What we know about oral health-related quality of life on Bonaire.

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Aim of the study

To determine the relationship between oral health behavior (OHB), attitude, expected social outcomes (ESO), dental anxiety, and one’s dentition characteristics with oral health-related quality of life (OHQoL).

Methods

51 dental patients in a general practice on Bonaire, a part of the Netherlands Antilles, filled out a questionnaire: Dutch Oral Health Impact Profile-14 (OHIP-14, α=0.88), index of OHB (10 items; tooth brushing, interdental cleaning and tongue cleaning), Attitude (α=0.83), ESO (α =0.75), and Dental Anxiety Scale (DAS, α =0.93). Dentition characteristics of the patients (healthy dentition, slightly unhealthy dentition, mutilated dentition) were assessed by the third author.

Results

Unhealthy dentition, dental anxiety, a negative attitude towards OHB, and less value attached to negative social outcomes of having unhealthy teeth, were associated with a low perceived OHQoL. Table 1.

<table>
<thead>
<tr>
<th>OHIP-14</th>
<th>DAS</th>
<th>Dentition characteristics</th>
<th>Attitude</th>
<th>ESO</th>
</tr>
</thead>
<tbody>
<tr>
<td>.444**</td>
<td>.343*</td>
<td>-.400**</td>
<td>-.308*</td>
<td></td>
</tr>
</tbody>
</table>

* is significant at 0.05 level     ** is significant at 0.01 level

Dental anxiety and unhealthy dentition had independent effects on OHQoL, explaining 31.2 % of the variance. (Figure 1.)

![Diagram](image)

Figure 1.

Conclusions

OHQoL is related to independently assessed dentition characteristics, and to self report measures, especially a measure of dental anxiety. Oral health behavior itself was not associated with OHQoL. Subjective as well as objective factors were important for oral health-related quality of life.


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