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A Preliminary Assessment on Magnitude of Oral Health Problems among Five Selected Primary Care Clinics of Malaysia and Myanmar in 2012



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BACKGROUND

- There is growing evidence that oral health is related to local and systemic diseases by sharing common risk factors¹.
- Although, oral health has long been overlooked in the medical community², electronic medical records study in 2011 found that 1.2% of all encounters of the University Primary Care Clinic were oral diseases³.
- The first point of contact for patients with Primary Care Physicians (PCPs) can facilitate preventive dental care through timely referrals to dental profession⁴.

OBJECTIVES

- To assess the oral health concern of general/family medicine practices which may be used to set primary and emergency oral health care training for primary care physicians

METHODS

- A uniform structured format was used to collect total number of patients and the patients with oral health problems (OHPs) who attended at the selected 3 primary care clinics of Kuantan, Malaysia (a private, a public and a University clinic) and two private clinics of Myanmar (one from Yangon (City) and one from Hninthada District within 1st April, 2012 to 31st July, 2012.
- A cross-analysis was done between demographic data, reason for encounter (RFE) and the countries under study.

FINDINGS

Table(1): Magnitude of patients with OHPs among 5 selected Primary Care Clinics of Malaysia & Myanmar from 1st April to 31st July, 2012

Country	Place	Patients with OHPs	Total Patients	Prevalence (per1000/4month)
Malaysia	University Clinic(IIUM)	46	3540	Mean -12.99 Min(May) -9.36 Max(June) -17.96
	Public Clinic (Balok)	133	7670	Mean -17.34 Min(July) -10.81 Max(April) -25.7
	Private Clinic (Ar Razi)	115	14028	Mean -8.19 Min(April) -4.2 Max(May) -14.8
Myanmar	Private clinic (Yangon City)	42	4940	Mean -8.5 Min(May) -7.95 Max(April) -9.78
	Private clinic (Hninthada District)	22	5505	Mean -3.99 Min(May) -3.6 Max(April) -11.6

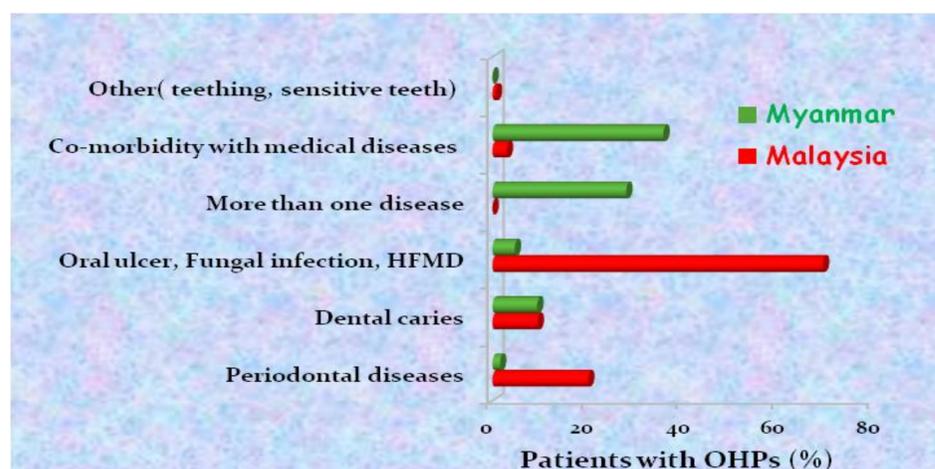


Figure (1) Reason for Encounter of Patients with OHPs in Malaysia(n= 294) & Myanmar (n=64)

Table(2): Age Groups Distribution of Patients with OHPs in Malaysia(n= 294) & Myanmar (n=64)

Age Group	Malaysia		Myanmar	
	No	%	No	%
1- 15 years	147	50	11	44.1
16-30 years	78	26.5	7	23.7
31-45 years	43	14.6	18	17
46-60 years	18	6.1	16	9.5
> 60 years	8	2.7	12	5.6
		$\chi^2 = 67.71$	$p = 0.0000$	

Table(2): Gender Distribution of Patients with OHPs in Malaysia (n= 294) & Myanmar (n=64)

Gender	Malaysia		Myanmar	
	No	%	No	%
Male	128	43.5	23	35.9
Female	166	56.5	41	64.1
		$\chi^2 = 1.245$	$p = 0.265$	

DISCUSSION & CONCLUSION

- This study confirms that Oral Health Problem is an important health issue in reason for encounter of primary care practices.
- It showed that more patients consulted for their OHPs at the Primary care clinics of Malaysia than Myanmar. This may be due to small numerator because of under recording and less clinic opening hours in primary care clinics of Myanmar and/or other factors.
- Although, age group differences- the younger age group more in Malaysia and the older age group more in Myanmar was seen, there was no gender differences. There were more co-morbidities with medical diseases in Myanmar than in Malaysia.
- It is recommend that all primary care physicians be more aware of oral health problems and if necessary be made part of the training as a primary care physician.

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