



Comparison of the Effect of variable Procedures of oral and teeth Hygiene educating on decrees of plaque control in students Secondary girl schools in Zahedan 2009-2010®

Siros Risbaf Fakour¹, Masood Bamedi², Mohammad Ayoub Rigi Iadiz³ *

1 Department of Oral and Maxillo Facial Surgery Oral and Dental Disease Research Center, Azadegan Street, Faculty of Dentistry, Zahedan University of Medical Science Zahedan, Iran

2 Department of Periodontics, Oral and Dental Disease Research Center, Azadegan Street, Faculty of Dentistry, Zahedan University of Medical Science Zahedan, Iran

3 Department of Periodontics, Oral and Dental Disease Research Center, Azadegan Street, Faculty of Dentistry, Zahedan University of Medical Science Zahedan, Iran

*Corresponding Author Address: Dr. Mohammad Ayoub RigiIadiz

ABSTRACT

The plaque control is consisting of doffing dental plaque, which is based on regular program and prevention of re-gathering of it on teeth and area of marginal gingival. The controlling of plaque is an important part in the dentistry therapies. Dentistry's profession in relying on the method of mechanical plaque's controlling and heinindomechanical, as the most reliance method for achieving to oral health among all of patient, especially on periodontal patients. 120 students in 4 groups were selected randomly, every group has 30 members .at first, they were Checked up, then measuring of plaque index with clinical test and use of disclosing is taken place, it use for checking of plaque of index Quigley-Hein (is coded from 0 – to – 5). After the primal check, to all of group is given different instruction methods and persuasion, 6 months later, The first step's data is compared to the second step's data, and will be analyzed. Among different instructional groups, the instruction and persuasion group has better data results and there isn't a meaning full relationship between parent's education and rate of health observance and students.

Keywords: plaque control, Quigley-Hein, mechanical plaque's, secondary schools

Received 27.03.2016

Revised 09.04.2016

Accepted 02.06.2016

INTRODUCTION

Clinical characteristics of the gum: Gum color (color): Gum color is pink and coral 1 depends on: 1 - 2 of thickness and degree of keratinization of epithelium - the pigmented cells of gingival pigmentation or discoloration of the issued and deep purple or brown and light brown spots with irregular shapes can be seen.

Gingival contour (contour): The Congress has the appearance and feel of the teeth with labial, gingival contour of the labial surface of the tooth and has a more extreme view, Congress has Batmayl lingual gingival contours are horizontal and thicker. The interdental gingiva may be slim - in cases where adjacent teeth are closer together - or a flat - where adjacent teeth apart - is [1]. Tissue consistency (consistency): stiff yet flexible gum. Apart from the gingival margin that is moving, the gums tightly to the underlying bone are connected to the rest of the region. Gingival surface texture (surface Texture): This is an orange peel texture. Only marginal gingiva and no orange peel in it. There is no orange peel on babies' gums. About 5 years of age, some children appear to increase rates until adulthood and old age often goes away. Adaptive evolution of an orange peel or enhance the function of the mouth is [1]. Gingivitis is an inflammation of the soft tissues without periodontal bone loss. Pathological changes in gingivitis with gingival sulcus are associated with the oral micro Argansym. These micro-organisms are able to synthesize products such as collagenase, hyaluronidase, protease, chondroitin sulfatase, and endotoxin have caused damage to the epithelial cells of the connective tissue Vapy are intracellular compounds. Clinical evaluation gums for gingivitis should be systematically evaluated in clinical practice, the need for

a thorough examination of your gums, such as color, contour, consistency, position, bleeding from the gums. [1-4].

MATERIAL AND METHODS

Plaque control is the removal of dental plaque on a regular schedule to prevent re-accumulation on the teeth and adjacent gingival surfaces [4]. Is an important component of dental plaque control. Dental profession to mechanical plaque control methods (washing, daily cleaning with a toothbrush and other hygiene procedures) as the most reliable method to achieve oral health relies on all dental patients, including periodontal patients. Plaque control with brushing alone is not enough to control periodontal gum disease and periodontal diseases are mostly in the area between the teeth [4]. Each group consisted of 30 students who had a total of 120 students were examined in this study. Groups: a control group that received no education and persuasion.

Group II: Oral Health Education

Group III: Group urges action

Group IV: Oral Health Education and inspire action Variables of the study, various methods of health education, dental plaque, the mother's education and father's education.

First, complete a questionnaire and clinical examination of students who had systemic diseases and continuously (for 6 months) or ongoing orthodontic treatment was used were excluded from. Sampling using natural light and shadow on the seat in front of each sample were examined, respectively. To evaluate the plaque index mouth and teeth were divided into 6 Skstant teeth 46, 36, 26, 16, 11 and 31.

In this study, the Quigley-Hein index is coded from zero to 5 was used [6, 7, 8, and 9]. Code Zero = no plaque

A collar Code = dispersed particles of plaque on teeth.

Code joining two = one layer of plaque on teeth necklace

Tuesday = a microbial source layer is larger than a millimeter less than a third of the tooth is covered

Code = There are four or less than two-thirds of a third plaque on teeth

Code = five or more than two thirds of two thirds of plaque on teeth

RESULTS AND DISCUSSION

Data from the completed questionnaires to the research and analysis of classified and assessed under the science of any monitoring, advice and training to students with their oral health status deteriorated after 6 months [10-16].The significant increase in the amount of plaque index were statistically significant ... In the group of students under training were firstly examined, 6/56% of the students coded plaque index 3 and 4 have been while in the second stage examination after training for oral hygiene and dental education and how Proper brushing, 7/56% of the students were coded plaque index 1 and 2. These data indicate a statistically significant improvement in the oral health status of the students taught proper hygiene is followed. Encourage the group in the first stage examination, 3/53% of the students Code plaque index 4 and 5 have been while in the second stage examination, a slight decrease, 7/46% of the students in the group code, plaque index 4 and 5 of that show little effect on promoting education in reducing plaque mouth and dental. Encourage more effective than the control group but still has the effect of improving the oral health of students. This significant reduction in plaque index was statistically significant in the fourth group of students who were trained and encouraged at the same time, the best results were obtained. In the first stage of the examination, only 3/23% of the students were coded 2 plaque index and plaque index, none of the students in group 1 did not have the code, so that the second stage of the examination, 7/46% of the students Student Code of plaque index were 1 and 2.

REFERENCES:

1. Newman MG, Karanza FA: (2013). Clinical periodontology. 10th ed; chapter 4: 61-2
2. Chipps EM, Carr M, Kearney R, MacDermott J. (2016). Outcomes of an Oral Care Protocol in Postmechanically Ventilated Patients. *Worldviews Evid Based Nurs.* 14. doi: 10.1111/wvn.12124.
3. Fernandez C, Declerck D, Dedecker M, Marks L. Treatment needs and impact of oral health screening of athletes with intellectual disability in Belgium. *BMC Oral Health.* 2015 30;15(1):170
4. Khedekar M, Kv S, Parkar MI, Malik N, Patil S, Taur S, Pradhan D. Implementation of Oral Health Education to Orphan Children. *J Coll Physicians Surg Pak.* 2015;25(12):856-9.
5. Pham K, Barker JC, Lazar AA, Walsh M. Oral Health Care of Vietnamese Adolescents: A Qualitative Study of Perceptions and Practices. *J Dent Hyg.* 2015;89(6):397-404.
6. Tsamtsouris A, White GE, Clark ER: The effect of instruction and supervised toothbrushing on the reduction of dental plaque in kindergarten children. *ASDC J Dent Child;* 1979 May-Jun;46(3):204-9

7. Leal, Soraya Coelho, Ana Cristina Barreto Bezerra, and Orlando Ayrton de Toledo. "Effectiveness Of Teaching Methods For Toothbrushing In Preschool Children". Brazilian Dental Journal 13.2 (2002): n. pag.
8. Poyato-Ferrera, M, JJ Segura-Egea, and P Bullon-Fernandez. (2013)."Comparison Of Modified Bass Technique With Normal Toothbrushing Practices For Efficacy In Supragingival Plaque Removal".International Journal of Dental Hygiene 1.2: 110-114
9. Robinson, E. (1976)."A Comparative Evaluation Of The Scrub And Bass Methods Of Toothbrushing With Flossing As An Adjunct (In Fifth And Sixth Graders)". Am J Public Health 66.11: 1078-1081.
10. Nyyssonen V: (1984).Oral hygiene status and habitual tooth brushing in children.ASDC J Dent Child.Jul-Aug; 51(4):285-8
11. Addy, M. et al.(1987)."The Distribution Of Plaque And Gingivitis And The Influence Of Toothbrushing Hand In A Group Of South Wales 11-12 Year-Old Children". Journal of Clinical Periodontology 14.10: 564-572.
12. Worthington, Helen V. et al. (2001)."A Cluster Randomized Controlled Trial Of A Dental Health Education Program For 10-Year-Old Children". Journal of Public Health Dentistry 61.1: 22-27.
13. Olsson, Berit. (1978). "Efficiency Of Traditional Chewing Sticks In Oral Hygiene Programs Among Ethiopian Schoolchildren". Commun Dent Oral Epidemiol 6.3: 105-109.
14. Hiava GL,tanaka M kataoka,Ojima M ,shizakuishis: (1995). Clinical evolution of the plaque removal efficacy of three tooth brushes.Jclin Dent 1995; 6:113-6
15. Baab, David A., and Philip Weinstein. "Oral Hygiene Instruction Using A Self Inspection Plaque Index". Common Dent Oral Epidemiol 11.3 (1983): 174-179
16. DeVore, Cheryl H., Frank M. Beck, and John E. Horton. "Plaque Score Changes Based Primarily On Patient Performance At Specific Time Intervals". Journal of Periodontology 61.6 (1990): 343-346.

CITATION OF THIS ARTICLE

Sirous Risbaf Fakour, Masood Bamedi, Mohammad Ayoub Rigi Iadiz. Comparison of the Effect of variable Procedures of oral and teeth Hygiene educating on decrees of plaque control in students Secondary girl schools in Zahedan2009-2010®. Bull. Env. Pharmacol. Life Sci., Vol 5 [8] July 2016: 80-82



BEPLS is licensed under a Creative Commons Attribution-Non Commercial 3.0 Unported License.