 300-5000 (Fig 2). The rates were low in government hospitals as patients were subsidized by the hospital's organization. Some people believed scaling will loosen teeth (Fig 3). Many study subjects thought scaling will increase gaps between teeth (Fig 4).

## DISCUSSION

In this study, it was noted that majority of study subjects had certain myths and misconception about dental scaling. Regarding dental habits, many respondents believed that brushing twice a day is enough for dental health. Many used to change their tooth

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TABLE 1: GENDER DISTRIBUTION N=100

Male	45%
Female	55%

TABLE 2: AGE DISTRIBUTION AMONG STUDY SUBJECTS

Age	Number of people
5-20 years	11
20-30 years	29
30-40 years	22
40-50 years	20
50-60 years	18

TABLE 3: NUMBER OF PATIENTS IN CLINICAL SETTINGS VISITED

	Private sector	Public sector
Clinical settings	3	2
Patients	41%	59%

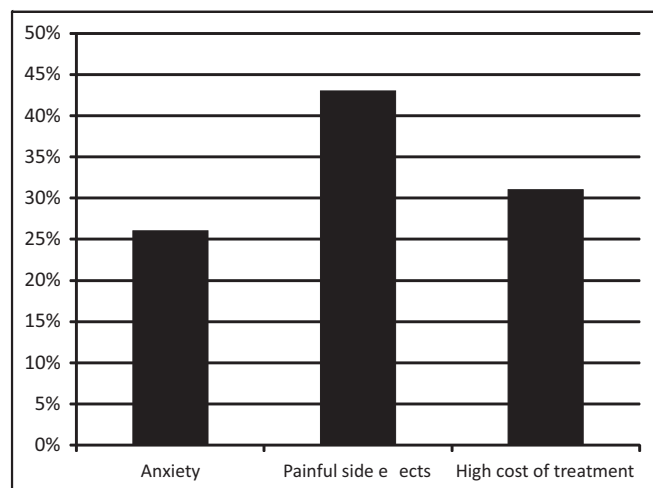


Fig 1: Reasons of hesitations for getting scaling treatment (n=100)

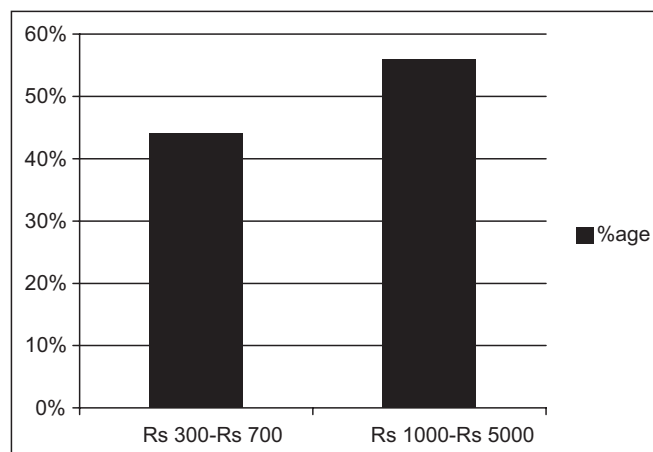


Fig 2: Cost of scaling treatment (n=100)

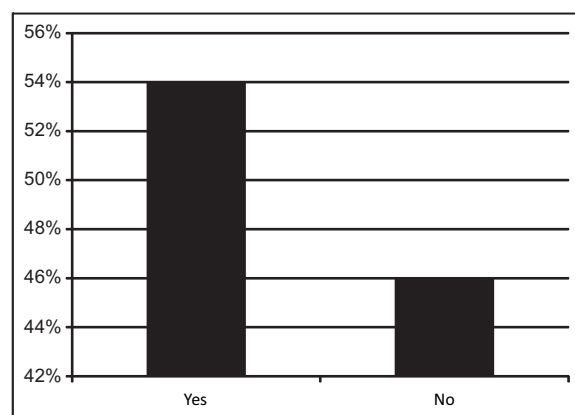


Fig 3: Scaling loosens teeth (n=100)

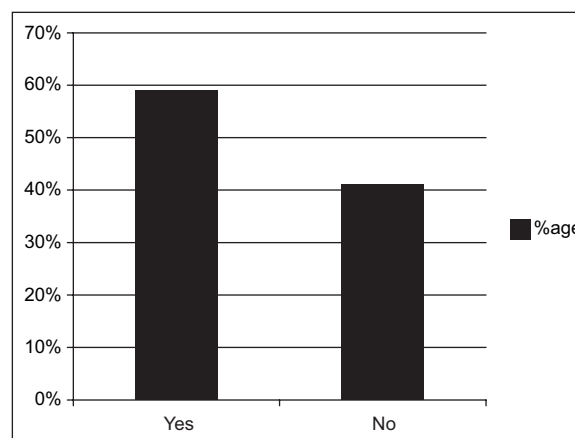


Fig 4: Scaling increases gaps between teeth (n=100)

brush after 3-4 months. It was generally believed that tooth brushes are less effective as they become worn.<sup>5</sup> Brushing duration was found between 1-3 minutes. However, some individuals brushed for about one minute.<sup>6</sup>

A huge number of respondents believed in various myths. Another study was conducted in which 33% respondents believed that scaling loosens teeth.<sup>7</sup> Myths were more common among respondents who were more than 40 years old. A study showed marked ignorance, lack of scientific dental awareness and high prevalence of dental myths among older and female subjects.<sup>8</sup> A very large number of subjects believe that teeth and gums become more sensitive after dental scaling and start to bleed. Another study states that tooth sensitivity decreases with hand-activated scaling.<sup>9</sup> 36% respondents used to go for follow up after getting their teeth scaled. It is said that approximately 4 appointments per year may be recommended.<sup>10</sup> Another study conducted did not show either harm or benefit for regular six or twelve month scaling treatment as compared to no scaling and polishing.<sup>11</sup> The results of the study clearly reveal that many people in this city still believe in outdated false stories and myths regarding teeth and their health. Information about the recent

advancements in the field of oral health and education haven't reached them effectively. This ignorance was probably the cause of various myths and taboos.

## CONCLUSION

Prevalence of myths and taboos regarding dental scaling was common not only among illiterate people but also among educated class. In this study most commonly observed myth among people was that scaling loosens teeth. Majority of subjects believed that scaling causes gaps between teeth. Gum bleeding and tooth sensitivity was considered predominant risk factors associated with scaling. These factors led to avoidance of getting their teeth scaled and to go for follow up after scaling.

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## CONTRIBUTIONS BY AUTHORS

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| <b>1 Hiba Farooq:</b>         | Data collection, compilation of results and writing of manuscript.                              |
| <b>2 Syeda Humal Bukhari:</b> | Data collection, compilation of results and writing of manuscript.                              |
| <b>3 Munaza Riaz:</b>         | Supervision in data collection, compilation of results and participation in manuscript writing. |