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Incidence Of Dental Caries In Sample Survey Done In The Slums Of Kolar Region, Bhopal

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Abstract

Background: Dental caries is one of the most prevalent oral dental disease in the world. Dental caries can be prevented by timely screening and prompt treatment.

Aim: To find out the prevalence of dental caries in urban slum.

Method: A sample survey was done for 3 to 4 days in the slums areas of Kolar region, Bhopal. The survey included 50 patients. Each patient was asked to answer a questionnaire, which included DMF index and basic details of his identity.

Result: The mean DMF index of the sample was calculated and it was found to be 1.2. The DMF index for this sample survey has come out to be very low.

Conclusion: The reason for low index may be due to the fact that junk food consumption is very low in this group. Community based programs may further reduce the incidence of dental caries.

Keywords: Dental caries, Community, DMF index, Urban

I. Introduction

The evidence of dental caries can be traced by the skeletal remnants of prehistoric men. According to Schafer dental caries is a microbial disease characterized by demineralization of inorganic portion and destruction of organic substance of teeth.

Dental caries is one of the most prevalent oral dental disease in the world. It has been suggested by the survey worldwide that during the period of 1960-70 the developed countries like England, US and Switzerland had high rate of caries incidence, but now a distinct down word trend has been seen over the last 10-15 years and DMFT index has reached upto 3.

This has been made possible by the efficient use of fluoride programs. On the other hand incidence and prevalence of dental caries is constantly increasingly in the developing countries. The reason can be attributed to lack of awareness and lack of proper implementation of preventive measures. The scenario of Indian subcontinent is not different from other developing countries and here also the prevalence of dental caries has increased considerably over the years.

II. Methodology

A sample survey was done for 3 to 4 days in the slums areas of Kolar region, Bhopal. The survey included 50 patients. Each patient was asked to answer a questionnaire, which included DMF index and basic details of his identity.

The data collected was tabularized. The identity of the patient was kept confidential and alphabetical letters were used as code for each patient eg. A1, A2, A3..... A50.

| III. Results | | | | | | | |
|--------------|--------|-----|---|---|--------------|--|--|
| P a | ı ti e | n t | D | M | \mathbf{F} | | |
| Α | | 1 | 0 | 0 | 0 | | |
| Α | | 2 | 1 | 0 | 0 | | |
| Α | | 3 | 1 | 0 | 0 | | |
| Α | | 4 | 2 | 1 | 0 | | |
| Α | | 5 | 2 | 0 | 0 | | |
| Α | | 6 | 2 | 0 | 0 | | |
| Α | | 7 | 2 | 0 | 0 | | |
| Α | | 8 | 1 | 1 | 0 | | |
| Α | | 9 | 1 | 0 | 0 | | |
| Α | 1 | 0 | 1 | 0 | 0 | | |
| Α | 1 | 1 | 0 | 0 | 0 | | |
| Α | 1 | 2 | 1 | 0 | 0 | | |
| Α | 1 | 3 | 0 | 0 | 0 | | |
| Α | 1 | 4 | 1 | 0 | 0 | | |
| Α | 1 | 5 | 0 | 0 | 0 | | |

| P a | t i e | n t | D | M | \mathbf{F} |
|-----|---|-----|---|---|--------------|
| Α | 1 | 6 | 2 | 0 | 0 |
| Α | 1 | 7 | 1 | 0 | 0 |
| Α | 1 | 8 | 2 | 0 | 0 |
| Α | 1 | 9 | 1 | 0 | 0 |
| Α | 2 | 0 | 1 | 0 | 0 |
| Α | 2 | 1 | 0 | 0 | 0 |
| Α | 2 | 2 | 0 | 0 | 0 |
| Α | 2 | 3 | 0 | 0 | 0 |
| Α | 2 | 4 | 1 | 0 | 0 |
| Α | 2 | 5 | 0 | 0 | 0 |
| Α | 2 | 6 | 1 | 0 | 0 |
| Α | 2 | 7 | 1 | 0 | 0 |
| Α | 2 | 8 | 1 | 0 | 0 |
| A | 2 | 9 | 3 | 1 | 0 |
| Α | 3 | 0 | 1 | 0 | 0 |
| Α | 3 | 1 | 2 | 0 | 0 |
| Α | 3 | 2 | 2 | 0 | 0 |
| Α | 2 2 3 3 3 3 3 3 3 | 3 | 0 | 0 | 0 |
| Α | 3 | 4 | 0 | 0 | 0 |
| Α | 3 | 5 | 1 | 0 | 0 |
| Α | 3 | 6 | 4 | 0 | 0 |
| Α | 3 | 7 | 0 | 0 | 0 |
| Α | 3 | 8 | 1 | 0 | 0 |
| Α | 3 | 9 | 1 | 0 | 0 |
| Α | 4 | 0 | 2 | 0 | 0 |
| Α | 4 | 1 | 1 | 0 | 0 |
| Α | 4 | 2 | 1 | 0 | 0 |
| Α | 4 | 3 | 1 | 0 | 0 |
| Α | 4 | 4 | 0 | 0 | 0 |
| Α | 4 | 5 | 0 | 0 | 0 |
| Α | 4 | 6 | 1 | 0 | 0 |
| Α | 4 | 7 | 0 | 0 | 0 |
| Α | 4 | 8 | 0 | 0 | 0 |
| Α | 4 | 9 | 1 | 0 | 0 |
| Α | 5 | 0 | 2 | 0 | 0 |

Mean DMF = Total DMF / Total No. of Patient = 60 / 50 = 1.2

Discussion IV.

In the above study DMF index for each patient was noted and the mean DMF index of the sample was calculated and it was found to be 1.2. The DMF index for this sample survey has come out to be very low. The reasons for low DMF may be attributed to the fact that in slum area the people are deprived of chocolates, ice creams, junk foods and cold drinks. It has been found that many community based strategies like community water fluoridation and pit and fissure sealant program have helped in the prevention of dental caries.

It is expected that strategies aim to individually teach tooth brushing and maintenance of oral hygiene can definitely increase public awareness, regarding oral health and hence can significantly reduce the risk of dental caries.

V. **Conclusion**

A small survey was done on patients in the slums of kolar region to find out the incidence and pattern of dental caries. The results showed mean DMF index value of 1.2 which was quite surprising. The reason for low index may be due to the fact that junk food consumption is very low in this group. Community based programs may further reduce the incidence of dental caries.

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