An interview study of persons who attribute health problems to dental filling materials--part two in a triangulation study on 65 and 75 years old Swedes.

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Abstract: Dental materials are perceived as a health problem by some people, although scientists do not agree about possible causes of such problems. The aim of this paper was to gain a deeper knowledge and understanding of experiences from living with health problems attributed to dental materials. Addressed topics were the type of problem, both as to general and oral health, perceived causes of the problems, their experienced effect on life, and reception by health professionals. Persons, who in a previous large questionnaire study had answered that they had experienced troubles from dental materials and also agreed to answer follow-up questions, were contacted with a request to take part in an interview study. Eleven individual interviews were held. The interviews were transcribed verbatim and the material was analysed according to the Qualitative Content Analysis method. Meaning units were extracted and condensed into a number of codes, which were combined into subcategories, categories, and themes. Four themes were identified: 1) Long-term oral, mental, and somatic difficulties of varying character, caused by dental amalgam. 2) Problems treated mainly by replacement of dental material in fillings. 3) Powerful effects on life, mostly negative. 4) The reception by health professionals was generally good, but with elements of encounters where they felt treated with nonchalance and lack of respect. In conclusion, people who attributed their health difficulties to dental materials had a complex range of problems and the perception was that amalgam/mercury was the cause of the troubles. The reception from health professionals was perceived as generally good, although with occasional negative experiences.

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Arctic Health
Changes over 5 years in utilization of dental care by a Swedish age cohort.

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Questionnaires
Regression Analysis
Self Assessment (Psychology)
Social Change
Socioeconomic Factors
Sweden

Abstract: OBJECTIVE: The purpose of this study was to investigate the temporal development of the utilization of dental care, in relation to socio-economic factors and also considering perceived oral health, attitudes to dental care, dental anxiety, care organisation and changes in the way that dental care is paid for. A conflict model was used as a theoretical framework. METHODS: In 1992, a mail questionnaire was sent to all 50-year-old persons in two counties in Sweden, Orebro and Ostergotland, as part of a cross-sectional study. This study group numbered 8888 persons. In 1997, the same population was sent a new questionnaire. There were 5363 persons who completed the questionnaire in both 1992 and 1997. Changes in utilization of dental care were analysed. RESULTS: An increase in personal expenditure for care was obvious, 42% paid more in 1997 compared with 1992. In the study, 7% had prolonged their time since most recent visit and 12% had less frequent visits. In regression models, education, occupation, place of residence, country of birth, marital status, gender, dental anxiety, having poor perceived oral health and poor general health were associated with utilization. Care organisation factors showed there was a greater probability of having higher utilization and higher cost of care when private practitioners provided the care. CONCLUSION: Small changes in the utilization of dental care occurred during this study time. Inequality in utilization existed and socio-economic factors affected utilization as well as health perception and dental anxiety. Changes in the cost of care did not affect utilization appreciably, probably because of a selected population with high price elasticity. Having a private care provider compared with one in the public system affected the probability of having higher utilization and higher cost for care.
The present study aims to gain knowledge about the dentist's use and choice of digital extraoral imaging methods, panoramic radiography and cone beam computed tomography (CBCT). A questionnaire sent to 2481 dentists within the Swedish Dental Society contained questions about the panoramic technique and CBCT technique used, education, clinic size and type of service. The response rate was 53%.

The study showed that 61% of the Swedish dentists had access to panoramic techniques and that 84% used a direct digital sensor, while 6% used storage phosphor plate techniques. Around 8% of the Swedish dentists had access to CBCT. It was also observed that group practices had two times higher odds of having panoramic equipment compared with solo practices. Approximately 40% of the dentists had undergone postgraduate education in oral radiology during the last 5 years. Dental nurses and dental hygienists exposed 92% of the panoramic radiographs and 75% of the CBCTs. Thirty per cent of those clinics with access to a panoramic unit exposed >30 panoramic radiographs per month and 56% of the clinics having access to CBCT did more than 75 examinations per year.

Today 61% of Swedish dentists have access to panoramic radiography and 8% have access to CBCT. There is a greater likelihood of having access if the dentist works in the public dental health service or in a group practice and if the dentist has undergone any postgraduate course in oral radiology.

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        Surveys and Questionnaires
        Sweden
        X-rays

Abstract: The present study aims to gain knowledge about the dentist's use and choice of digital intraoral imaging methods.

A questionnaire sent to 2481 dentists within the Swedish Dental Society contained questions about the type of X-ray technique used, problems experienced with digital radiography, and reasons for choosing digital technology, and about indications, clinic size and type of service. Response rate was 53%.

Ninety-eight percent of the dentists had made the transition to digital radiography; only 2% used film technique, and solid-state detector (SSD) was the most used digital technique. More years in service decreases the likelihood of applying individual indications for performing a full mouth examination. More retakes were done with SSDs compared to storage phosphor plates. Reasons for choosing digital techniques were that work was easier and communication with the patients improved. However, dentists also experienced problems with digital techniques, such as exposure and projection errors and inadequate image quality. The Swedish Radiation Safety Authority states that all radiological examinations should be justified, something not always followed.

This study showed that 98% of the respondents, Swedish dentists within the Swedish Dental Society, used digital techniques, and the most used was the solid-state technique.

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Factors related to persons with health problems attributed to dental filling materials--part one in a triangular study on 65 and 75 years old Swedes.

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Questionnaires
Regression Analysis
Socioeconomic Factors
Sweden

Abstract: The aim of the present study was to investigate persons having problems with dental filling materials in a Swedish population, their perceived oral health, and their reception from dental care personnel. The development over time (between 1992 and 2007) has also been studied concerning the presence of problems from dental filling materials. In two counties in Sweden, Orebro and Östergötland, all persons born in 1942 have been surveyed by mail every fifth year since 1992. In the year 2007, all persons born in 1932 also received the same questionnaire. The total number of respondents in 2007 were 9813 persons (response rate 72.6%). Logistic regression models were constructed with those having had problems or not from dental filling materials as dependent variable. Multiple regression analysis was done with selfperceived oral health as dependent variable. There were about 10% (868) reporting problems from dental filling materials. There were clear differences between the two groups, having problems or not. The group reporting problems from dental filling materials perceived both their general and oral health as being worse compared with others. More frequently they had asked questions about adverse effects from dental filling materials, had changed dental fillings and crowns, and had amalgam present. They also felt less well treated by dental personnel and were not so pleased with dental care in general as others. In conclusion, there were many persons perceiving problems from dental filling materials. Forthose, both perceived general health and oral health was worse and they were less satisfied with dental care in general. No consistent common characteristic, neither as to socioeconomic nor lifestyle factors, could be shown for those having experienced problems from dental filling materials.

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Perceived oral health: changes over 5 years in one Swedish age-cohort.

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Self Assessment (Psychology)
Social Class
Sweden - epidemiology
Tooth Loss - epidemiology - psychology
Toothache - epidemiology - psychology

Abstract: OBJECTIVES: The purpose of this study was to investigate if a change in the social gradients in perceived oral health occurred over a 5-year period, 1992-97, using a cohort population from two Swedish counties. METHODS: In 1992, a cross-sectional mail questionnaire was sent to all 50-year-old persons in two counties in Sweden, Orebro and Ostergötland, and altogether there were 8888 persons. In 1997, the same population was sent a new questionnaire. The cohort, comprising the same respondents from 1992 and 1997, was of 5363 persons. An index of perceived oral health was constructed out of three questionnaire variables: satisfaction with teeth, chewing ability and the number of remaining teeth. This index value was set as a dependent variable in a regression model. Reports of toothache were investigated in a separate logistic regression model. RESULTS: There were obvious social gradients in the perceived oral health index both in 1992 and in 1997. Marital status, foreign birth, education and occupation were all substantially related to the perceived oral health. The change in perceived oral health was analyzed. Almost half of the cohort (47.4%) showed no change at all. Those with increased and those with decreased health were rather evenly distributed on both sides, with 22.0% with better health in 1997 and 30.6% with worse health. Gender and education were related to toothache experience. CONCLUSION: Changes have been moderate in the perceived oral health in this cohort, despite the rather drastic changes in the remuneration of dental care during this study time. On the other hand, this also means that the social differences remain, despite the official goals of increased equity.

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Satisfaction with dental care and life-course predictors: A 20-year prospective study of a Swedish 1942 birth cohort?

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Humans  
Longitudinal Studies  
Male  
Mastication - physiology  
Middle Aged  
Personal Satisfaction  
Prospective Studies  
Self Report  
Sex Factors  
Socioeconomic Factors  
Sweden
Abstract: The aim was to assess the impact of care experience, health factors and socioeconomic factors on satisfaction with dental care across time and to assess the stability or change in levels of self-reported satisfaction with dental care in individuals as they progress from middle age to early old age.

The present work is based on five separate data collections from a cohort study with 3585 individuals responding in all years of the survey. Data collection was conducted in 1992 when the subjects were 50 years of age and again 5, 10, 15 and 20 years later. Absolute stability in satisfaction with dental care was assessed by calculating the proportion of individuals who maintained their position in the same category from one survey period to another. Changes across time were tested using Cochran’s Q test. Satisfaction with dental care across the 20-year survey period was modeled using the generalized estimating equation (GEE).

The result showed that 85% of women and 83% of men remained satisfied with dental care. Binomial GEE revealed no statistical significant change in satisfaction with dental care between 1992-2012. In sum, this study has shown that this age group, born in 1942, was stably satisfied with dental care between age 50 and age 70, despite all changes during this time period. Females are more satisfied than men and the most important factors are the experience of attention during the last visit, satisfaction with dental appearance and good chewing capability.

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Self-perceived oral health among 65 and 75 year olds in two Swedish counties.

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Smoking - adverse effects
Socioeconomic Factors
Sweden - epidemiology - ethnology

Abstract: The aim of this study was to investigate self-perceived oral health in two elderly populations, age's 65 and 75 years, and its relation to background factors, socioeconomic, individual, and dental health service system factors. Another purpose was to investigate if there were any differences in these respects, between the two age groups, born in 1932 or 1942. In two counties in Sweden, Orebro and Ostergötland, all persons born in 1942 have been surveyed by mail every fifth year since 1992. In the year 2007 all persons born in 1932 were also surveyed using the same questionnaire. Those born in 1932 consisted of 3735 persons and those born in 1942 6078 persons. From an outline of a general model of inequalities in oral health data were analyzed with descriptive statistics and contingency tables with chi² analysis. Multivariable analysis was performed by using multiple regression analysis. Factors related to self-perceived oral health were age group, social network, ethnicity, education, general health, tobacco habits, oral hygiene routines, dental visit habits and cost for care. The self-perceived oral health was overall rather high, especially in view of the studied ages, although it was worse for those of age 75. Socioeconomic factors, dental health service system as well as individual lifestyle factors affected self-perceived oral health. To have a satisfying dental appearance, in the aspect of how you are judged by other people, was important for these age groups. This presents a challenge for dental health planners especially since the proportion of older age groups are growing.

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