

CHETTINAD DENTAL COLLEGE AND RESEARCH INSTITUTE

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

(13.04.2020-18.04.2020- Week 3)

Theory class sessions

S.No	Date	Batch	Lecture topic	Faculty	No of students participated
1	13.04.2020	Regular	Epidemiology of Dental Caries	Dr.Nagaland T	78/78
2	13.04.2020	Supplementary	Epidemiology-IV	Dr.Cyril Benedict	7/7
3	18.04.2020	Regular	Epidemiology of Periodontal Diseases	Dr.Nagappan	77/78
4	18.04.2020	Supplementary	Mechanical Plaque Control	Dr.Jagannatha.G.V	7/7

Clinical discussions

S.No	Date	Batch	Lecture topic	Faculty	No of students participated
1	13.04.2020 Session I	Regular	Introduction to Indices	Dr.Jagannatha.G.V	13
2	13.04.2020 Session II	Regular	Classification of Indices	Dr.Jagannatha.G.V	13
3	15.04.2020 Session I	Regular	OHI	Dr.Jagannatha.G.V	13
4	15.04.2020 Session II	Regular	OHI-S	Dr.Jagannatha.G.V	13
5	15.04.2020 Session III	Regular	Students debate on OHI vs OHI-S	Dr.Jagannatha.G.V	12
6	16.04.2020 Session I	Regular	Pathophysiology of Dental Caries	Dr.Jagannatha.G.V	13
7	16.04.2020 Session II	Regular	Introduction to indices to assess dental caries.	Dr.Jagannatha.G.V	13
8	16.04.2020 Session III	Regular	Student presentations on caries risk factors and caries protective factors.	Dr.Jagannatha.G.V Dr.H.Cyril Benedict	13
9	17.04.2020 Session I	Regular	Indices to assess Dental Caries: DMFT	Dr.Jagannatha.G.V	12
10	17.04.2020 Session II	Regular	Deft/s Indices	Dr.Jagannatha.G.V	12

11	17.04.2020 Session III	Regular	Significant Caries Index and Student presentations on 'Caries protective factors.'	Dr.Jagannatha.G.V	12
12	18.04.2020 Session I	Regular	Indices to measure plaque and Plaque Index	Dr.Jagannatha.G.V	12
13	18.04.2020 Session II	Regular	Indices for assessment of gingival diseases and Gingival Index	Dr.Jagannatha.G.V	12
14	18.04.2020 Session III	Regular	Research articles using various indices (discussed) and their interpretation.	Dr.Jagannatha.G.V	12

REPORT ON THEORY CLASS FOR AUGUST BATCH 13/04/2020

STAFF INCHARGE : Dr. Nagaland T

STUDENT INCHARGE : S.Priyadarshini

THEORY TOPIC : Epidemiology of Dental Caries

TIMING : 3.00-4.00 PM

TOTAL NO OF STUDENTS	NO OF STUDENTS PRESENT	NO OF STUDENTS ABSENT
78	78	NIL

Summary:

The final year BDS regular batch students had lecture on “Epidemiology of Dental Caries” via zoom app on 13/04/2020 (Monday) between 3.00-4.00 pm. The contents that were discussed in the lecture class were, definition of dental caries and epidemiology, the epidemiology of dental caries in global and Indian scenario, theories of dental caries in detail, etiological factors for dental caries were explained in detail, host, agent and environmental factors were highlighted ,dietary studies and prevention were explained in this lecture. The following were given as assignment questions

1. The epidemiology of dental caries in Tamil Nadu.
2. Dietary studies and dental caries.
3. Level of prevention in dental caries.
4. How environmental factors, geographical variation and emotional disturbance play a major role in causation of dental caries.

LIST OF PARTICIPANTS WHO ATTENDED THE LECTURE:

Close **Participants (78)**

Aamina Afra

Achsah Evangelin

agalya Panneer selvam

Akshayaa Shankar

AR Anusha R

A. Archana . S

Arunachalesh Anbazhagan

a Ateeq Ahamed

B Balaji's iPhone

Balan Edward

Chats Invite

Close **Participants (78)**

Balan Edward

C Chandhni's iPhone

Deepika Ramachandra Mur...

D Dharunya

GB Gautham B

GP Gowtham PD

Harish P

Hema Suresh

J Janani

Jaya Kumar

Chats Invite

Close **Participants (78)**

Priya Darshini (me)

PL Pavithra lakshmi N (host)

TS Tamil Selvan M D

DN Dr Nagaland

NF Naafia Fathima

Nehrthika Kumaresan

AM Aakifa M

Aamina Afra

Achsah Evangelin

AK Adithi Karthik

Chats Invite

Close **Participants (78)**

Jaya Kumar

Jayabalan C

Jineesh M

Johnvee S

KR Kadambari Ramaswamy

KM Kanchana Mala

Kauvya Karunanidhi

Kishan Kumar

KR Kudiarasi Rajendran

LS Lakshika Sree

Chats Invite



Chettinad

Dental College & Research Institute

Close Participants (78)

LS	Lakshika Sree			
LC	Lalitha Choudhary			
	Logesh Ram			
	M Abinandhan			
M	M.LakshmiPriya			
	Madhu Bala Sermarajan			
	Maha srinithi Selvaraj			
M	Meghana			
MB	Munira Begam			
	Namarrthaa Sre			

Chats Invite

Close Participants (78)

	Namarrthaa Sre			
	Nawin Subhaganesh			
N	Neha Naomi			
PK	Padmajaa Krishnan			
PS	Padmajee Selvaraj			
	Pavithra Harikrishnan			
PR	Pavithra Rajkumar			
	Pavithra Rathinaswamy			
P	Prabhavathi.s			
	Priya Darshini			

Chats Invite

Close Participants (78)

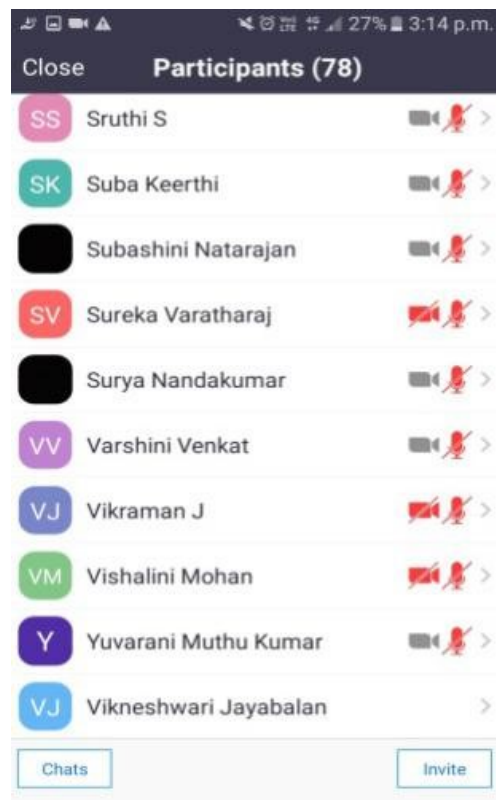
	Priya Darshini			
R	Rakshanaa Jeevan			
	Ram Prasath			
R	Ramu			
RS	Ranjani Srinivasan			
	Sai Aditiya			
SD	Sanjana Dev			
SJ	Santra Joseph			
SG	Sathiya Ganesan			
SN	Shindhuja N			

Chats Invite

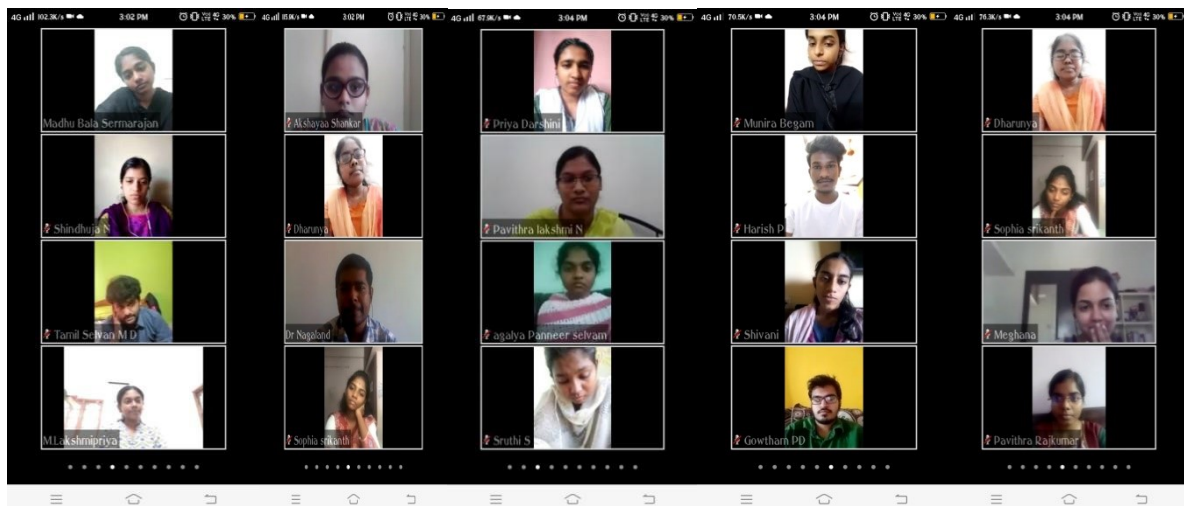
Close Participants (78)

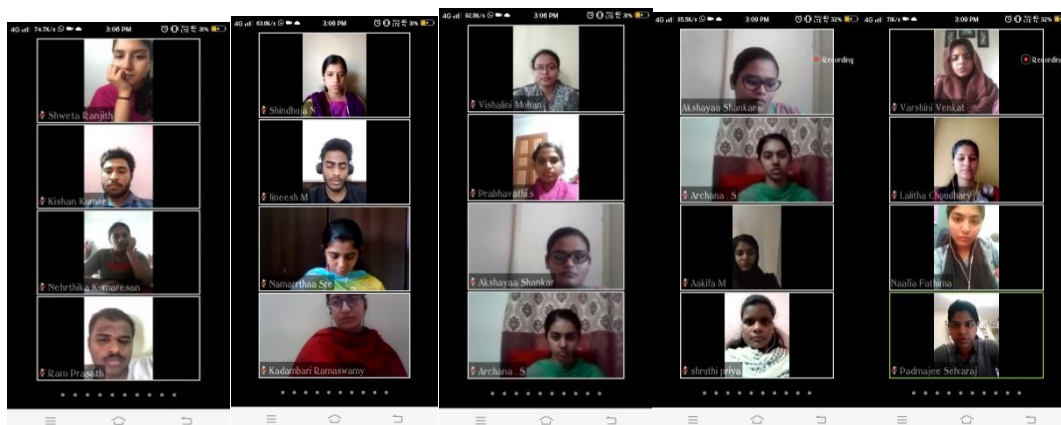
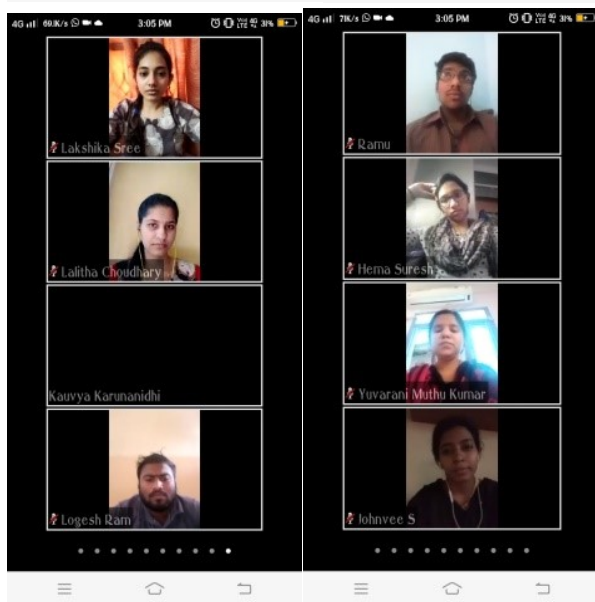
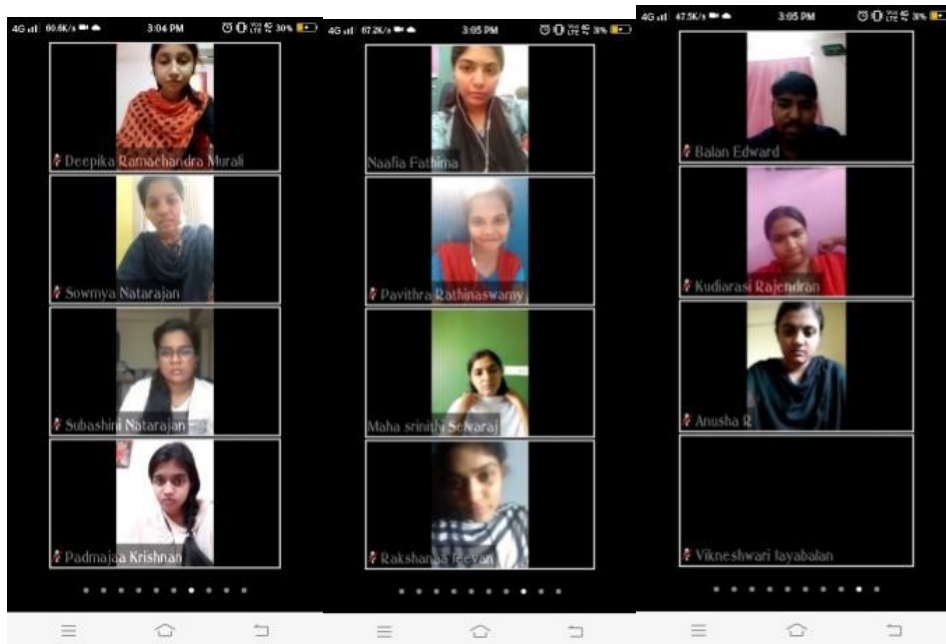
SN	Shindhuja N			
S	Shivani			
	shruthi priya			
SR	Shweta Ranjith			
	Sneha D			
SS	Sophia srikanth			
	Sowmya Natarajan			
SS	Sruthi S			
SK	Suba Keerthi			
	Subashini Natarajan			

Chats Invite



VIDEOS:





4G 44.4K/s 3:15 PM VoLTE 34%

Recording

EPIDEMIOLOGY OF DENTAL CARIES IN INDIA

Northern regions of India had more caries prevalence than the southern regions.

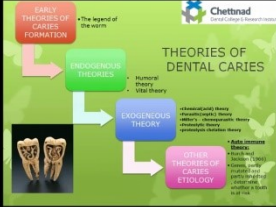
	5 years	12 years	15 years
prevalence	48.11%	43.34%	62.02%
weighted mean	2.49	1.48	2.56
mean significant caries index	3.30	2.73	3.75

Dr Nagaland's screen



4G 4.0K/s 3:19 PM 34%


Recording



Dr Nagaland's screen

4G 85.6K/s 3:20 PM 37%


Recording



Dr Nagaland's screen

4G 59.3K/s 3:41 PM 42%

Recording




Dr Nagaland's screen

4G 84.7K/s 3:50 PM 46%

Recording

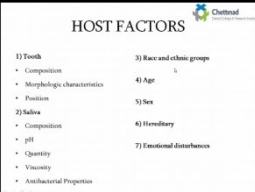
299-348-7126 Leave



Dr Nagaland's screen

4G 59.8K/s 3:32 PM 39%

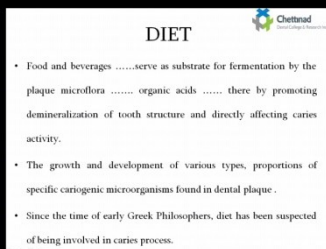
Recording



Dr Nagaland's screen

4G 83.0K/s 3:40 PM 42%

Recording



Dr Nagaland's screen

REPORT ON THEORY CLASS FOR FEBRUARY BATCH 13/04/2020

STAFF INCHARGE : Dr. Cyril Benedict

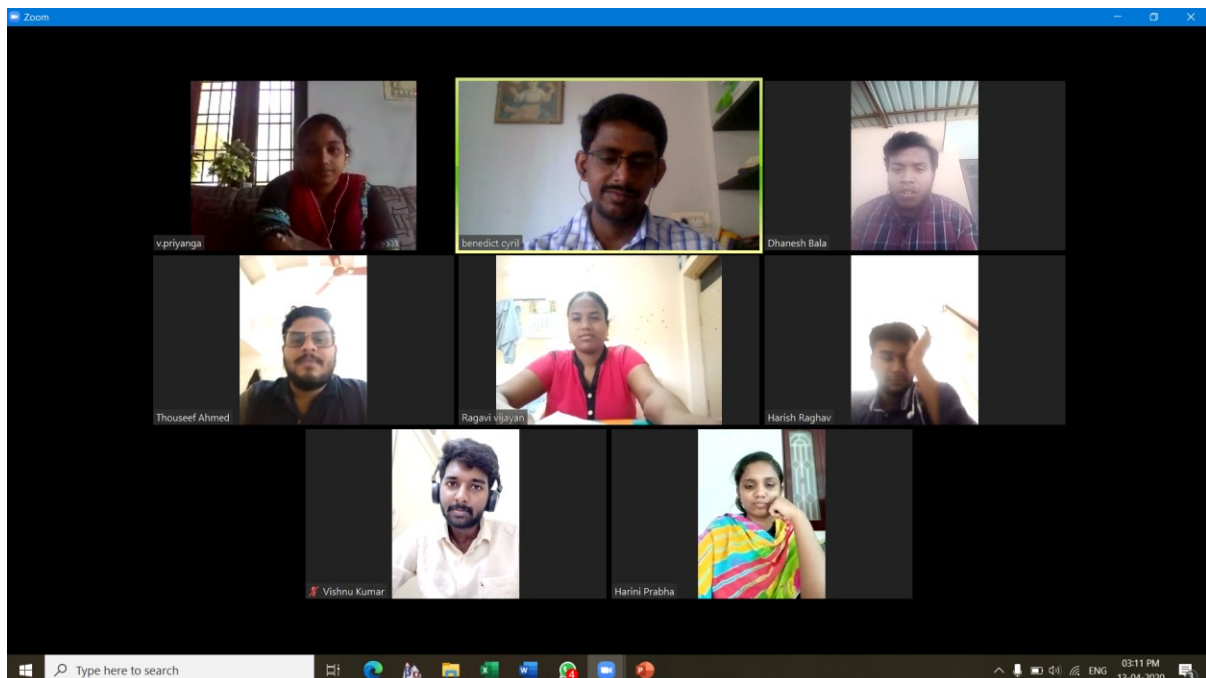
THEORY TOPIC : General Epidemiology-IV

TIMING : 3.00-4.00 PM

TOTAL NO OF STUDENTS	NO OF STUDENTS PRESENT	NO OF STUDENTS ABSENT
7	7	NIL

Summary:

The class started with revision of previous classes. Then the introduction to cohort study was given, followed by steps for cohort study, bias in cohort study, strength of association in cohort study, disadvantages and advantages of cohort study, attributable risk, difference between cohort study and case control study. Following this, introduction to experimental epidemiology, types of experimental epidemiology, phases of a clinical trial, etc. were also taught.



Zoom 40 Minutes

Participants (8)

Find a participant

- benedict cyril (Host, me)
- Dhanesh Bala
- Harini Prabha
- Harish Raghav
- Ragavi vijayan
- Thouseef Ahmed
- v.priyanga
- Vishnu Kumar

Mute Stop Video Security Manage Participants Chat Share Screen Record Reactions End Meeting

Type here to search

03:11 PM 13-04-2020

File Home Insert Design Transitions Animations Slide Show View Help

RECAP

- Formulae for odds ratio
- Other name of case control study
- Study proceeds from _____ to _____
- Case control study cannot measure _____

Chettinad Dental College & Research Institute

Slide 41 of 52 English (India) 03:14 PM 13-04-2020

EPIDEMIOLOGY - PowerPoint

CYRIL BENEDICT

File Home Insert Design Transitions Animations Slide Show Review View Help Tell me what you want to do

Clipboard Paste Cut Copy Format Painter New Slide Section Slides Layout Reset

Font Paragraph Drawing Editing

Find Replace Select

Shape Fill Shape Outline Shape Effects

Align Text Convert to SmartArt Arrange Quick Styles

Slide 42 of 52 English (India)

Cohort study

- Proceeds from cause to effect
- Therefore called as **Prospective Study/Longitudinal Study/Forward Looking Study**
- Can measure incidence, so called **INCIDENCE STUDY**

Click to add notes

Notes Comments

03:17 PM 13-04-2020

Harish Raghav Vishnu Kumar Harini Prabha v.priyanga Thouseef Ahmed

EPIDEMIOLOGY - PowerPoint

CYRIL BENEDICT

File Home Insert Design Transitions Animations Slide Show Review View Help Tell me what you want to do

Clipboard

Layout *
Reset
New Slide *
Section *

Font Paragraph Drawing Editing

38

39

40

41

42

43

44

Click to add notes

Slide 43 of 52 English (India)

Type here to search

Notes Comments

03:31 PM 13-04-2020

3 commandments of cohort study

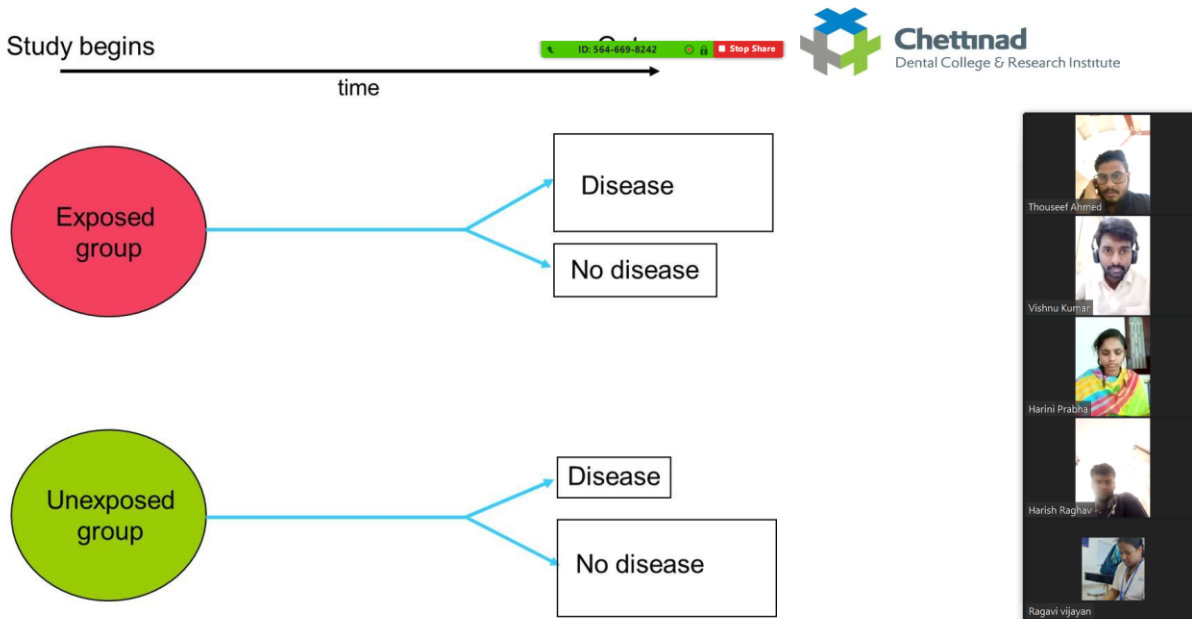
1. Cohorts are identified prior to the onset of disease
2. The study groups are observed over a period of time
3. Study proceeds from cause to effect

COHORT
- a group of people who share common characteristics

Chettinad
Dental College & Research Institute

Harish Raghav
Vishnu Kumar
Harini Prabha
v.priyanga
Ragavi vijayan

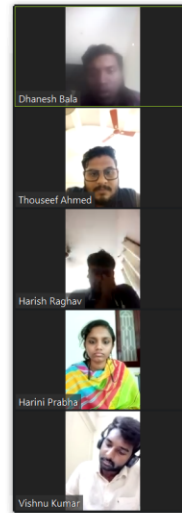
Study begins



Steps in a cohort study

- i. Selection of study subjects
- ii. Obtaining data on exposure
- iii. Selection of comparison group
- iv. Follow-up
- v. Analysis

1. Selection of cases and controls
2. Matching
3. Measurement of exposure
4. Analysis

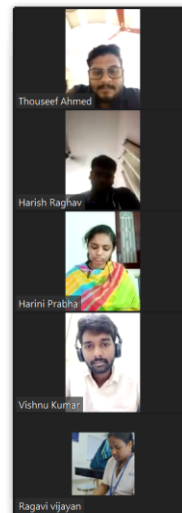


Strength of association

- Relative risk

Risk factor	Developed oral cancer	Did not develop	Total
Habit present (chewers)	45	9955	10000
Habit absent (non-chewers)	5	9995	10000

- Incidence among exposed = $45/10000 = 4.5$ per 1000
- Incidence among non exposed = $5/10000 = 0.5$ per 1000



Whiteboard - Zoom

Remaining Meeting Time: 07:52

incidence among exposed/incidence among non exposed

45/10000

459

10000

3/10000

9 =

Slide 46 of 52 English (United States)

Type here to search

Notes Comments

03:42 PM 13-04-2020

Harish Raghav

Harini Prabha

Dhanesh Bala

Vishnu Kumar

Raghav Viswan

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 13.04.2020

SESSION I

Faculty: Dr. Jagannatha G.V.

Topic: Introduction to indices

Timings: 9.50am to 11.00am

Total No of Students: 13/13 (F-batch)

- | | | | |
|-----------------|----------------------|----------------|---------------------|
| 1. Sophia.S. | 2. Sowmya.N. | 3. Sruthi.S. | 4. Subakeerthi.T |
| 5. Subashini.N. | 6. Surekha.K.V. | 7. Surya.N. | 8. Tamil Selvan.M.D |
| 9. Varshini.V. | 10. Vikneshwari.P.J. | 11. Vikraman.J | 12. Vishalini.M |
| 13. Yuvarani.M | | | |

Summary:

The students were involved in an interactive session on the importance of indices in practice and various terms associated with the requisites of an index. An elaborate explanation on the dentist's role in assessing and understanding the significance of indices was done. The clinical importance of recording the indices pertaining to the disease status of an individual and the community was emphasized. The relevance of indices in quantifying dental diseases like dental caries, plaque and calculus was elaborated in detail. Various terms which are attributable to the ideal requisites of an index like reliability, reproducibility, validity, sensitivity were discussed.

The following questions were given as assignment for better understanding.

1. What are the reasons for using an index for quantification of diseases of dental hard tissues?
2. Site some examples for explaining the differences between sensitivity and specificity.

Introduction to indices



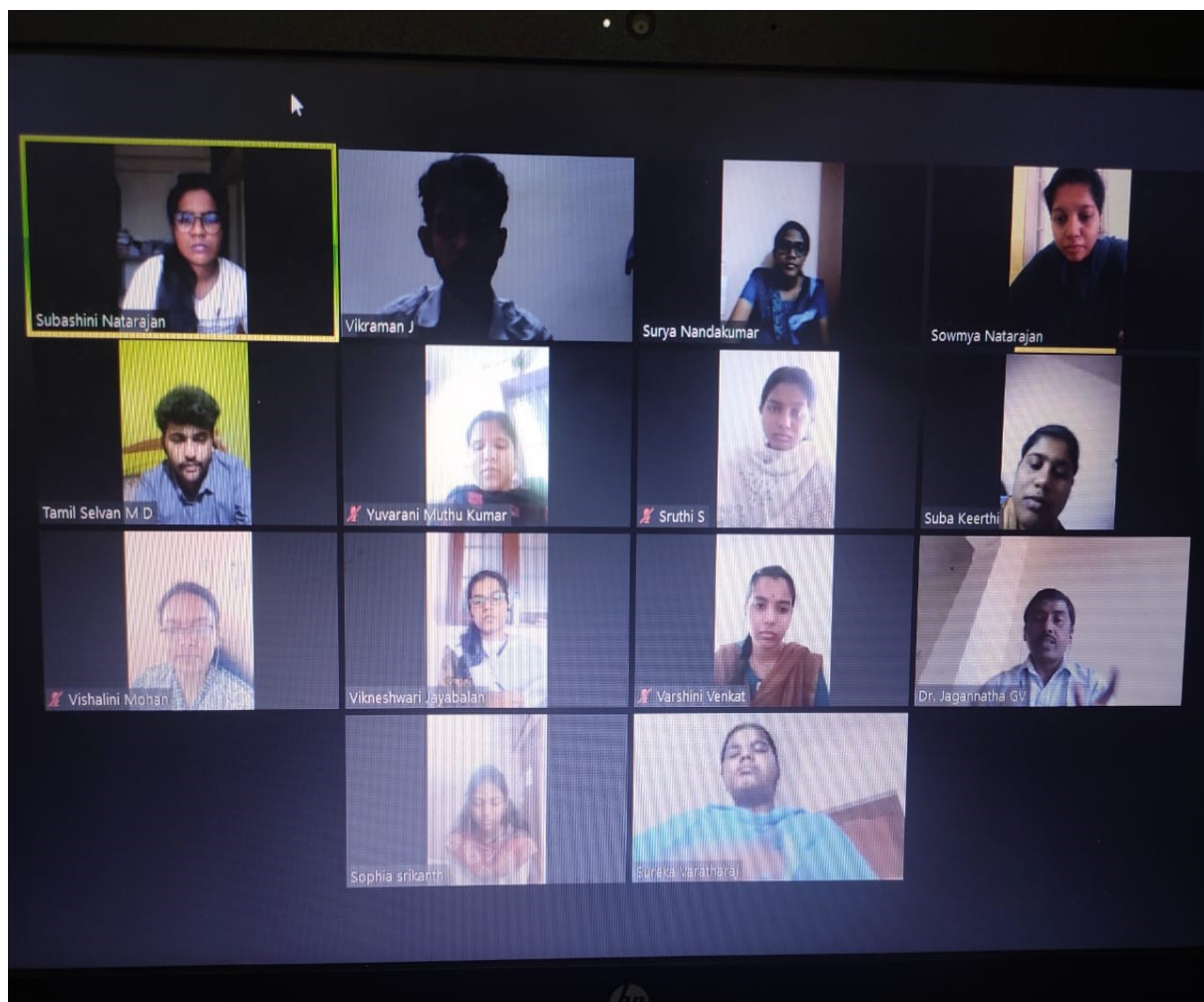
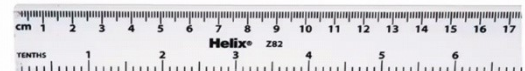
By Sowmya.

What is an index?

Definition

- A numerical value describing the relative status of a population on a **graduated scale** with **definite upper and lower limits**, which is designed to permit and facilitate comparison with other populations classified by the same criteria and methods.

- RUSSELL A.L.



Ideal requisites of an index



What is an index?

Definition

- A numerical value describing the relative status of a population on a **graduated scale with definite upper and lower limits**, which is designed to permit and facilitate comparison with other populations classified by the same criteria and methods.

- RUSSELL A.L.



Dr. Jagannatha GV's screen

10:37 AM

Recording

Varshini Venkat

Vikraman J

Sophia srikanth

Vikneshwari Jayabalan

10:37 AM

Recording

Subashini Natarajan

Suba Keerthi

Sureka Varatharaj

Yuvarani Muthu Kumar

10:37 AM     77

 Recording





 Vishalini Mohan


 Dr. Jagannatha GV


 Sruthi S


 Tamil Selvan M D

• • • • •

10:38 AM     77

 Recording

 Surya Nandakumar

 Sowmya Natarajan

• • • • •



REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 13.04.2020

SESSION II

Faculty: Dr. Jagannatha G.V.

Topic: Classification of indices

Timings: 12:10am to 12:50pm

Total No of Students: 13/13 (F-batch)

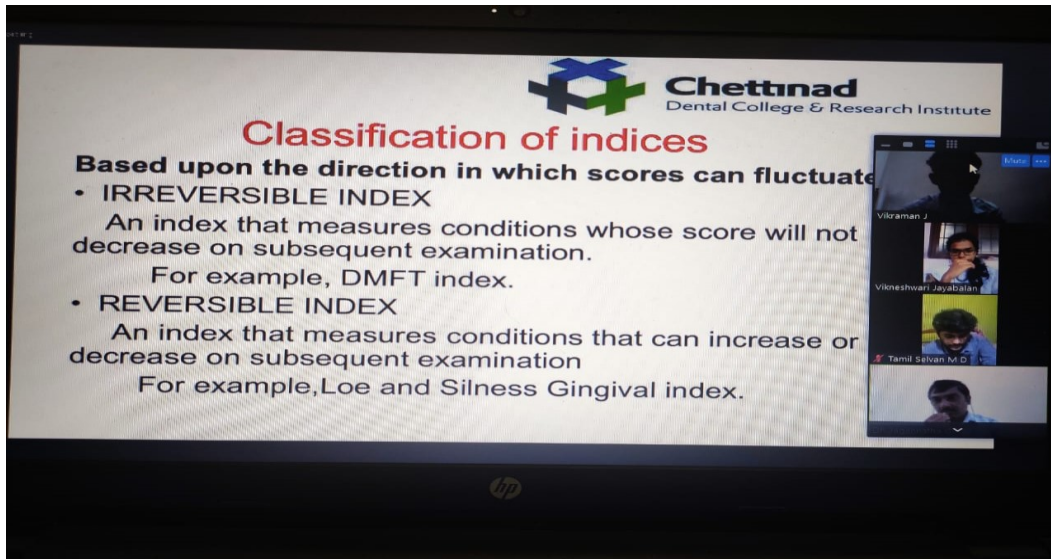
- | | | | |
|-----------------|----------------------|----------------|---------------------|
| 1. Sophia.S. | 2. Sowmya.N. | 3. Sruthi.S. | 4. Subakeerthi.T |
| 5. Subashini.N. | 6. Surekha.K.V. | 7. Surya.N. | 8. Tamil Selvan.M.D |
| 9. Varshini.V. | 10. Vikneshwari.P.J. | 11. Vikraman.J | 12. Vishalini.M |
| 13. Yuvarani.M | | | |

Summary:

The discussion for the session started with the recap of the definition and ideal requisites of an index following which the classification of indices was explained in detail. An insight into the classification of indices based on the direction in which the scores can fluctuate and on the extent to which areas of oral cavities are measured was given, sighting appropriate examples for the same. A detailed discussion on classification of indices under general and special categories was also done with suitable examples. The discussion further continued with the need and significance of an index at an individual, community and at the research level, thus emphasizing that an index acts as a scientific and optimal tool in patient explanation, motivation, in assessing the disease condition and the outcome of a treatment.

The following questions were given as assignment for better understanding of the topic.

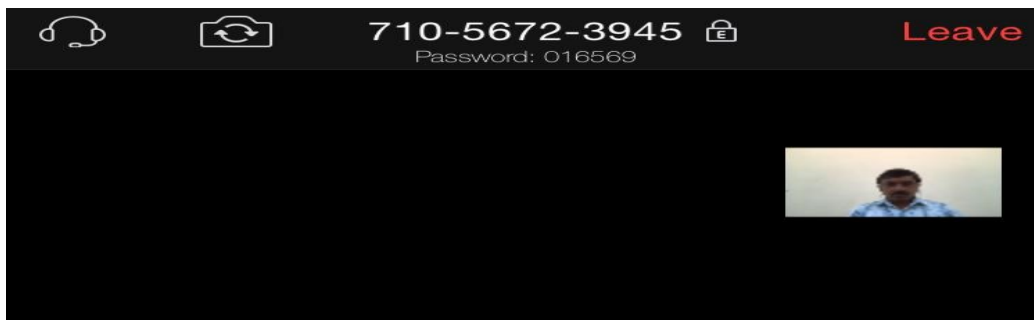
1. Why is third molar not included in full mouth indices?
2. Enumerate reversible and irreversible indices.
3. Pictorially represent the ideal requisites of an index.




Classification of indices

Based upon the direction in which scores can fluctuate

- **IRREVERSIBLE INDEX**
An index that measures conditions whose score will not decrease on subsequent examination.
For example, DMFT index.
- **REVERSIBLE INDEX**
An index that measures conditions that can increase or decrease on subsequent examination
For example, Loe and Silness Gingival index.



710-5672-3945  **Leave**

Password: 016569

Indices classified under certain general categories according to the entity which they measure,

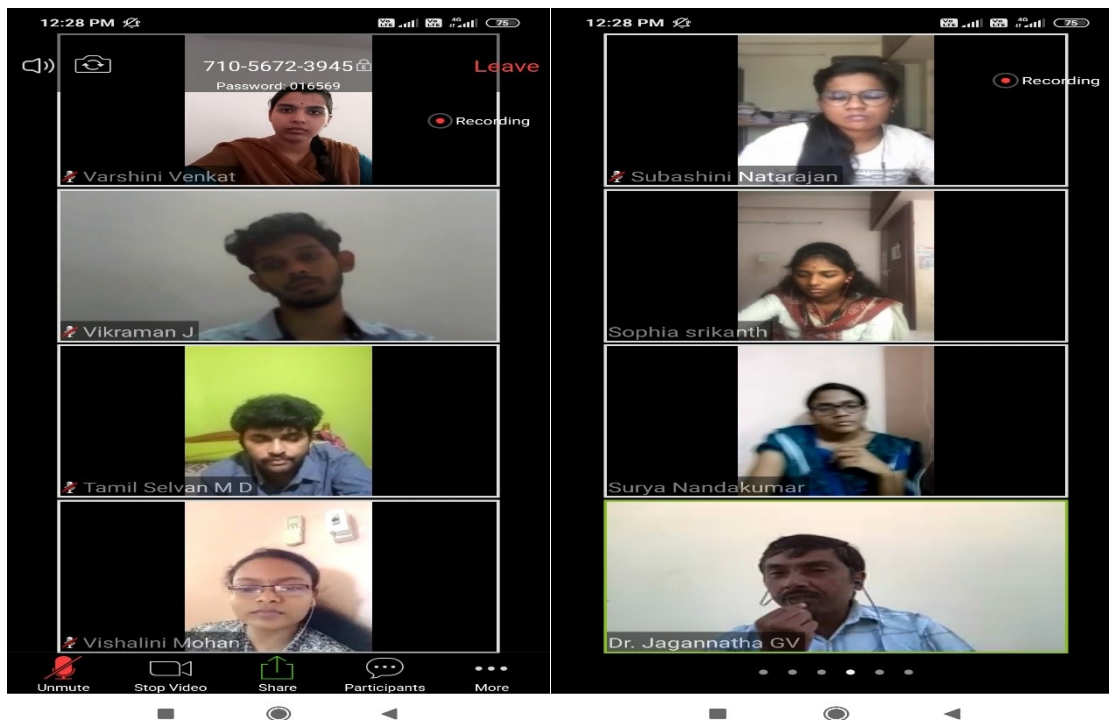
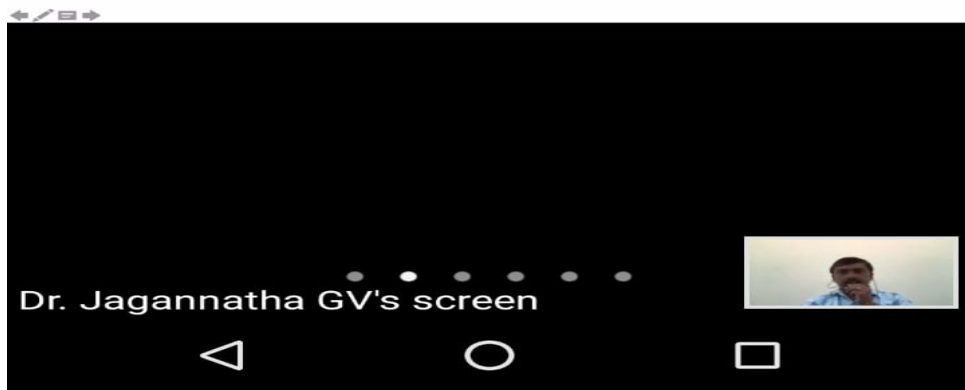
- **DISEASE INDEX**
The 'D' (decay) portion of the DMFT INDEX best implies a disease index.









Uses of an index

- Provide individual assessment to help a patient recognize an oral problem.
- Reveal the degree of effectiveness of present oral hygiene practices.
- Motivate the person in preventive and professional care for the elimination and control of disease.
- Evaluate the success of individual and professional treatment over a period of time by comparing index scores.






























A screenshot of a Zoom meeting interface. The screen is divided into a grid of video feeds. At the top left, a status bar shows the time as 12:28 PM. At the top right, another status bar shows the time as 12:29 PM. The grid contains five main video feeds, each with a name label at the bottom: Suba Keerthi (top left, dark room), Sruthi S (top right, white sari), Vikneshwari Jayabalan (middle left, glasses), Yuvarani Muthu Kumar (middle right, purple top), and Sowmya Natarajan (bottom left, blue top). A sixth participant, Sureka Varatharaj, is partially visible at the bottom. A red recording indicator is visible in the top right corner of the first two video feeds.

ATTENDANCE SHEET:

12:16



V/LTE 1


Close
Participants (14)

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	  >
SS	Sophia srikanth	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikraman J	  >
SS	Sruthi S	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >
	Sowmya Natarajan	 >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 15.04.2020

SESSION I

Session I: 11:10 AM -12:00 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 13/13

Total No of Students: 13/13(F-batch)

- | | | | |
|-----------------|----------------------|----------------|---------------------|
| 1. Sophia.S. | 2. Sowmya.N. | 3. Sruthi.S. | 4. Subakeerthi.T |
| 5. Subashini.N. | 6. Surekha.K.V. | 7. Surya.N. | 8. Tamil Selvan.M.D |
| 9. Varshini.V. | 10. Vikneshwari.P.J. | 11. Vikraman.J | 12. Vishalini.M |
| 13. Yuvarani.M | | | |

Discussion topic: Indices to measure oral hygiene: ORAL HYGIENE INDEX

Summary:

The discussion for the session started with the introduction to various index available for scoring Plaque and debris status of individual and following this Oral hygiene index was discussed in detail with emphasize on the purpose of this index and its significance .later, the discussion was directed towards how to calculate oral hygiene index, the steps in calculation, the total segments to be examined, the number of surfaces to be scored and how to interpret the final result. The method of scoring the debris and calculus was pictorially represented and various score assigned for each was taught. Later the students themselves calculated oral hygiene index for a given debris and calculus score. The students were asked to find out the differences between supra and subgingival calculus.

ORAL HYGIENE INDEX – OHI & SIMPLIFIED ORAL HYGIENE INDEX


-sruthi.s



Recording

Vikraman J Sophia srinanth Dr. Jagannatha ... Sowmya Nataraj... Sruthi S

OHI



Oral hygiene index-1960
John c. greene
Jack r. vermillion
METHODOLOGY
Debris Index-DI
Calculus Index-CI

Recording

Subashini Na... Surya Nanda... Vikneshwari J... Tamil Selvan ... Varshini Venk...

6 SEGMENTS

Debris and calculus present on both buccal/labial and lingual sides

R -> L

R <- L

Recording

Sophia Srikanth Yuvarani Mut... Suba Keerthi Vishalini Mo... Surya Nanda...

PROCEDURE - DI

DEBRIS INDEX CRITERIA

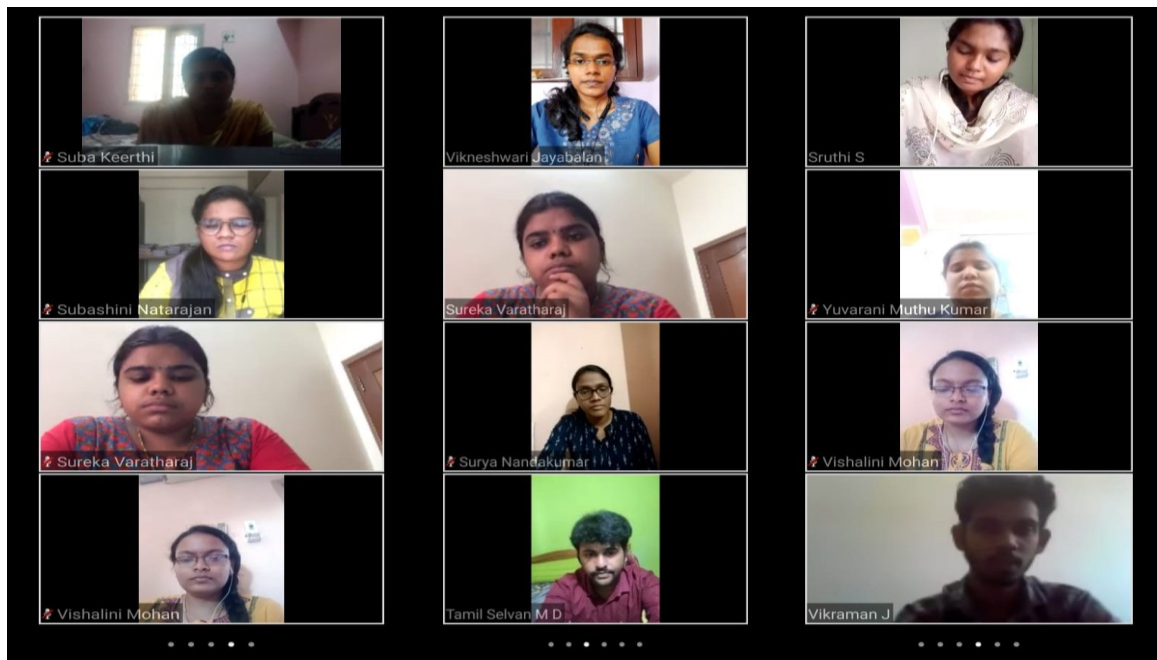
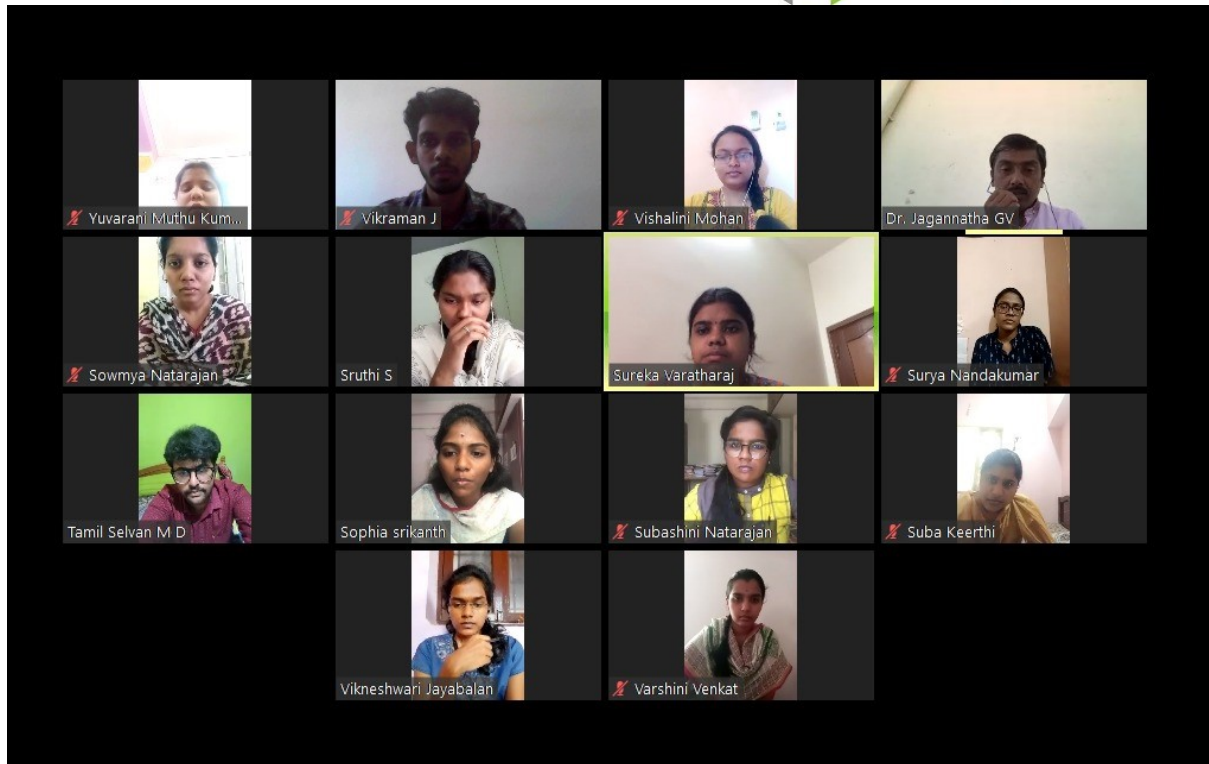
DEBRIS

0 – No debris or stain present








1 – Soft debris covering not more than $\frac{1}{3}$ rd the tooth surface, or presence of extrinsic stains without other debris regardless of the area covered.

2 – Soft debris covering more than $\frac{1}{3}$ rd, but not more than $\frac{2}{3}$ rd, of the exposed tooth surface.





























3 – Soft debris covering more than $\frac{2}{3}$ rd of the exposed tooth surface.



ATTENDANCE SHEET

11:23








Close
Participants (14)

VJ	Vikneshwari Jayabalan (me)	  >
DJ	Dr. Jagannatha GV (host)	  >
SS	Sophia srikanth	  >
	Sowmya Natarajan	  >
SV	Sureka Varatharaj	  >
VV	Varshini Venkat	  >
VJ	Vikraman J	  >
SS	Sruthi S	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
	Surya Nandakumar	  >
TS	Tamil Selvan M D	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Chats
Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 15.04.2020

SESSION II

Session II: 12.20PM -1.00PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 13/13

Total No of Students: 13/13 (F-batch)

1. Sophia.S. 2. Sowmya.N. 3. Sruthi.S. 4. Subakeerthi.T
5. Subashini.N. 6. Surekha.K.V. 7. Surya.N. 8. Tamil Selvan.M.D
9. Varshini.V. 10. Vikneshwari.P.J. 11. Vikraman.J 12. Vishalini.M
13. Yuvarani.M

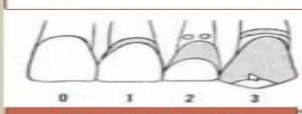
Discussion topic: ORAL HYGIENE INDEX -SIMPLIFIED

Summary:

The discussion for this session started with why oral hygiene simplified index was developed and in what way they differ from the original oral hygiene index. The method of calculating OHI-S, the number of teeth to be examined, the scores assigned and the advantage and disadvantage of the same was discussed. Later a video on clinical examination of the OHI and OHI-S was played for a better view and understanding of the students. Finally the original article of the OHI-S was discussed.

PROCEDURE- CI


CALCULUS SCORING CRITERIA



SCORE	CRITERIA
0	No calculus present
1	Supragingival calculus covering not more than 1/3 of the exposed tooth surface
2	Supragingival calculus covering more than 1/3 but not more than 2/3 the exposed tooth surface or presence of individual flecks of subgingival calculus around the cervical portion of the tooth or both
3	Supragingival calculus covering more than 2/3 the exposed tooth surface or a continuous heavy band of subgingival calculus around the cervical portion of tooth or both

CALCULUS INDEX

5



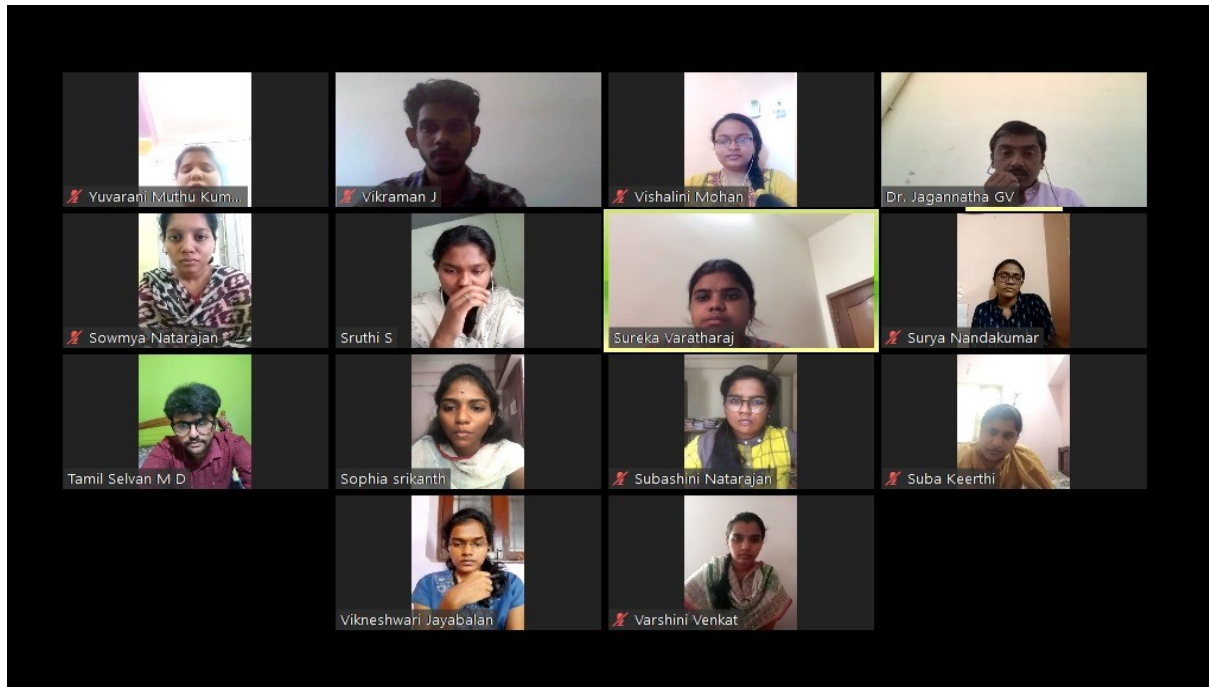


Recording y2mate.com - Oral Hygiene Index - Simplified_ZdJ0nEpz3Nc_360p.mp4












4:57 / 13:48

































ATTENDANCE SHEET

12:25         

Close **Participants (14)**

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	  >
SS	Sophia srikanth	  >
SS	Sruthi S	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
VJ	Vikraman J	  >
	Sowmya Natarajan	  >
SK	Suba Keerthi	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

[Invite](#)

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 15.04.2020

SESSION III

Session III: 2.30PM -3.35PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch – F

Students Present: 12/13

Absentee: Yuvarani.M

Total No of Students: 12/13(F-batch)

- | | | | |
|-----------------|----------------------|----------------|---------------------|
| 1. Sophia.S. | 2. Sowmya.N. | 3. Sruthi.S. | 4. Subakeerthi.T |
| 5. Subashini.N. | 6. Surekha.K.V. | 7. Surya.N. | 8. Tamil Selvan.M.D |
| 9. Varshini.V. | 10. Vikneshwari.P.J. | 11. Vikraman.J | 12. Vishalini.M |

Discussion topic: Debate on: a) OHI vs OHI-S; which to choose b) underestimation vs overestimation; which one is preferable.

Summary:

The session started off with a debate among 4 students on the topic Oral Hygiene Index Vs Oral Hygiene Index –Simplified with two students on each side for the same. Students Pointed out the various merits and demerits of the two indices one after the other by giving appropriate examples and situations wherever needed. This led to better understanding of ideal requisites of an index and indices under discussion. this was then followed by another debate on topic “Over estimation Vs Underestimation of an index” where students on either side quoted examples of various situations for the same and instilled the importance of overestimation or underestimation for certain purposes. thus the significance of quantification of an index for a condition was deciphered through this debate






The following assignment questions were given

1. Define index


2. Clinical significance of need for using index in clinical scenario
3. Inclusion and exclusion criteria for oral hygiene index
4. Difference between OHI and OHI-S
5. List out the ideal requisite of an index in the form of row and give score for OHI and OHIS



ATTENDANCE SHEET



2:47   VOLTET   

Close **Participants (13)**

 Search



TS

Tamil Selvan M D (me)

  >



DJ

Dr. Jagannatha GV (host)

  >



SS

Sophia srikanth



  >

SS

Sruthi S



  >

Surya Nandakumar

  >



VJ

Vikneshwari Jayabalan



  >

VJ

Vikraman J



  >

Sowmya Natarajan



  >

SK

Suba Keerthi



  >

Subashini Natarajan

  >



SV

Sureka Varatharaj

  >



VV

Varshini Venkat

  >

VM

Vishalini Mohan

  >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 16.04.2020

SESSION I

Session I: 10:50 AM -11:30 AM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 13/13

Total No of Students: 13 (F-batch)

- | | | | |
|-----------------|----------------------|----------------|---------------------|
| 1. Sophia.S. | 2. Sowmya.N. | 3. Sruthi.S. | 4. Subakeerthi.T |
| 5. Subashini.N. | 6. Surekha.K.V. | 7. Surya.N. | 8. Tamil Selvan.M.D |
| 9. Varshini.V. | 10. Vikneshwari.P.J. | 11. Vikraman.J | 12. Vishalini.M |
| 13. Yuvarani.M | | | |

Discussion topic: Pathophysiology of Dental Caries

Summary:

To understand the need and the methods of quantifying Dental Caries, it is imperative to understand its pathophysiology. Hence, the discussion for the session started with the introduction and definition of dental caries followed by a brief explanation on Etiology and Pathogenesis of the dental caries. Then the various theories of dental caries including Miller's Chemo-parasitic theory, Proteolytic chelation theory were explained. The epidemiology of dental caries in terms of host, agent and environment was discussed.

The following questions were given as assignment for better understanding of the topic.

- 1.What are all the organic acids produced by the bacteria?
- 2.Name the sources inorganic acids capable of causing demineralization of the teeth.

Recording

Vikraman J Suba Keerthi Vikneshwari Jay... Dr. Jagannatha... Varshini Venkat Sowmya Nataraj...

Chettinad
Dental College & Research Institute

PATHOPHYSIOLOGY OF DENTAL CARIES

T.SUBAKEERTHI

Mute Stop Video Participants 14 Chat Share Screen Record Reactions Leave Meeting

Recording

Vikraman J Suba Keerthi Sophia Srikanth Vikneshwari Jay... Dr. Jagannatha... Suresha Varadaraj...

Chettinad
Dental College & Research Institute

ETIOLOGIC FACTORS IN DENTAL CARIES

Primary modifying factors:

- Tooth anatomy
- Saliva
- Biotin pH
- Use of fluoride
- Diet specifics
- Oral hygiene
- Immune system
- Genetic factors

Secondary modifying factors:

- Socioeconomic status
- Education
- Life-style
- Environment
- Age (?)
- Ethnic group (?)
- Occupation

Host
Microbes
Diet
Time
Key's Clashes
DC
No DC

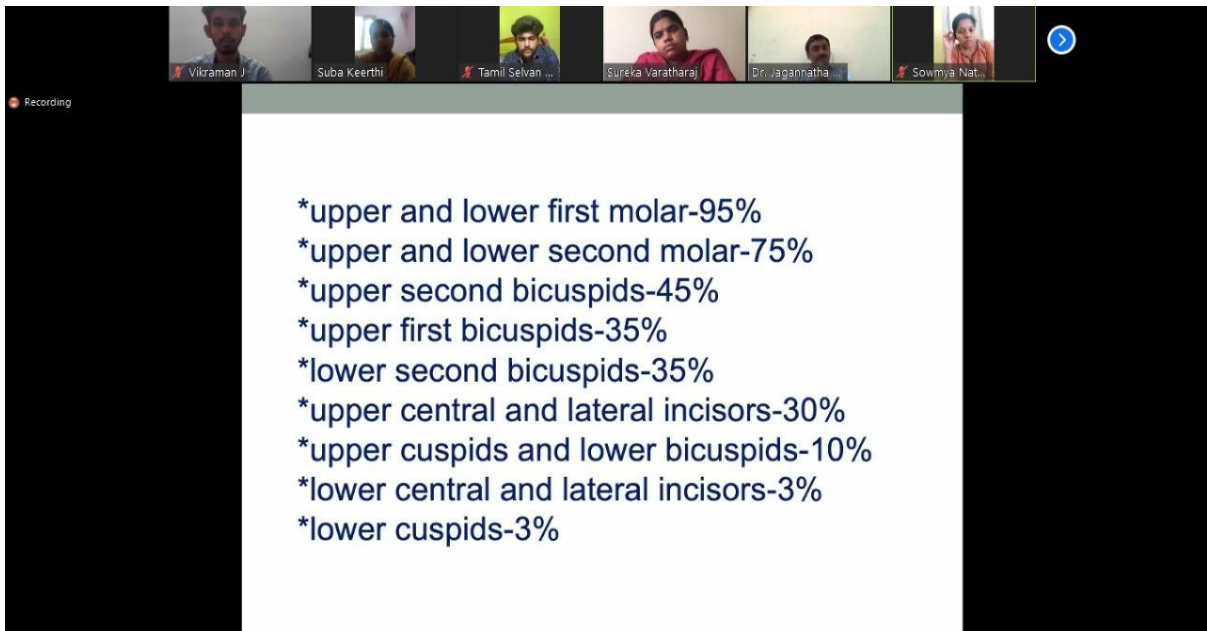
Host
Enamel crystal structure
Enamel substrate
Saliva quantity
Saliva quality
Immune response
Host behavior
Host antibodies

Environment
Flange quantity
Flange quality
Enzymes
Minerals
Bacterial substrate
Socio-economic

Agent
Streptococcus
Lactobacilli
Other bacteria

DC

Mute Stop Video Participants 14 Chat Share Screen Record Reactions Leave Meeting



Recording

*upper and lower first molar-95%
 *upper and lower second molar-75%
 *upper second bicuspid-45%
 *upper first bicuspid-35%
 *lower second bicuspid-35%
 *upper central and lateral incisors-30%
 *upper cuspid and lower bicuspid-10%
 *lower central and lateral incisors-3%
 *lower cuspid-3%










Recording





























Suba Keerthi
 Vikraman J
 Sophia Srikanth
 Sureka Varatharaj
 Vikneshwari Jayabalan
 Subashini Natarajan
 Vishalini Mohan
 Dr. Jagannatha G.V.
 Surya Nandakumar
 Tamil Selvan M.D.
 Sowmya Natarajan
 Varshini Venkat
 Yuvarani Muthu Kumar
 Sruthi S

Participants 14
 Chat
 Share Screen
 Record
 Reactions
 Leave Meeting

ATTENDANCE SHEET

10:56





VoLTE 1

4G+


Close
Participants (14)

TS	Tamil Selvan M D (me)	  >
VJ	Vikraman J (host)	  >
DJ	Dr. Jagannatha GV	  >
SS	Sophia srikanth	  >
	Sowmya Natarajan	  >
SK	Suba Keerthi	  >
VV	Varshini Venkat	  >
SS	Sruthi S	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 16.04.2020

SESSION II

Session II: 11:45 AM – 12:40 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 13/13

Total No of Students: 13/13(F-batch)

- | | | | |
|-----------------|----------------------|----------------|---------------------|
| 1. Sophia.S. | 2. Sowmya.N. | 3. Sruthi.S. | 4. Subakeerthi.T |
| 5. Subashini.N. | 6. Surekha.K.V. | 7. Surya.N. | 8. Tamil Selvan.M.D |
| 9. Varshini.V. | 10. Vikneshwari.P.J. | 11. Vikraman.J | 12. Vishalini.M |
| 13. Yuvarani.M | | | |

Discussion topic: Introduction to indices to assess dental caries.

Summary:

The discussion for the session started with the global data of prevalence of dental caries expressed in DMFT in various age groups. Various indices to assess dental caries were enumerated including the DMFT/S and dmft/s for permanent and primary dentition respectively. The importance and clinical application of these indices was elaborated.

The following questions were given as an assignment for better understanding of the topic.

1. Calculate the prevalence of dental caries for the given data.

Remaining Meeting Time: 06:05 | Upgrade to Pro

INDICES FOR DENTAL CARIES

MOST COMMONLY USED	OTHER MIXED DENTITION INDICES
<p>DMFT</p> <ol style="list-style-type: none"> 1. Primary Teeth (dmft & dmfs) 2. Permanent Teeth (DMFT & DMFS) 	<ol style="list-style-type: none"> 1. Stone's Index 2. Caries Severity Index 3. Czechoslovakian Index 4. Caries Susceptibility Index 5. Modified DMFT Index 6. Functional Measure Index 7. Tissue Health Index 8. Dental Health Index 9. DMFS Percentage Index 10. Moller's Index 11. Restorative Index

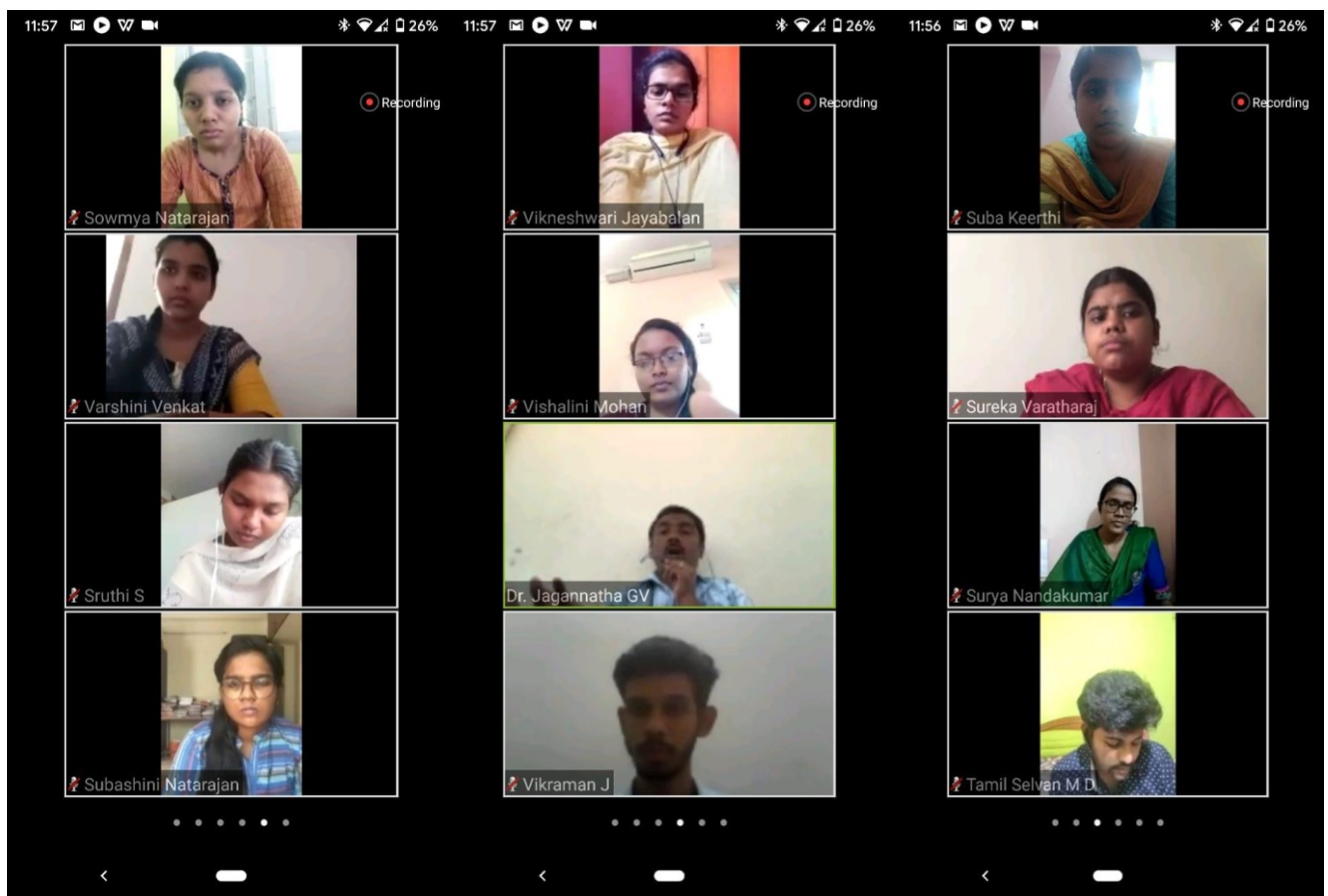
Mute Stop Video Participants 14 Chat Share Screen Record Reactions Leave Meeting

DENTAL CARIES - INDICES 21




Prevalence of Dental caries is measured in terms of:

- percentage of persons affected
- Number of teeth attacked
- Number of tooth surface involved
- Number of discrete cavities
- Size and degree of severity of carious lesion





























21 of 162



ATTENDANCE SHEET:

11:48




Close
Participants (14)

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	  >
SS	Sophia srikanth	  >
SK	Suba Keerthi	  >
SV	Sureka Varatharaj	  >
VJ	Vikraman J	  >
	Sowmya Natarajan	  >
SS	Sruthi S	  >
	Subashini Natarajan	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 16.04.2020

SESSION III

Session III: 2.30 PM – 3.40 PM

Faculty: Dr. Jagannatha GV and Dr. Cyril Benedict

Students: IV Year Regular Batch –F

Students Present: 13/13

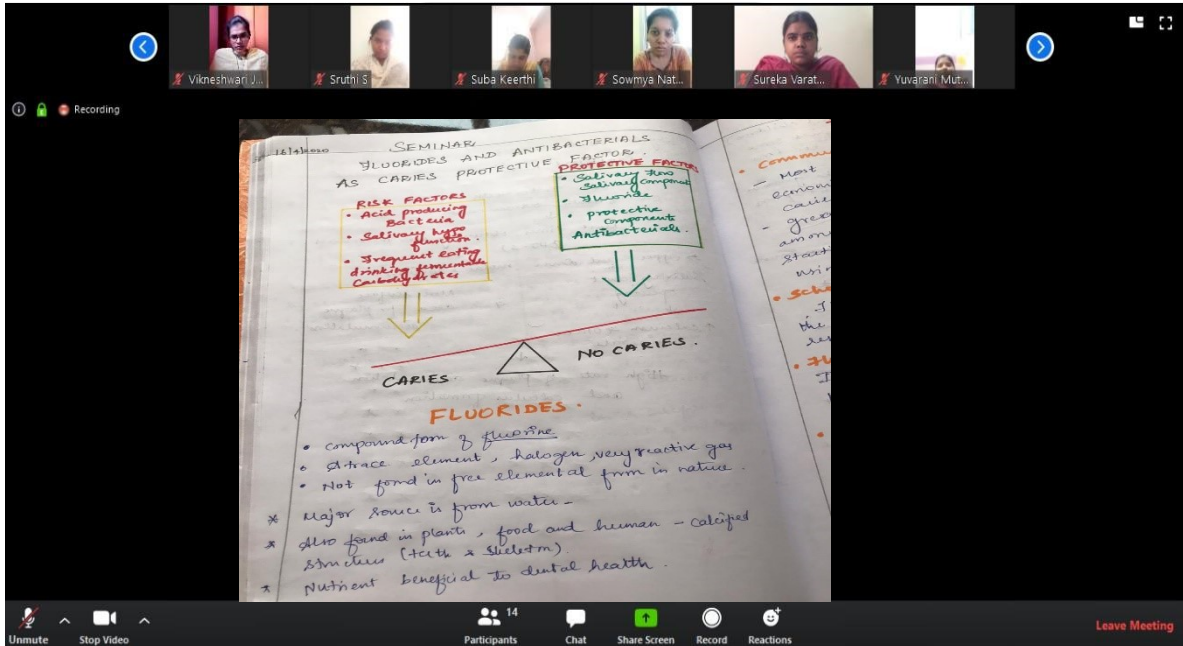
Total No of Students: 13/13(F-batch)

1. Sophia.S. 2. Sowmya.N. 3. Sruthi.S. 4. Subakeerthi.T
5. Subashini.N. 6. Surekha.K.V. 7. Surya.N. 8. Tamil Selvan.M.D
9. Varshini.V. 10. Vikneshwari.P.J. 11. Vikraman.J 12. Vishalini.M
13. Yuvarani.M

Discussion topic: Student presentations on caries risk factors and caries protective factors.

Summary:

The students were given two topics: ‘caries risk factors’ and ‘caries protective factors’ for each half of the batch. The students actively participated by presenting on their topics with various suitable pictures, flowcharts and reference articles. The comprehensive discussion on various topics by the panel of students led to better understanding of the topic which was evident by their presentations and oration.



SEMINAR ON FLUORIDES AND ANTIBACTERIALS AS CARIES PROTECTIVE FACTORS

RISK FACTORS

- Acid producing Bacteria
- Salivary hypofunction
- Frequent eating drinking fermentable Carbohydrates

PROTECTIVE FACTORS

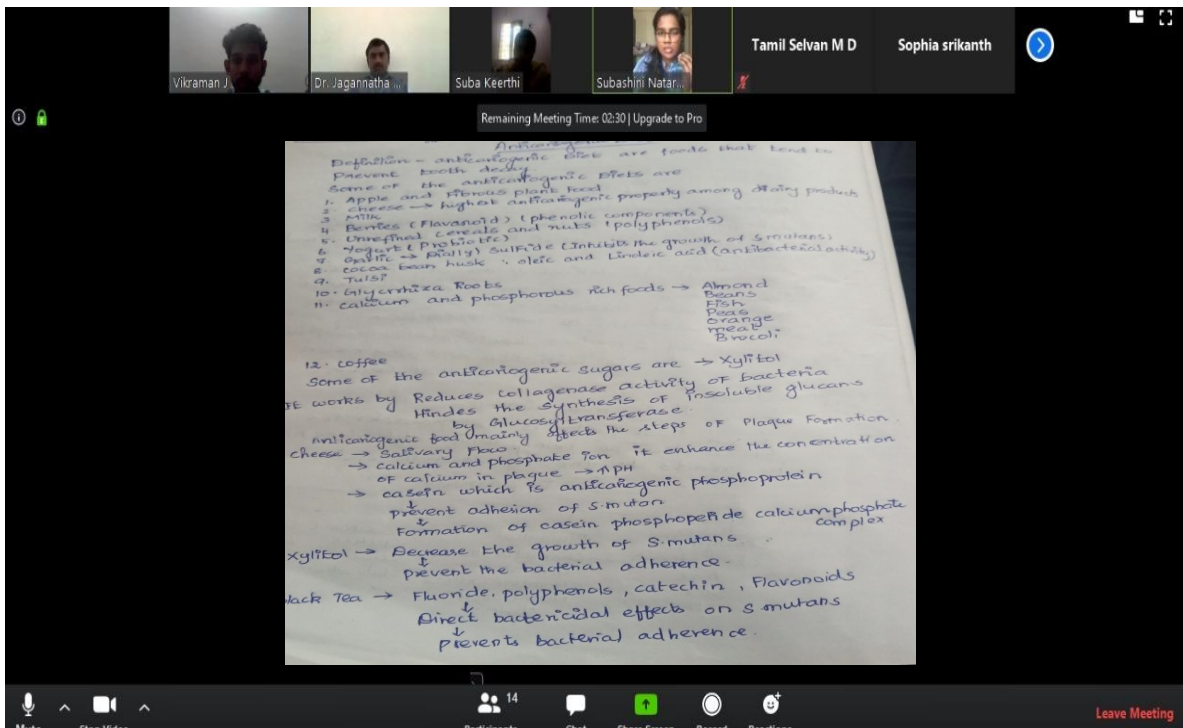
- Salivary flow
- Salivary composition
- Fluoride
- protective component Antibacterials

FLUORIDES

- compound form of fluorine
- trace element, halogen, very reactive gas
- Not found in free elemental form in nature
- * Major source is from water
- * also found in plants, food and human - calcified structure (teeth & skeleton)
- * Nutrient beneficial to dental health

CARIES vs. NO CARIES

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave Meeting



Antibacterials

Definition - anticariogenic foods are those that tend to prevent tooth decay

Some of the anticariogenic foods are

1. Apple and fibrous plant food
2. cheese → highest anticariogenic property among dietary products
3. milk
4. Berries (Flavonoids) (phenolic components)
5. Unrefined cereals and nuts (polyphenols)
6. Yogurt (probiotic)
7. Onion → allyl sulphide (inhibits the growth of S-mutans)
8. onion → allyl sulphide (inhibits the growth of S-mutans)
9. cocoa bean husk - oleic and linoleic acid (antibacterial activity)
10. Tuls
11. calcium and phosphorus rich foods → Almonds, Beans, Fish, Cheese, Orange, meat, Broccoli
12. coffee

Some of the anticariogenic sugars are → Xylitol

TE works by Reduces collagenase activity of bacteria
Inhibits the synthesis of insoluble glucans
by Glucosyltransferase

Anticariogenic food mainly affects the steps of Plaque Formation

Cheese → Salivary flow
→ calcium and phosphate ion → enhance the concentration of calcium in plaque → pH
→ casein which is anticariogenic phosphoprotein
→ prevent adhesion of S-mutans
→ Formation of casein phosphophate calcium phosphate complex

Xylitol → Decrease the growth of S-mutans
→ prevent the bacterial adherence

Black Tea → Fluoride, polyphenols, catechin, Flavonoids
→ Direct bactericidal effects on S-mutans
→ prevents bacterial adherence

Remaining Meeting Time: 02:30 | Upgrade to Pro

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave Meeting

Remaining Meeting Time: 02:30 | Upgrade to Pro

HYPOSALIVATION - RISK FACTOR TO DENTAL CARIES.

Saliva plays an important role in the health of hard and soft tissues of oral cavity.

Properties of Saliva:

- Reduce plaque accumulation
- Enhance remineralization of early carious lesions
- Acts as a buffer system in the oral cavity
- Lysozyme, Lactoperoxidase and Lactoferrin in saliva have antibacterial effect.

Causes for Reduced Salivary flow rate:

- * Auto / Chronic inflammation of salivary glands
SIALADENITIS, Sjogren's Syndrome etc. can result in xerostomia i.e. dry mouth.
- * Radiotherapy: severe reduction in salivary flow rate
[Normal flow rate: approx. 0.3 - 0.4 ml/min]
[Reduced flow rate: < 0.1 ml/min]
- * Drugs: Antidepressants, Anticholinergics, Diuretics, Antipsychotics, Sedatives.
- * Age: Older aged people are likely to be under more drugs.

Mute Stop Video

Participants Chat Share Screen Record Reactions

Leave Meeting

Tamil Selvan M D Sophia Srikanth

Tooth Anatomy

Caries Protective Tooth Form

1. correct Form & Position
2. Normal contour and Form
3. Tight contact Points
4. Self cleaning:-
↓
No Food accumulation / ↓ Plaque formation
↓
Less Bacterial Adhesion
↓
Dental caries

Caries Risky Tooth Form

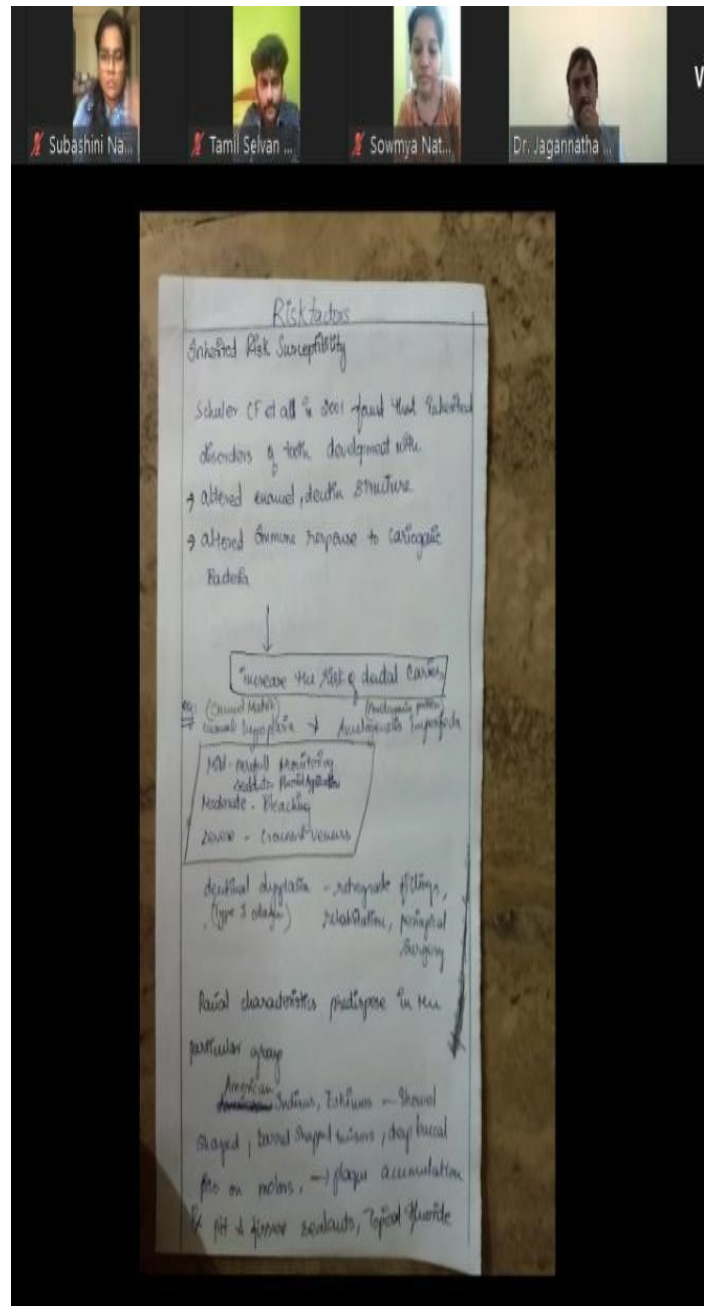
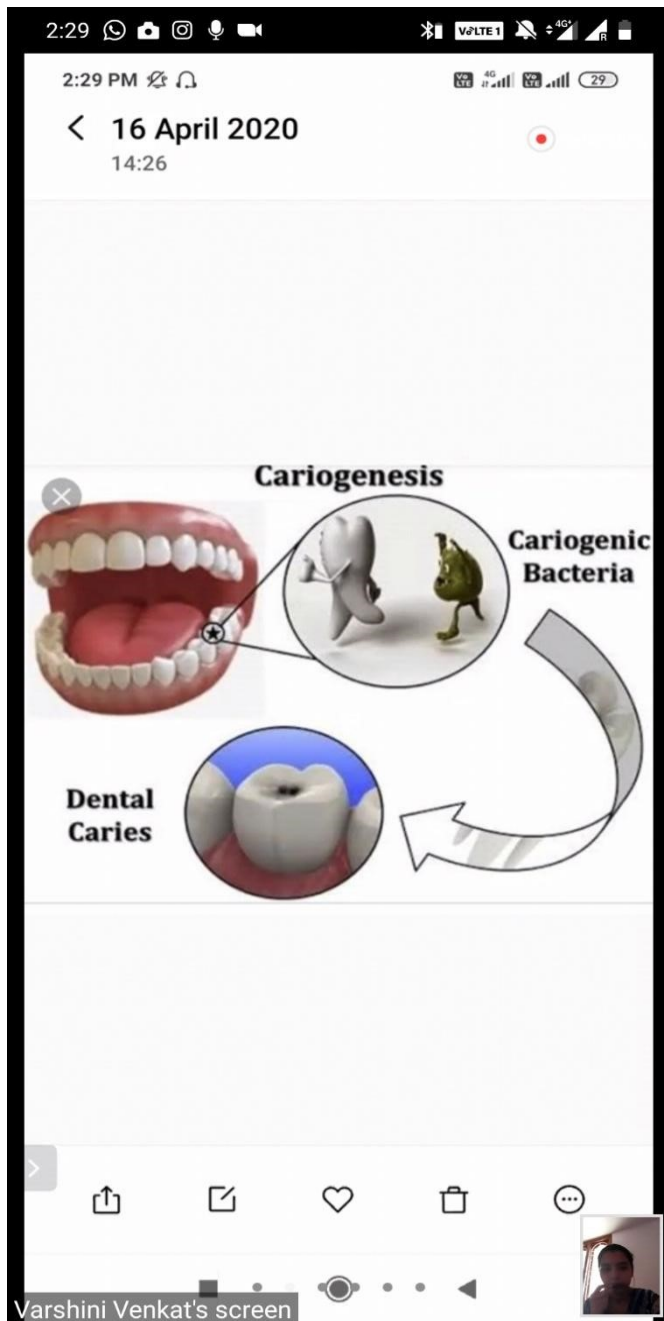
1. Deep Pits and fissures
2. Malposed Teeth
↓
More plaque Retention
↓
Dental caries.
3. Lack of contact between adjacent teeth
↓
Food impaction
↓
More plaque accumulation
↓
Dental caries (restoration)

20/03

Mute Stop Video

Participants Chat Share Screen Record Reactions

Leave Meeting



Recording

3:22 Remaining Meeting Time: 08:06 | Upgrade to Pro
BDS Sofia
51 minutes ago

Tamil Selvan M D Sophia srikanth

Vikraman J Dr. Jagannath... benedict Cyril Suba Keerthi

ROLE OF XYLITOL IN REMINERALISATION

MECHANISM OF CARIES

SUGAR FERMENTABLE CARBOHYDRATES → BACTERIA → ACID → PH DECREASES → DEMINERALISATION (Ca⁺⁺, PO₄⁻)

MECHANISM OF XYLITOL

XYLITOL (Ca⁺⁺, PO₄⁻) → NO ACID (NO FERMENTATION OF BACTERIA) → SALIVA STIMULATION → PH INCREASE → REMINERALISATION (Ca⁺⁺, PO₄⁻)

15 Participants Chat Share Screen Record Reactions

Leave Meeting

Recording

Speaker View










Surya Nandakumar Vikraman J Vikneshwari Jayabalan Sowmya Natarajan Yuvarani Muthu Kumar

Dr. Jagannatha GV Sruthi S benedict Cyril Subashini Natarajan Suba Keerthi





























Tamil Selvan M D Varshini Venkat Vishalini Mohan Sureka Varatharaj Sophia srikanth

15

ATTENDANCE SHEET

2:31










Close
Participants (14)

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	  >
SS	Sophia srikanth	  >
	Subashini Natarajan	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
	Sowmya Natarajan	  >
SS	Sruthi S	  >
SK	Suba Keerthi	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VJ	Vikraman J	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 17.04.2020

SESSION I

Session I: 11:00 AM – 12:20 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 12/13

Total No of Students: 12/13(F-batch)

1. Sophia.S. 2. Sowmya. N. 3. Subakeerthi.T
4. Subashini.N. 5. Surekha.K.V. 6. Surya.N. 7. Tamil Selvan.M.D
8. Varshini.V. 9. Vikneshwari.P.J. 10. Vikraman.J 11. Vishalini.M
12. Yuvarani.M

Absentee:

1.Sruthi.S

Discussion topic: Indices to assess Dental Caries: DMFT

Summary:









The discussion for the session started with the introduction to indices to assess caries followed by instruments required for assessment of DMFT index and criteria for assessment of dental caries. A brief view on the historical aspects of other indices to assess caries was given. Later, the inclusion and exclusion criteria for DMFT index followed by WHO modification of DMFT index was discussed. Then the method of calculation of DMFT index was taught with pictorial representation along with Suitable examples.

The following questions were given as an assignment for better understanding of the topic.


1. Write short notes on DMFT.




























2. Pictorially represent the criteria to assess Dental caries and the inclusion and exclusion criteria.

ATTENDANCE SHEET:

11:17









Close
Participants (13)

 Search

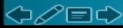
TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	   >
SS	Sophia srikanth	  >
VJ	Vikraman J	  >
	Sowmya Natarajan	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Invite

INDICES USED FOR ASSESSMENT OF DENTAL CARIES



Subashini.N



DECAYED-MISSING-FILLED TEETH INDEX (DMFT)

INTRODUCTION:

The decayed-missing-filled teeth index was developed by Henry T Klein, Carolle E Palmer and Knutson JW in 1938

DMFT index is a quantitative expression of a person's lifetime caries experience in the permanent teeth.

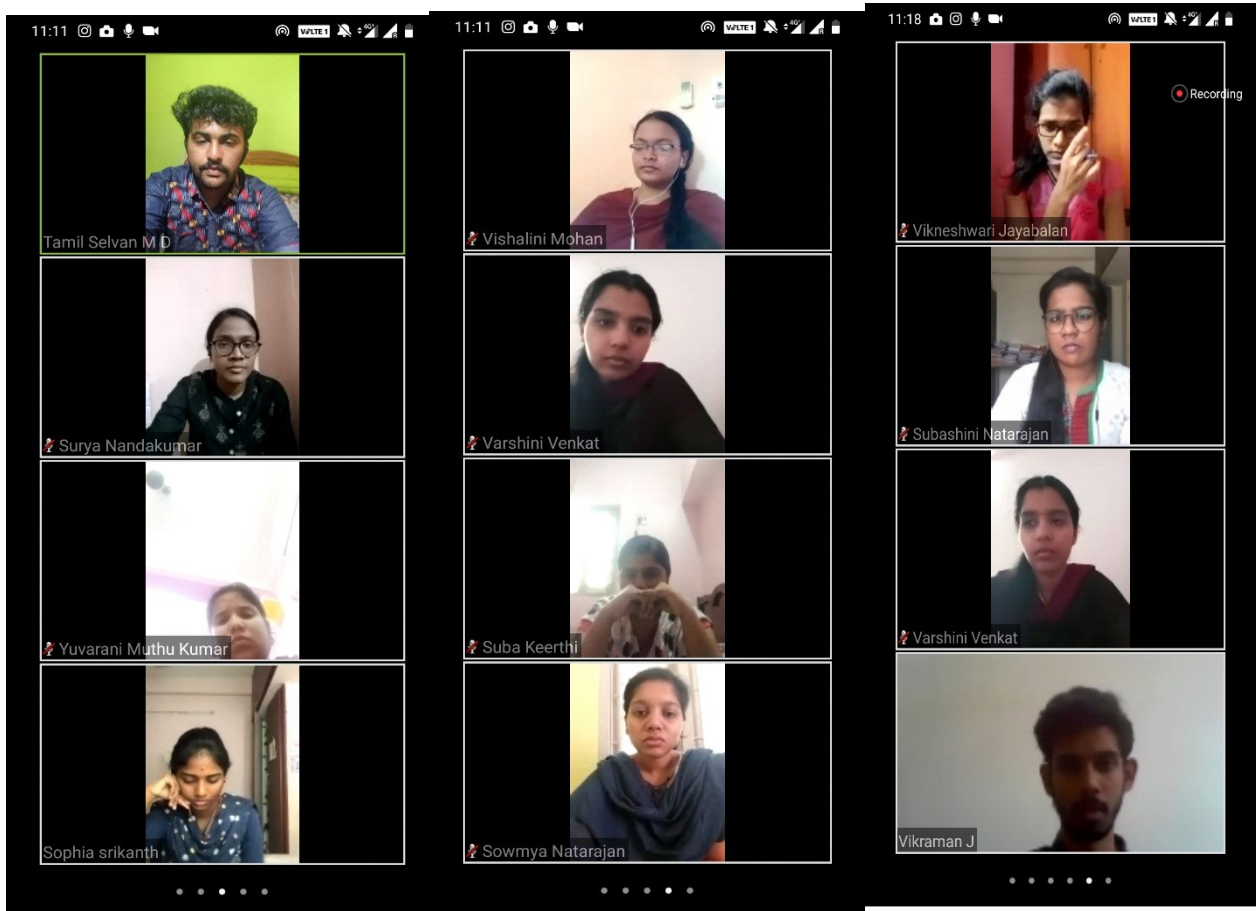
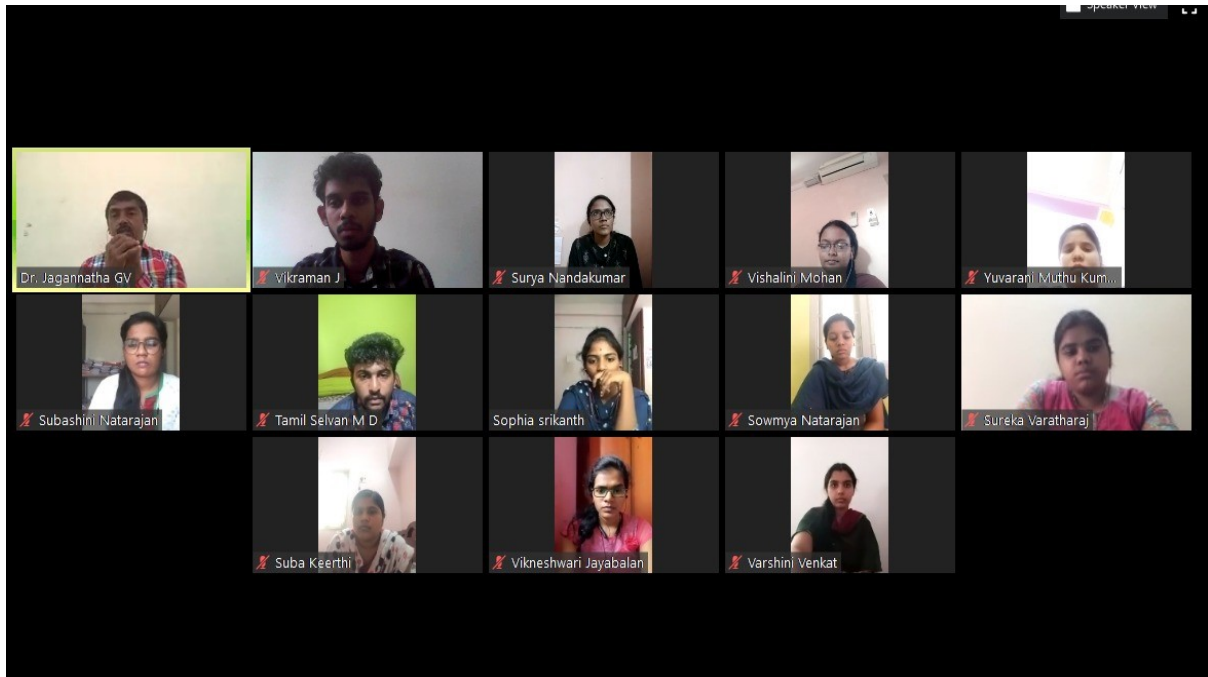
INSTRUMENTS REQUIRED:

- ▶ A dental mouth mirror
- ▶ A no.23 Explorer also known as Sickle probe or Shepherd's hook probe



Principles and rules of recording DMFT:

- 1) No tooth should be counted more than once either decayed, missing or filled tooth.
- 2) Decayed, missing and filled teeth should be recorded separately.
- 3) Secondary caries below the filling should be counted as decayed.
- 4) Teeth missing only due to caries should be counted as missing and also which are indicated for extraction.



REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 17.04.2020

SESSION II

Session II: 12:20 PM – 01:50 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 12/13

Total No of Students: 12/13(F-batch)

1. Sophia.S. 2. Sowmya.N. 3. Subakeerthi.T
4. Subashini.N. 5. Surekha.K.V. 6. Surya.N. 7. Tamil Selvan.M.D
8. Varshini.V. 9. Vikneshwari.P.J. 10. Vikraman.J 11. Vishalini.M
12. Yuvarani.M

Abstentee:

1.Sruthi.S

Discussion topic: DMFS, deft/s indices

Summary:

The discussion for the session started with elaborating on the modifications proposed by WHO to the DMFT/ DMFS indices and continued with the discussion of DMFS INDEX and how it differs from previously discussed DMFT INDEX. The procedure on how to examine the D, M and F component with respect to the surface of the tooth examined was elaborated. The criteria for recording the M component with respect to surface was discussed and the recording format of the index was explained with clinical examples. Following this the deft/s index for assessing primary dentition was discussed. Both the advantages and the limitations of the indices discussed were briefed. The importance and Clinical Application of indices.

The following questions were given as an assignment for better understanding of the topic.

1. Write Short Note on DMFS.


2. Pictorially represent the inclusion and exclusion criteria and Procedure to record the DMFS Index.

DECAYED-MISSING-FILLED TOOTH SURFACES INDEX (DMFS)

INTRODUCTION:

The Decayed, Missing, Filled Surfaces (DMFS) index was developed by Henry T Klein, Carolle E Palmer and Knutson JW in 1938 along with DMFT index to assess the prevalence of coronal caries.

Recording







Dr. Jagannatha GV's screen

WHO MODIFICATION OF DENTAL CARIES CRITERIA (1986)

- A. All third molars are included
- B. Temporary restorations are considered as "D"
- C. Only carious cavities are considered as "D"
- D. The initial lesions (chalky spots, stained fissures etc.,) are not considered as "D"
- E. Only teeth missing due to caries are included in its M- component.

Sophia srikanth



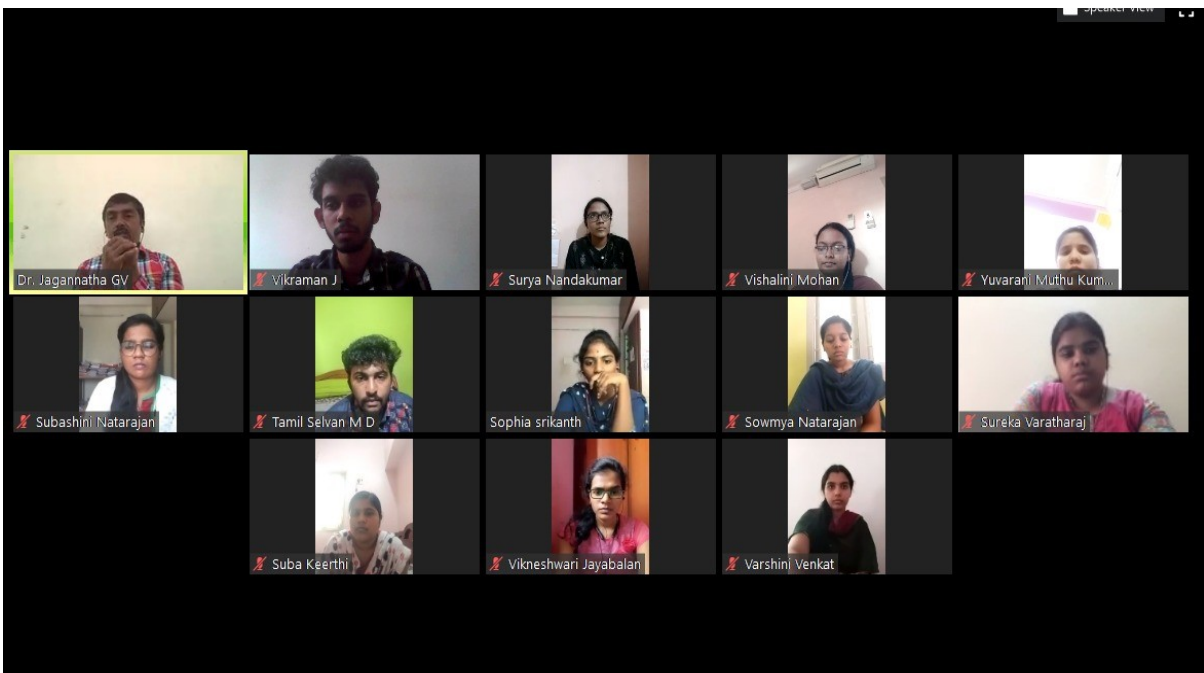




Unmute Stop Video

Leave Meeting




RECORDING FORMAT FOR DMFS





17	16	15	14	13	12	11	21	22	23	24	25	26	27
47	46	45	44	43	42	41	31	32	33	34	35	36	37



ATTENDANCE SHEET:


11:17






























 **VOLTE1**   

Close

Participants (13)

 Search

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	   >
SS	Sophia srikanth	  >
VJ	Vikraman J	  >
	Sowmya Natarajan	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 17.04.2020

SESSION III

Session III: 02:50 PM – 04:00 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 12/13

Total No of Students: 12/13(F-batch)

1. Sophia.S. 2. Sowmya.N. 3. Subakeerthi.T
4. Subashini.N. 5. Surekha.K.V. 6. Surya.N. 7. Tamil Selvan.M.D
8. Varshini.V. 9. Vikneshwari.P.J. 10. Vikraman.J 11. Vishalini.M
12. Yuvarani.M

Abstentee:

1.Sruthi.S

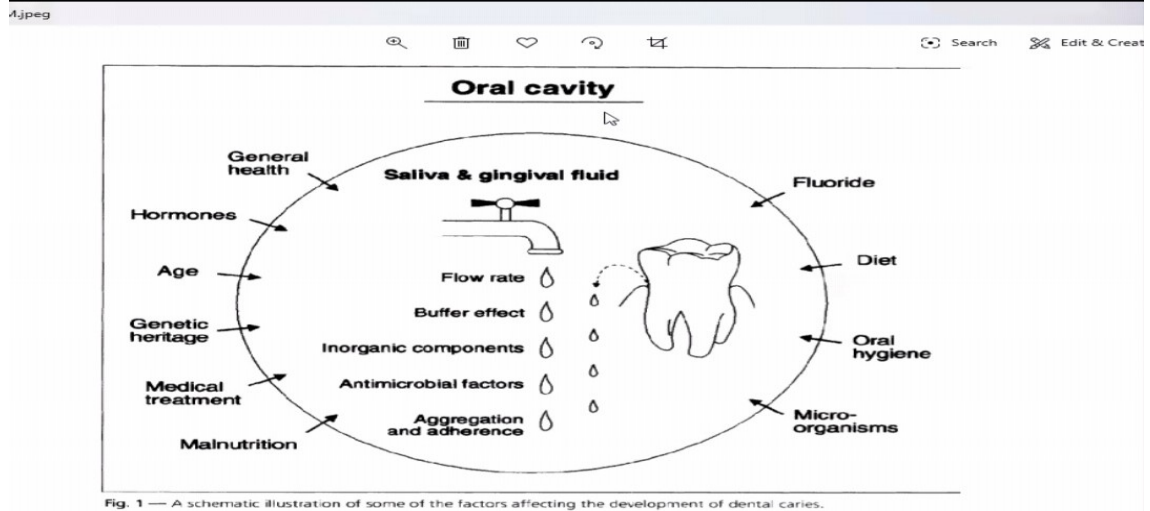
Discussion topic: Significant Caries Index and Student presentations on ‘Caries protective factors.’

Summary:

The third session was an interactive session where students presented on "CARIES PROTECTIVE FACTORS". It was then followed by students explaining their assignment on pictorial representation of ideal requisites of indices. The students were explained about the objective of calculating Significant Caries Index by D. Brathall. The comparative significance of SCI score and mean DMFT score of a group was explained by a hands-on exercise.

The following questions were given as an assignment for better understanding of the topic.

1. Write Short Note on Significant caries index.
2. Write Short Note on Stone's index.
3. Write Short Note on Root caries index.



Effect of Chlorhexidine on Muta... x Chlorhexidine treatment for the... x

cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008457.pub2/full

Cookies
Our site uses cookies to improve your experience. You can find out more about our use of cookies in About Cookies, including instructions on how to turn off cookies if you wish to do so. By continuing to browse this site you agree to us using cookies as described in About Cookies.

I accept

Cochrane Library
Trusted evidence. Informed decisions. Better health.

English English Sign In

Title Abstract Keyword

[Cochrane Reviews](#) [Trials](#) [Clinical Answers](#) [About](#) [Help](#) [About Cochrane](#)

Read a new COVID-19 Rapid Review.

Cochrane Database of Systematic Reviews
Chlorhexidine treatment for the prevention of dental caries in children and adolescents
Cochrane Systematic Review - Intervention | Version published: 13 April 2015
<https://doi.org/10.1002/14651858.CD008457.pub2>

69 [Used in 1 guideline](#) [View article information](#)

[Tanya Walsh](#) | [Jeronimo M Oliveira-Neto](#) | [Deborah Moore](#)
[View authors' declarations of Interest](#)

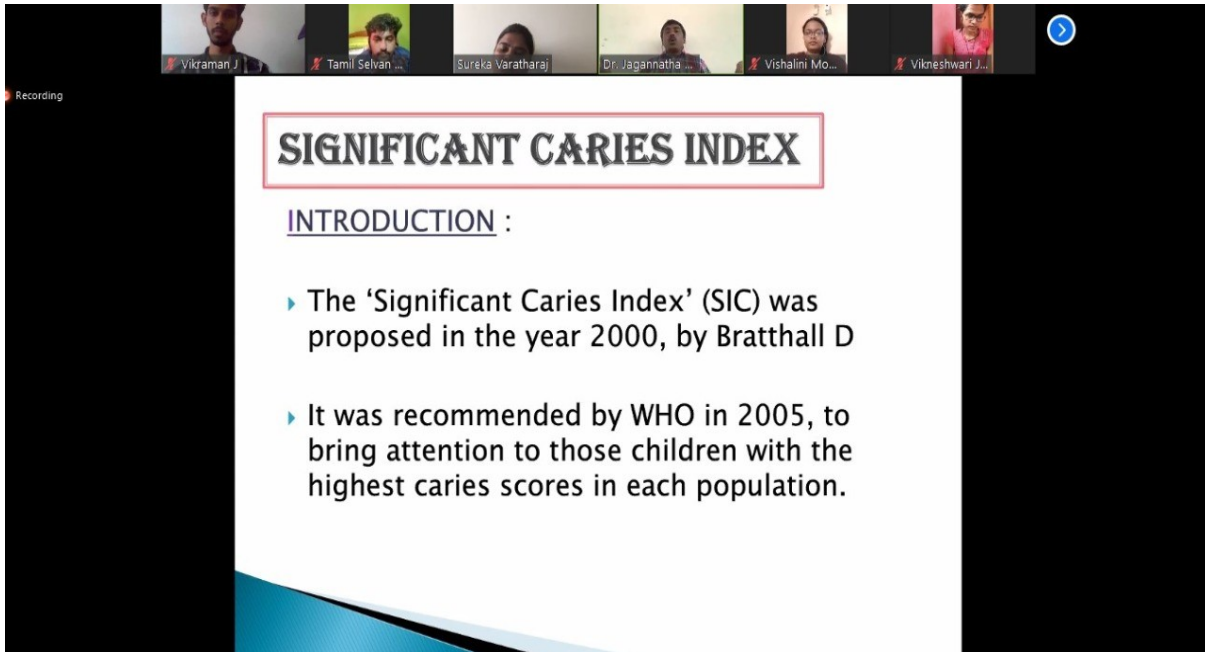
[View PDF](#) [Cite this Review](#) [Request Permissions](#) [Comment on Review](#)
Read comments on this Review(0)

[Print](#) [Share](#) [Follow](#)

[Linked to this Review \(1\)](#)

Abstract

[Collapse all](#) [Expand all](#)

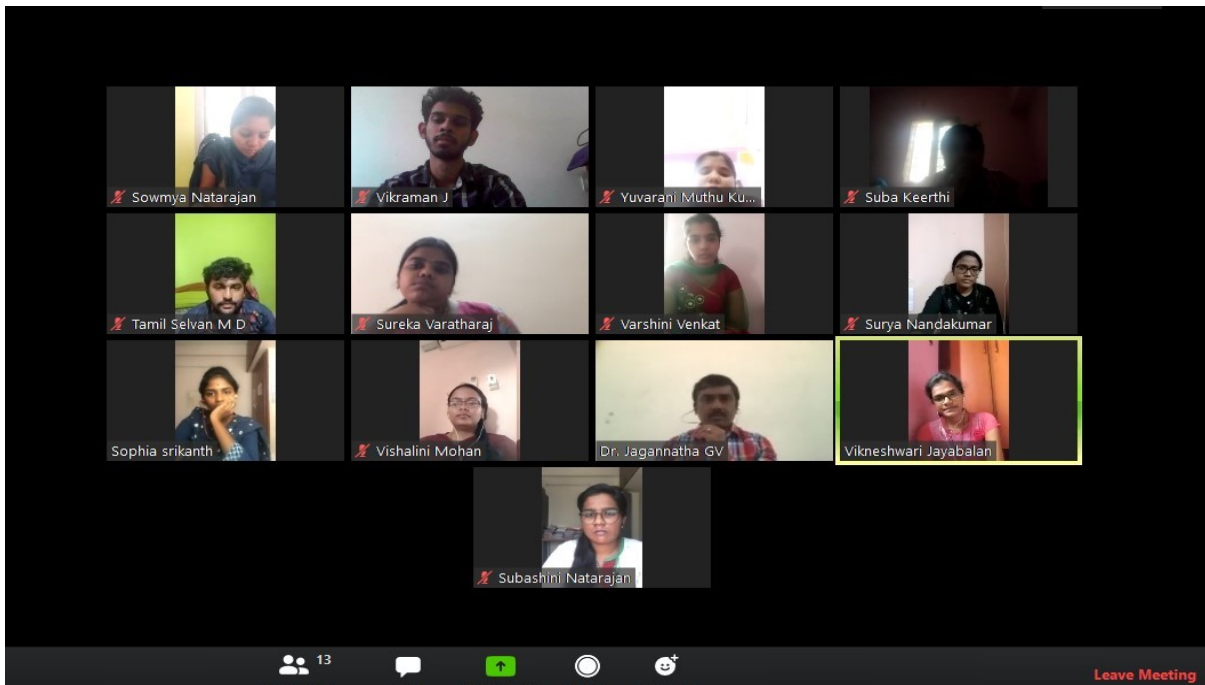


Recording

SIGNIFICANT CARIES INDEX

INTRODUCTION :

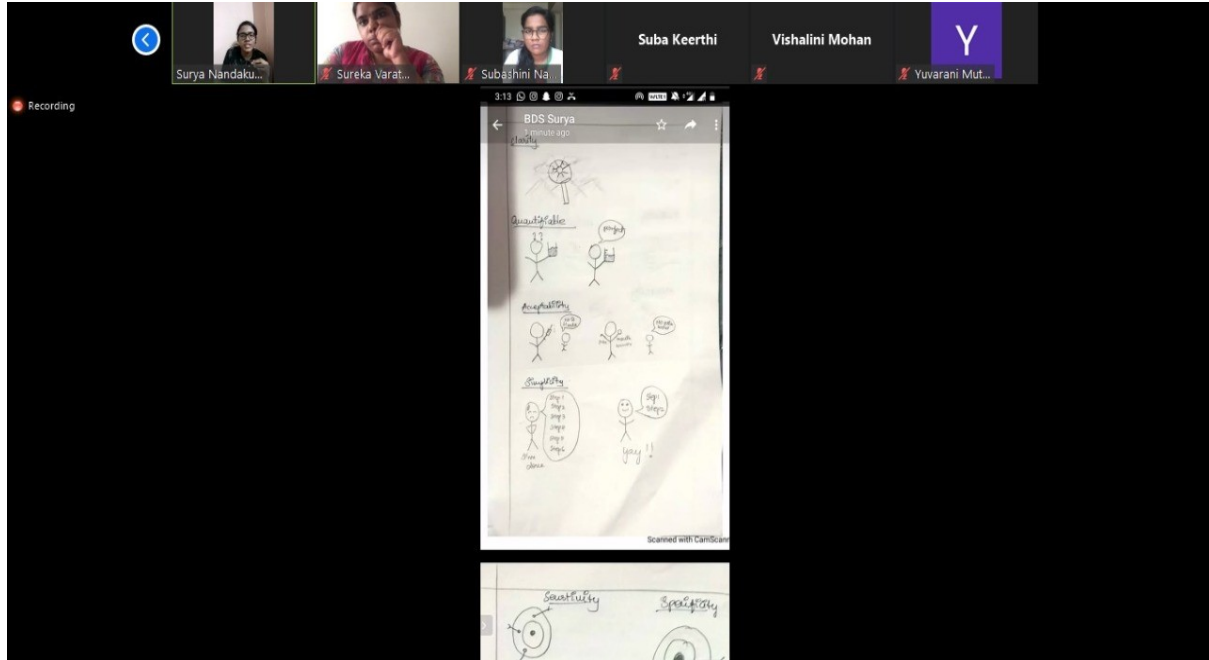
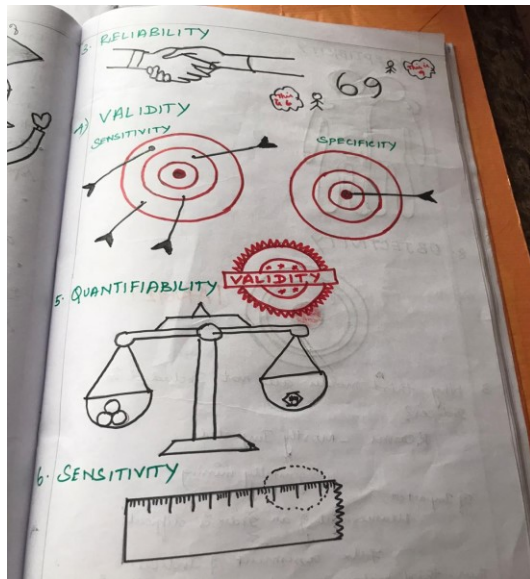
- ▶ The 'Significant Caries Index' (SIC) was proposed in the year 2000, by Bratthall D
- ▶ It was recommended by WHO in 2005, to bring attention to those children with the highest caries scores in each population.



13 Participants

Chat Share Screen Record

Leave Meeting





























ATTENDANCE SHEET:

Close

Participants (13)

Search

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	  >
SS	Sophia srikanth	  >
VJ	Vikraman J	  >
	Sowmya Natarajan	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	  >

Invite

REPORT FOR E-DISCUSSION FOR THEORY CLASS-AUGUST BATCH- ON
18.04.2020

STAFF INCHARGE : Dr.Nagappan

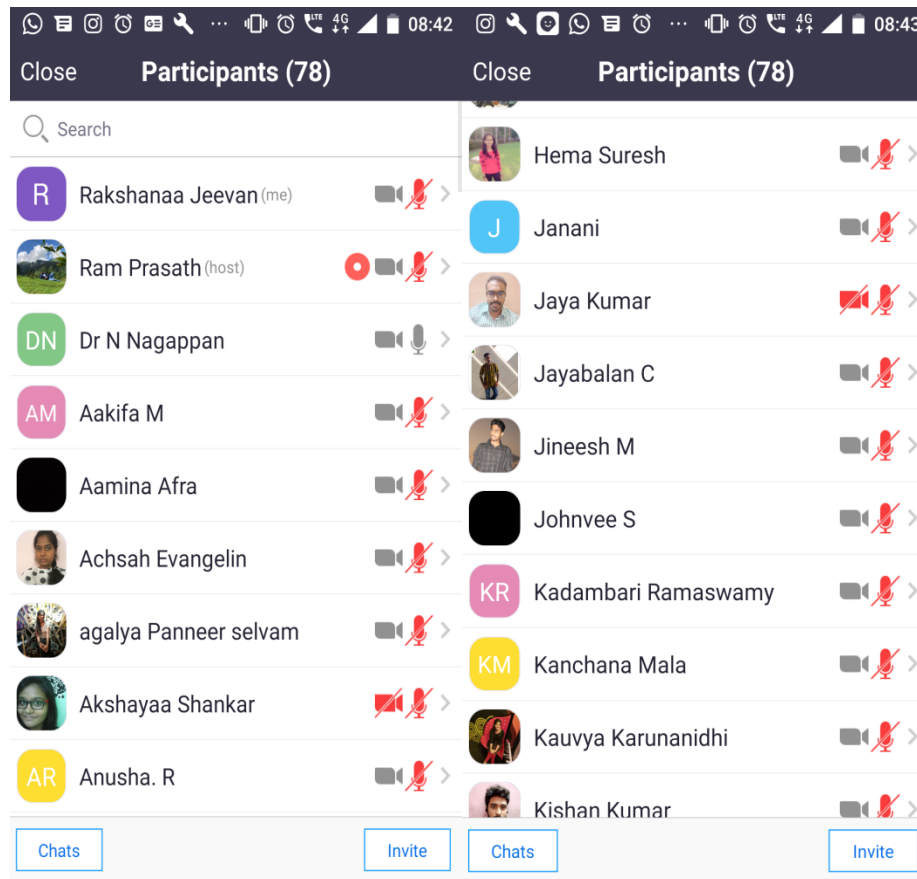
STUDENT INCHARGE : J.Rakshanaa

THEORY TOPIC : “Epidemiology Of Periodontal Diseases”

TIMING : 8.30-9.30 AM.

TOTAL NUMBER OF STUDENTS	NO. OF STUDENTS PRESENT	NO. OF STUDENTS ABSENT
78	77	1 (Subakeerthi)

LISTS OF PARTICIPANTS ATTENDED THE LECTURE:



Close Participants (78) Close Participants (78)

Search

Rakshanaa Jeevan (me)

Ram Prasath (host)

Dr N Nagappan

Aakifa M

Aamina Afra

Achsah Evangelin

agalya Panneer selvam

Akshayaa Shankar

Anusha. R

Hema Suresh

Janani

Jaya Kumar

Jayabalan C

Jineesh M

Johnvee S

Kadambari Ramaswamy

Kanchana Mala

Kauvya Karunanidhi

Kishan Kumar

Chats Invite Chats Invite

Close
Participants (78)
Close
Participants (78)

KR Kudiarasi Rajendran
LS Lakshika Sree
LC Lalitha Choudhary
Logesh Ram
M Abinandhan
M M.Lakshmipriya
Madhu Bala Sermarajan
Maha srinithi Selvaraj
MJ Meghana Jayadev
MB Munira Begam

A. Archana . S
Arunachalesh Anbazhagan
a Ateeq Ahamed
B Balaji's iPhone
Balan Edward
C Chandhni's iPhone
Deepika Ramachandra Murali
D Dharunya
GB Gautham B
GP Gowtham PD

Chats
Invite
Chats
Invite

Close
Participants (78)
Close
Participants (77)

NF Naafia Fathima
nawin Subhaganesh
PK Padmajaa Krishnan
Padmajee Selvaraj
Pavithra Harikrishnan
PL Pavithra lakshmi N
PR Pavithra Rajkumar
PR Pavithra RathinaSwamy
P Prabhavathi.s
P prasanth

Maha srinithi Selvaraj
MJ Meghana Jayadev
MB Munira Begam
NF Naafia Fathima
Namarrthaa Sre
nawin Subhaganesh
NN Neha Naomi
PK Padmajaa Krishnan
Padmajee Selvaraj
Pavithra Harikrishnan





















Chats
Invite
Chats
Invite

Close

Participants (78)

Close

Participants (78)

 Priyadarshini	 Shweta Ranjith
 Ramu	 Sneha D
 Ranjani Srinivasan	 Sophia srikanth
	
 Sanjana Dev	 Sruthi S
 Santra Joseph	
 Sathiya Ganesan	 Sureka Varatharaj
 Shindhuja N	
 Shivani Sivaramakrishnan	 Tamil Selvan M D
	 Varshini Venkat

Chats











Invite

Chats

Invite

Close

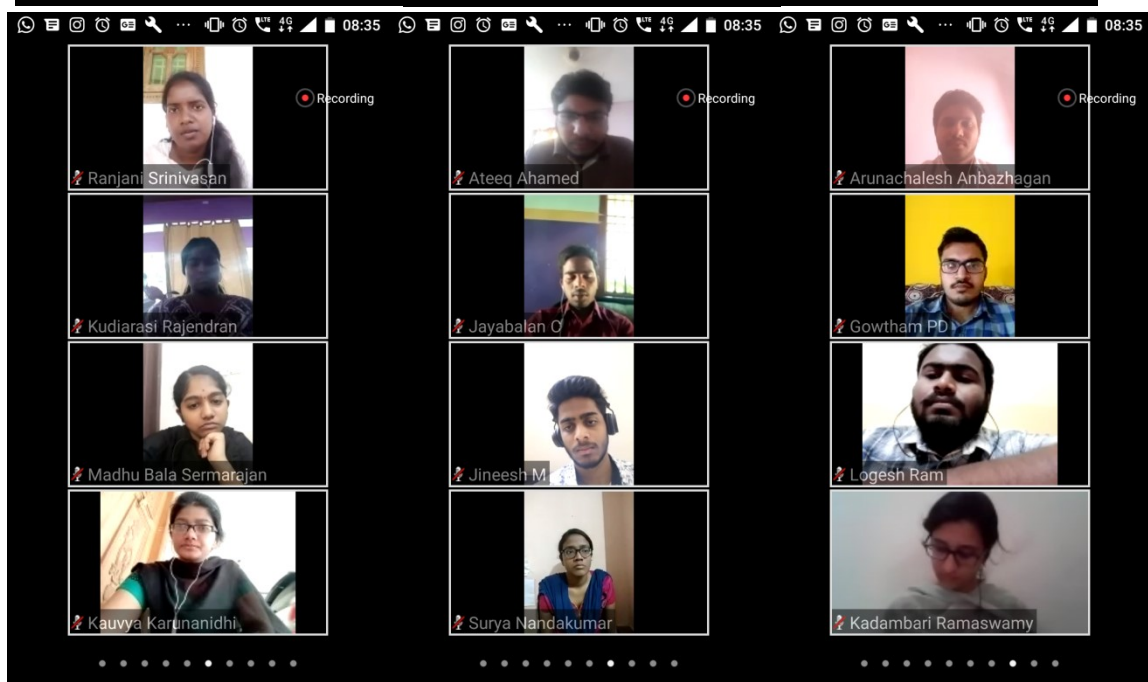
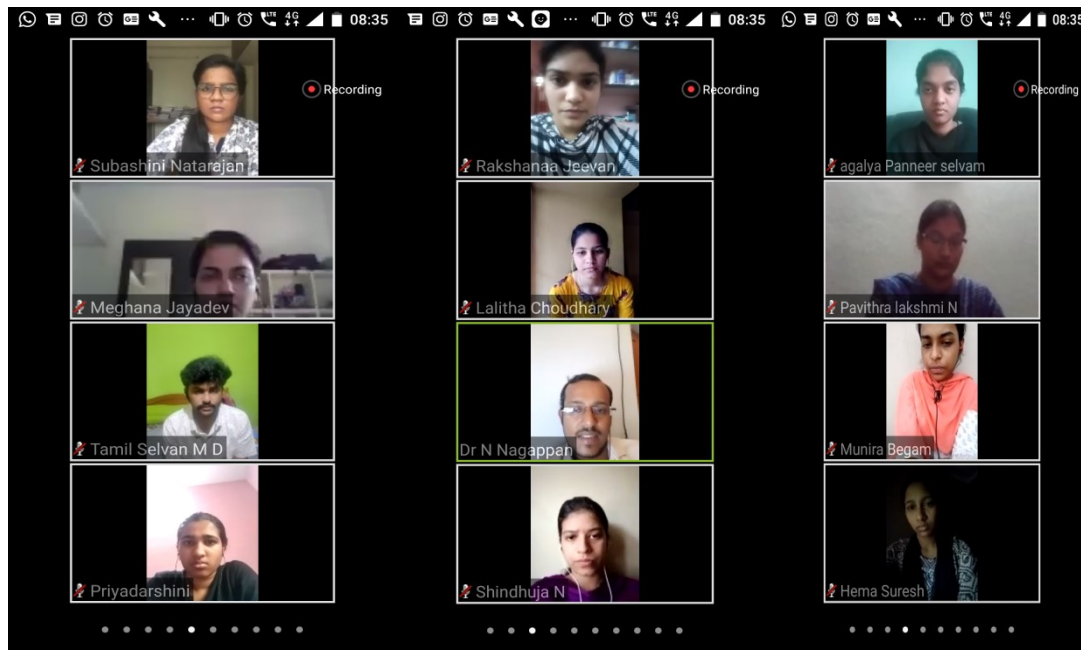
Participants (78)

 Sruthi S

 Sureka Varatharaj

 Tamil Selvan M D
 Varshini Venkat
 Vikneshwari Jayabalan
 Vikraman J
 Vishalini Mohan
 Yuvarani Muthu Kumar

Chats

Invite

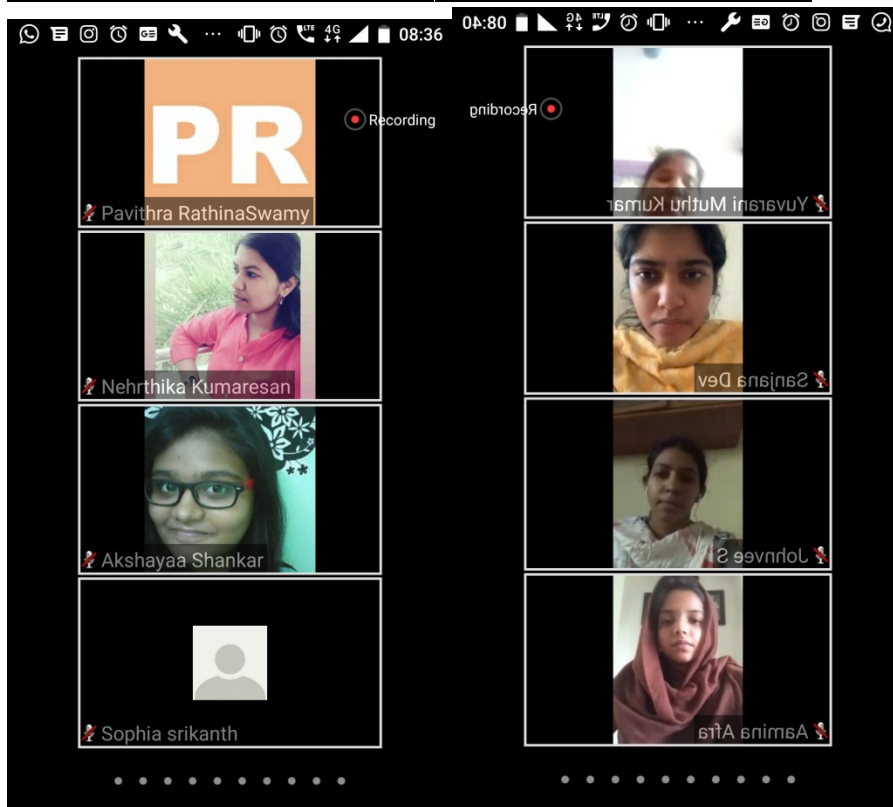
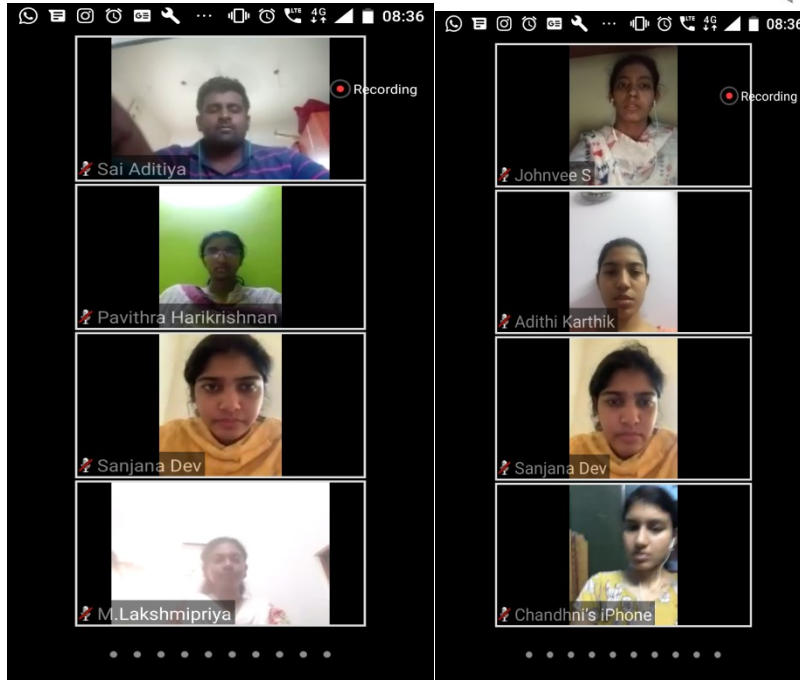
VIDEOS:

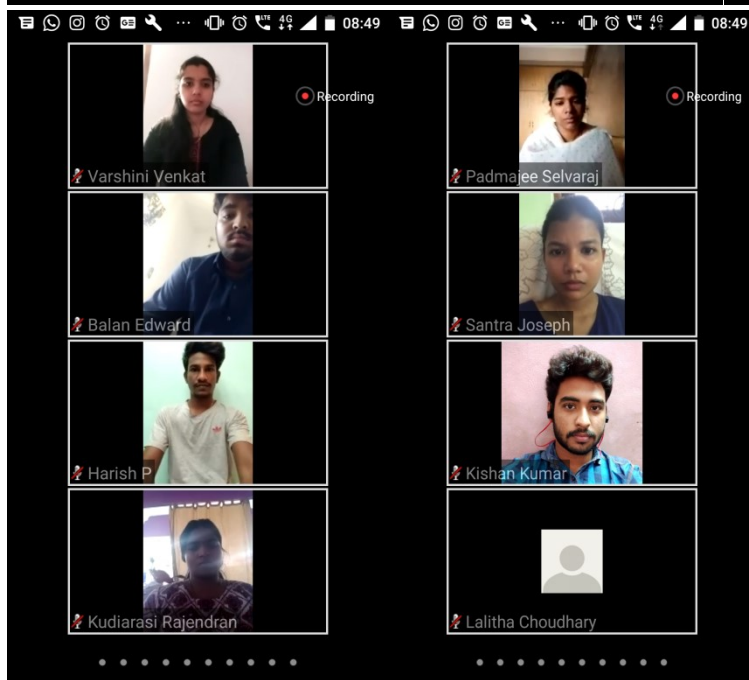
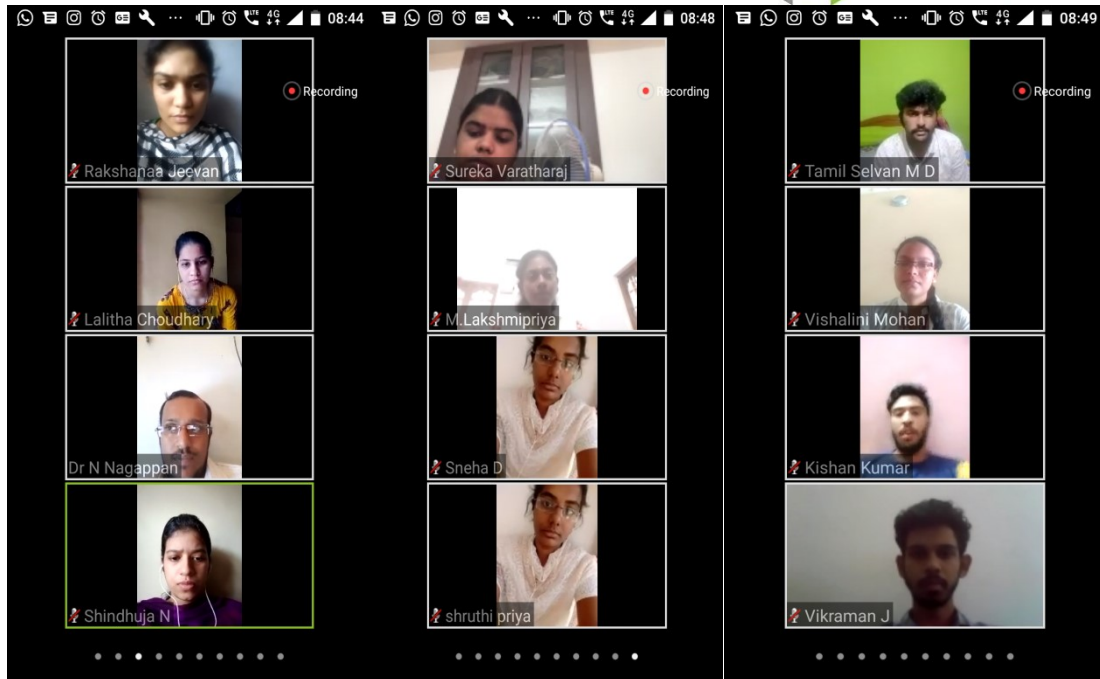




The screenshot displays a Zoom meeting interface with 16 participants arranged in a 4x4 grid. The grid is divided into four 2x2 sections. Each section has a 'Recording' indicator in the top right corner. The participants are:

- Top Left Section:** Padmajee Selvaraj, Maha srinithi Selvaraj, Achsah Evangelin, prasanth
- Top Right Section:** Sathiya Ganesan, Johnvee S, Deepika Ramachandra Murali, Sureka Varatharaj
- Bottom Left Section:** Archana . S, Namarrthaa Sre, Padmajaa Krishnan, Pavithra Rajkumar
- Bottom Right Section:** Anusha_R, Shweta Ranjith, Aakifa M, Ramu, Naafia Fathima, nawin Subhaganesh, Jaya Kumar, Janani





PRESENTATION OF THE TOPIC BY DR.NAGAPPAN:

Recording

Recording

Recording

Recording

Etiologic factors

Etiologic factors

Forms of Periodontitis

Distribution in mouth

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Recording

776-4058-9168

Password: 000598

Leave

Recording

Epidemiological triad

Risk factors of periodontal disease

Risk factors of periodontal disease

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Unmute

Stop Video

Share

Participants

More

776-4058-9168

Password: 000598

Leave

Recording

Recording

Recording

Oral hygiene practices

Oral hygiene practices

Oral hygiene practices

Oral hygiene practices

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Namarrthaa Sre's screen

Unmute

Stop Video

Share

Participants

More

Namarrthaa Sre's screen

Mute

Stop Video

Share

Participants

More

SUMMARY:

The following contents were covered for the discussion class viz., Definition of epidemiology, Epidemiological Triad – Agent, Host & Environment and Risk factors of periodontal diseases and assignments given. All the students were present for the discussion class except subakeerthi.

The following questions were given as assignments.

1. Difference between aggressive and chronic periodontitis
2. Explain agent factors of periodontal disease.
3. Risk factors of periodontal disease.

REPORT FOR E-DISCUSSION FOR THEORY CLASS-FEBRUARY BATCH- ON
18.04.2020

Faculty: Dr. Jagannatha GV

Students: IV Year February Batch

Discussion topic: Mechanical Plaque Control

Students present: 7/7


1. Thouseef Ahmed, 2. Harini Prabha. 3. Harish Raghav. 4. V. Priyanga
5. Ragavi V. 6. Vishnu Kumar. 7. Dhanesh Bala




Summary:


Introduction started with emphasizing that dental Plaque is the common etiological factors for the two most common dental diseases, dental caries and periodontal disease. The mechanism of plaque formation is complex and understanding the same is important to advise the right plaque control measures specific to individual patient. The mechanical plaque control measures are the primary means of controlling plaque. The students were explained about the various types of mechanical aids and their specific role in plaque removal.




Close
Participants (8)


Search





Thouseef Ahmed (me)










Dr. Jagannatha GV (host)










Dhanesh Bala










Harini Prabha










Harish Raghav










Ragavi vijayan


v.priyanga


Vishnu Kumar

Chats
Invite


08:40
Signal strength
VoLTE
Battery

Recording


Chettinad
Dental College & Research Institute

Introduction




- Dental plaque is a sticky, colorless or pale yellow film adhering to the tooth surfaces or other hard surfaces in the oral cavity.
- It is a highly specific variable structural entity formed due to colonization of micro organisms.
- When saliva, food and fluids combine, plaque - which contains bacteria - forms between your teeth and along the gum line.





Dr. Jagannatha GV's screen



09:30 4G LTE 54



 735-2087-9613  **Leave**
 Password: 2KSi7f

 Recording





GINGIVAL MASSAGE

The mechanical stimulation of the gingiva either by toothbrushing or interdental cleansing with various aids or simple finger massage leads to


- increased keratinization
- increased blood flow
- increased flow of gingival crevicular fluid within the gingival calculus.






overall improvement of gingival health.


Massage Your Gums!


Water Tooth




 Mute
  Stop Video
  Share
  Participants
  More




08:40 4G LTE 78


 Recording



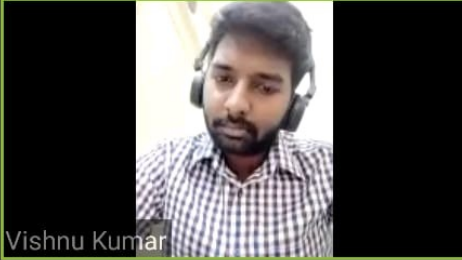
Harini Prabha



Harish Raghav






Dr. Jagannatha GV



Vishnu Kumar

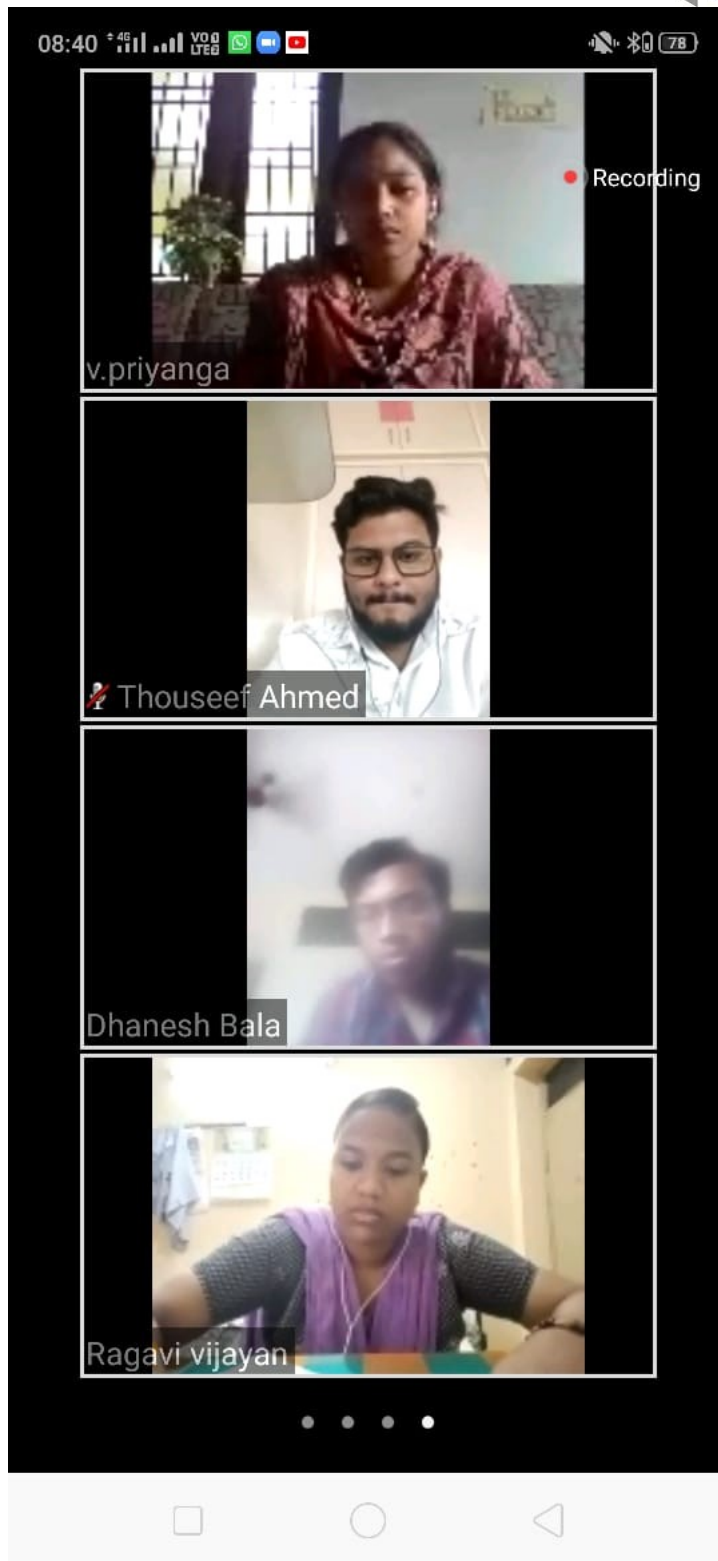
• • • •



Chettinad

Dental College & Research Institute



REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 18.04.2020

SESSION I

Session I: 09:50 AM – 11.15 AM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 12/13

Total No of Students: 12/13(F-batch)

1. Sophia.S. 2. Sowmya.N. 3.S.Sruthi 4. Subakeerthi.T
5. Subashini.N. 6. Surekha.K.V. 7. Surya.N. 8. Tamil Selvan.M.D
9. Varshini.V. 10. Vikneshwari.P.J. 11. Vishalini.M
12. Yuvarani.M

Absentee:

1.J. Vikraman

Discussion topic: Indices to measure plaque and Plaque Index

Summary:

The discussion for the session started with introduction to various indices to assess plaque and debris followed by teeth and units to be scored for plaque index. Then instruments used for assessment and criteria for scoring plaque indices were explained. The method for scoring plaque index and format (pictorial representation) for recording the score followed by interpretation of the result were taught in detail. Modification of plaque index and its advantages over plaque index was discussed. Uses of plaque index was discussed. Knowledge of clinical application of plaque index was imparted.

The following questions were given as an assignment for better understanding of the topic:

1.List the unique features of each indices:

OHI, OHI-S DMFT, DMFS. GINGIVAL INDEX, PLAQUE INDEX

Plaque Index:

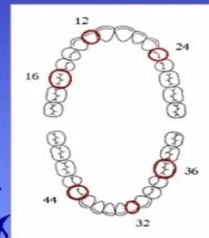
- Described by Silness P. and Loe H. in 1964.
- This is unique among the indices - assessment of plaque because it ignores the coronal extent of plaque on the tooth surface and assesses only the **thickness of plaque** at the **gingival area** of the tooth.



Method :

Whole mouth basis
Selected mouth basis (Six teeth)
16, 12, 24, 36, 32, 44

Surfaces examined:
(Gingival areas)
- Distal-facial, Facial
Mesial-facial & Lingual surface



No SIM 10:00 am 38%
 Leave Meeting 718-1299-0630 10:04

Mute Stop Video Share Content Participants More

Switch Camera
 Switch to Active Speaker

Vishalini Mohan Sophia Srikanth Surya Nandakumar
 Vikneshwari Jayabalan Sowmya Natarajan Varshini Venkat
 Subashini Natarajan Yuvarani Muthu Kumar Dr. Jagannatha GV

No SIM 10:02 am 38%
 Leave Meeting 718-1299-0630 11:39

Unmute Stop Video Share Content Participants More

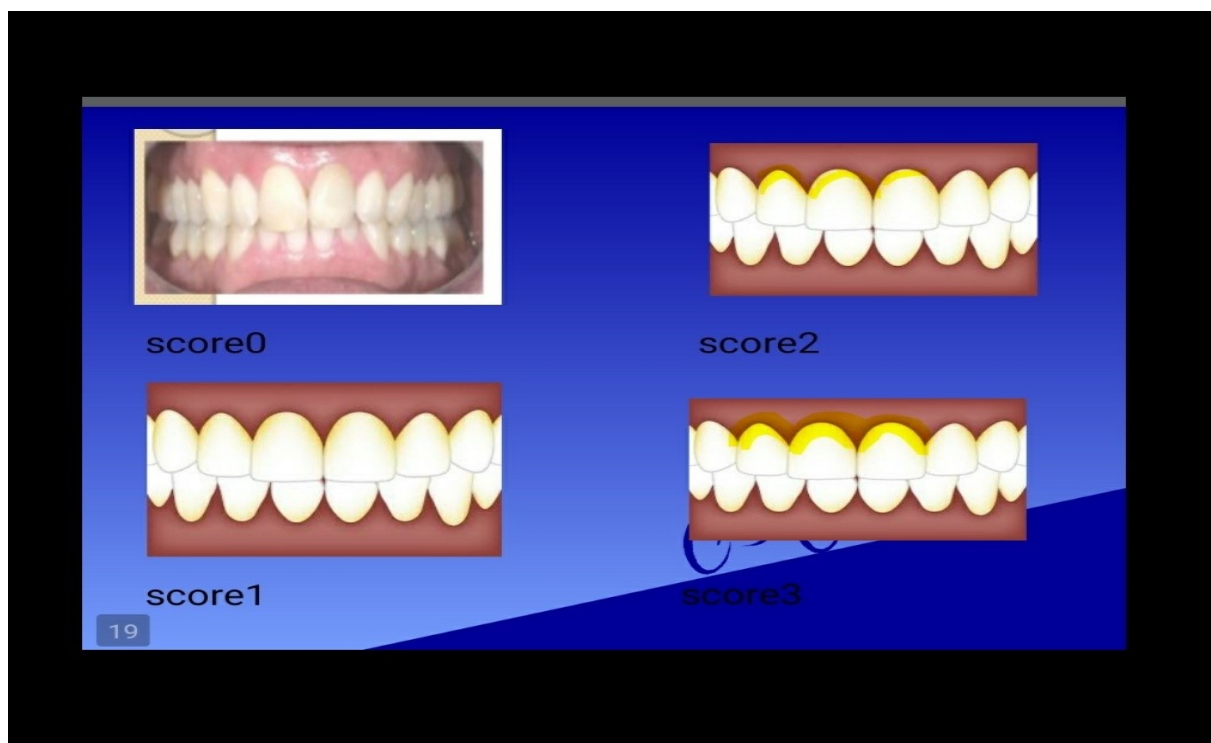
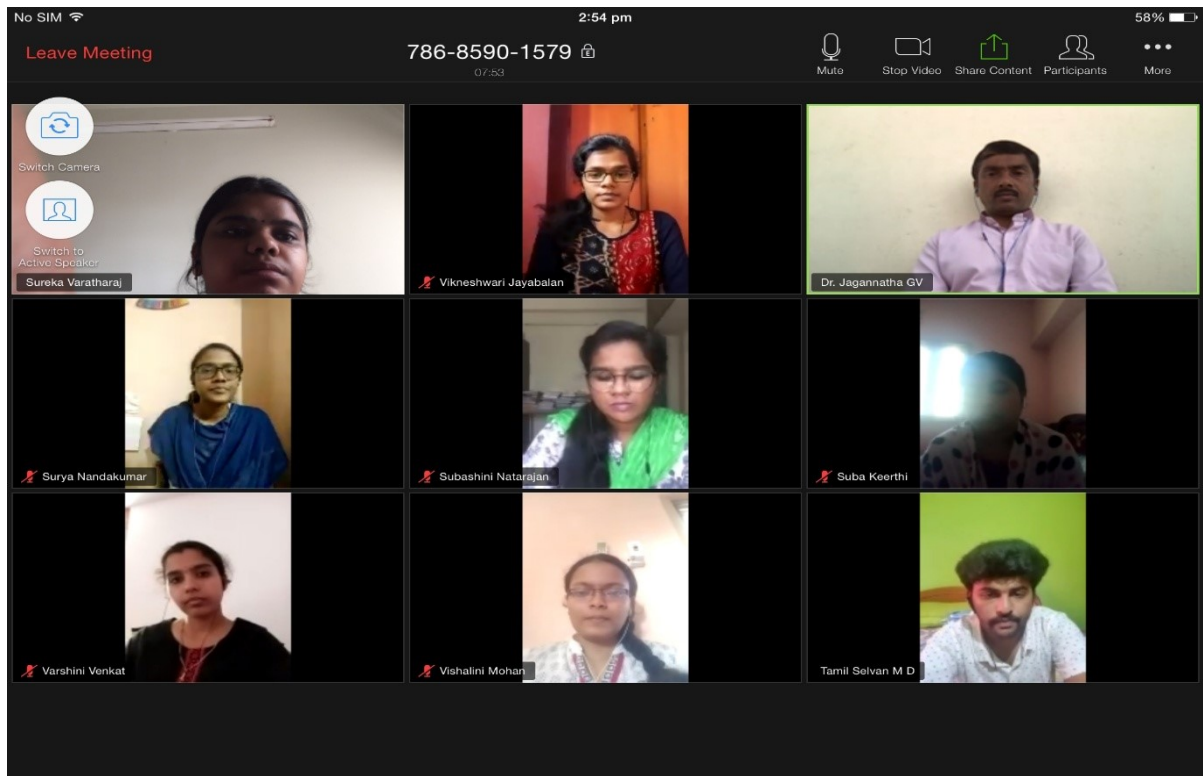
Switch Camera

INDICES USED TO MEASURE PLAQUE & DEBRIS


- PLAQUE INDEX (PI)
- TURSKEY – GILMORE – GLICKMAN MODIFICATION OF THE QUIGLEY – HEIN PLAQUE INDEX
- SHICK & ASH MODIFICATION OF PLAQUE CRITERIA
- NAVY PLAQUE INDEX (NPI)

Chettinad Dental College & Research Institute

Dr. Jagannatha GV




10:03





Close

Participants (13)

 Search



TS

Tamil Selvan M D (me)

 >



DJ

Dr. Jagannatha GV (host)



 >

SS

Sophia srikanth



 >

Sowmya Natarajan

 >



SS

Sruthi S



 >

SK

Suba Keerthi



 >

Subashini Natarajan



 >

SV

Sureka Varatharaj



 >

Surya Nandakumar

 >



VV

Varshini Venkat

 >



VJ

Vikneshwari Jayabalan

 >



VM

Vishalini Mohan

 >

Y

Yuvarani Muthu Kumar

 >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 18.04.2020

SESSION II

Session II: 12:15 PM – 01.10 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 12/13

Total No of Students: 12/13(F-batch)

1. Sophia.S. 2. Sowmya.N. 3.S.Sruthi 4. Subakeerthi.T
5. Subashini.N. 6. Surekha.K.V. 7. Surya.N. 8. Tamil Selvan.M.D
9. Varshini.V. 10. Vikneshwari.P.J. 11. Vishalini.M
12. Yuvarani.M

Absentee:

1.J. Vikraman

Discussion topic: Indices for assessment of gingival diseases and Gingival Index

Summary:

The discussion for the session started with describing various indices to assess gingival inflammation and gingival bleeding followed by teeth and units to be scored. Then instruments used for assessment and criteria for scoring gingival indices were explained. The method for scoring gingival index and format for recording the score followed by interpretation of the result were taught in detail. Modification of gingival index and its advantage over gingival index was discussed. Uses of gingival index and the article related to gingival index.

The following questions were given as an assignment for better understanding of the topic.

1. List the ideal requisites fulfilling each index.
OHI, OHI-S, DMFT, DMFS, Plaque index, Gingival index
2. Discuss the research articles using these indices in their studies.

INDICES USED FOR ASSESSMENT OF GINGIVAL

I. INDICES USED TO ASSESS GINGIVAL INFLAMMATION

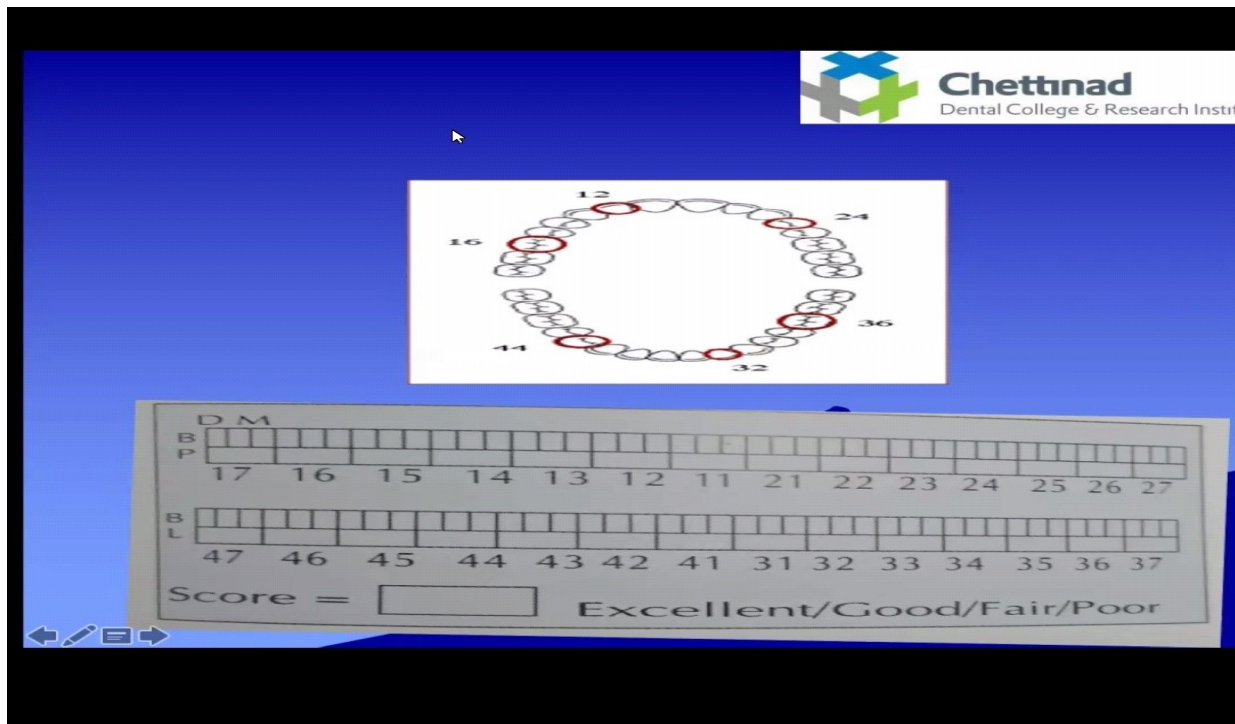
- Papillary – marginal – attachment index (PMA)
- Papillary – marginal index
- Gingival index
- Modified gingival index

II. INDICES USED FOR ASSESSMENT OF GINGIVAL BLEEDING

- Sulcus bleeding index (SBI)
- Papillary bleeding index (PBI)
- Gingival bleeding index (GBI)
- Modified sulcular bleeding index (mSBI)
- Eastman interdental bleeding index (EIBI)



Score	Criteria
0	Absence of inflammation/normal gingiva
1	Mild inflammation, slight change in color, slight edema; no bleeding on probing
2	Moderate inflammation; moderate glazing, redness, edema & hypertrophy. Bleeding
3	Severe inflammation; marked redness & hypertrophy ulceration. Spontaneous bleeding



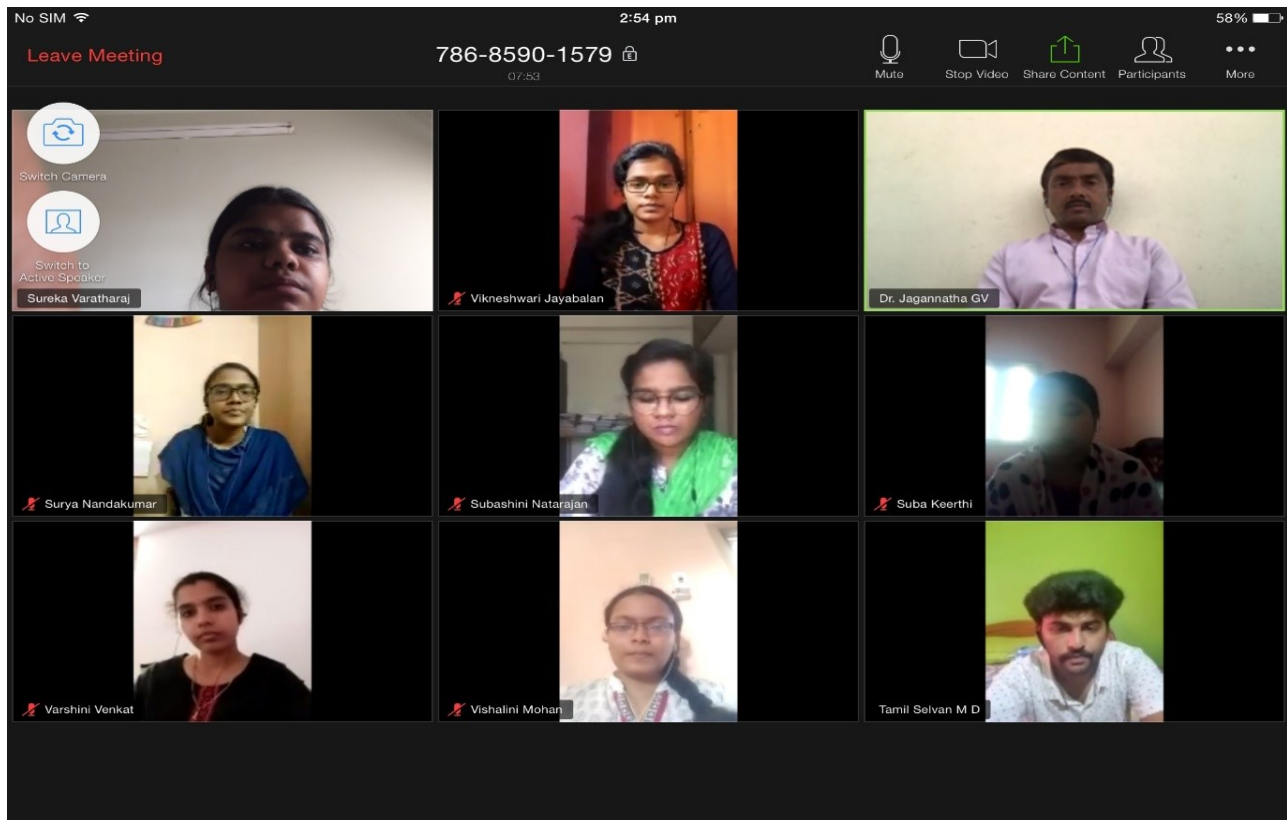
No SIM 10:00 am 38%

Leave Meeting 718-1299-0630 10:04

Mute Stop Video Share Content Participants More

Switch Camera Switch to Active Speaker

Vishalini Mohan Sophia Srikanth Surya Nandakumar Vikneshwari Jayabalan Sowmya Natarajan Varshini Venkat Subashini Natarajan Yuvarani Muthu Kumar Dr. Jagannatha GV



Not Secure — jisponline.com




Journal of Indian Society of Periodontology



Table 2: Intra group comparison of plaque index scores before and after treatment



Plaque index	Before	After	Mean difference	P value
Group A	1.698±0.37	1.132±0.35	0.566±0.32	<0.0001 h
Group B	1.643±0.417	0.66±0.216	0.983±0.355	<0.0001 h

JISP now offers Online Entry form


ATTENDANCE SHEET:




















12:28




Close
Participants (13)

 Search

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	   >
SS	Sophia srikanth	  >
	Sowmya Natarajan	  >
SS	Sruthi S	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	 >

Invite

REPORT FOR E-DISCUSSION FOR CLINICAL POSTING ON 18.04.2020

SESSION III

Session III: 2:45 PM – 03.30 PM

Faculty: Dr. Jagannatha GV

Students: IV Year Regular Batch –F

Students Present: 12/13

Total No of Students: 12/13(F-batch)

1. Sophia.S. 2. Sowmya.N. 3.S.Sruthi 4. Subakeerthi.T
5. Subashini.N. 6. Surekha.K.V. 7. Surya.N. 8. Tamil Selvan.M.D
9. Varshini.V. 10. Vikneshwari.P.J. 11. Vishalini.M
12. Yuvarani.M

Absentee:

1.J. Vikraman

Discussion topic: Student presentations on the assignment: Research articles using various indices (discussed) and their interpretation.

Summary:

The third session was 'The Students' Forum' where the students after discerning the differences in various indices taught, applied the same in epidemiological studies published. The students searched various articles where these indices were applied for the studies and presented the implementation, application and results of the study. The students emphasised on the significance of these indices in various such studies, thus making each other understand the purpose of an index.

RESEARCH ARTICLE

Open Access



A comparative assessment of plaque removal and toothbrushing compliance between a manual and an interactive power toothbrush among adolescents: a single-center, single-blind randomized controlled trial

Christina Erbe^{1*}, Violetta Klees¹, Priscila Ferrari-Peron¹, Renzo A. Cachuana-Vasquez², Haris Timm², Julie Grender³, Pamela Cunningham³, Ralf Adam², Svetlana Farrell³ and Heinrich Wehrbein¹

Abstract

Background: Many adolescents have poor plaque control and sub-optimal toothbrushing behavior. Therefore, we compared the efficacy of an interactive power toothbrush (IPT) to a manual toothbrush (MT) for reducing dental plaque and improving toothbrushing compliance.

Methods: In this randomized, parallel single-blind clinical study, adolescents brushed twice daily with either a MT (Oral-B Indicator soft manual toothbrush) or an IPT (Oral-B® ProfessionalCare 6000 with Bluetooth). Subjects brushed for 2 min, plus an additional 10 s for each 'Focus Care Area'. At screening and Week 2, afternoon pre-brushing plaque was assessed via the Turesky Modification of the Quigley-Hein Plaque Index (TMQHPi), and supervised brushing duration was measured.

Results: Sixty subjects were randomized; 98% completed. At Week 2, the mean reduction in whole mouth plaque relative to baseline was 34% ($p < 0.001$) for the IPT versus 17% ($p = 0.231$) for the MT. For Focus Care Areas, the IPT yielded a 38.1% mean TMQHPi reduction ($p < 0.001$) versus 6.2% for the MT ($p < 0.001$). Mean brushing time versus baseline increased 34 s in the IPT group ($p < 0.001$) while remaining flat in the MT group ($p = 1.0$).

Conclusions: Over 2 weeks, adolescents using an IPT experienced superior plaque reduction and increased overall brushing time versus those using a MT.

Trial registration: This trial was retrospectively registered (SRCTN10112852) on the 18th, June 2018.

Keywords: Compliance, Toothbrushing behavior, Dental plaque, Technology, Oral hygiene, Interactive power toothbrush

* Correspondence: erbc@uni-mainz.de

¹Department of Orthodontics and Dentofacial Orthopedics, University Medical Center of the Johannes Gutenberg University, Augustusplatz 2, 55131 Mainz, Germany

Full list of author information is available at the end of the article



© The Author(s). 2018 **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.

2:35  Hindawi

Journal of Oral Diseases

Journal Menu PDF

Article Sections

Research Article | Open Access
Volume 2014 | Article ID 535316 | 11 pages |
<https://doi.org/10.1155/2014/535316>

Oral Hygiene Status, Periodontal Status, and Periodontal Treatment Needs among Institutionalized Intellectually Disabled Subjects in Kolhapur District, Maharashtra, India

Nilima S. Kadam¹, Rahul Patil¹, Abhijit N. Gurav¹, Yojana Patil², Abhijeet Shete¹, Ritam Naik Tari¹, Dhanashree Agarwal¹, D. T. Shirke³, and Prashant Jadhav⁴

Show more

Academic Editor: Tetsuo Kobayashi

Published: 07 Dec 2014

RESEARCH ARTICLE

Open Access

The decline in dental caries among Korean children aged 8 and 12 years from 2000 to 2012 focusing SiC Index and DMFT

Han-Na Kim¹, Dong-Hun Han², Eun-Joo Jun³, Se-Yeon Kim^{3,4}, Seung-Hwa Jeong^{3,4} and Jin-Bom Kim^{3,4*}

Abstract

Background: The aim of this study was to analyse the prevalence and severity of dental caries among Korean children aged 8 and 12 years over a period of 12 years by determining the number of decayed, missing, and filled teeth (DMFT) and the Significant Caries Index (SiC Index).

Methods: Stratified cluster-sampled data from the National Oral Health Survey conducted from 2000 to 2012 were analysed. In 2000, 2006, and 2012, a total of 2397, 2650, and 9601 children aged 8 and 12 years were examined, respectively. The children's oral health status, including the number of DMFT and fissures sealed teeth, was examined and recorded. The SiC index was calculated according to the child's residential district.

Results: Over the 12-year period, the percentages of caries-free children aged 8 and 12 years increased from 26.0 to 42.7 % and from 53.4 to 69.6 %, respectively. The percentages of children aged 8 and 12 years with sealed teeth in 2012 were 62.1 and 62.5 %, respectively, more than triple the rates in 2000. The mean DMFT values of children aged 8 and 12 years decreased from 1.04 to 0.67 and from 2.86 to 1.84, respectively. The SiC index of children aged 8 and 12 years also decreased from 2.73 to 1.97 and from 6.13 to 4.51, respectively. The rate of reduction in DMFT among 8- and 12-year-old children in the second 6 years of the observation period was lower than that in the first 6 years.

Conclusions: A remarkable decline in dental caries of 8- and 12-year-old Korean children was observed over the 12-year study period. The mean DMFT values and SiC index of children aged 8 and 12 years decreased. The reduction rate between 2000 and 2006 was higher than that between 2006 and 2012.

Keywords: Children, Dental caries, Decayed, missing, and filled teeth, Significant caries index

Background

Dental caries can have a negative impact on children's quality of life [1]. Sheiham [2] reported that severe dental caries affect young children's growth and hypothesized that improving dietary intake and treating dental caries in pre-school-aged children would increase growth rates and improve quality of life. To monitor

dental caries in children, the World Health Organization (WHO) developed an oral disease surveillance system. The first global map with data related to decayed, missing, and filled teeth (DMFT) for 12-year-olds was presented in 1969 [3]. There has been an overall decline in the prevalence and severity of dental caries in children and adolescents around the world, particularly in developed countries [4]. In spite of this overall decline, scores or indices expressing the prevalence of dental caries have varied. A previous study reported differences in the prevalence of dental caries in permanent teeth between 2000 and 2010. The numbers of DMFT in 12-year-olds were 2.96, 2.07, 0.89, and 0.70 in the Czech Republic,

* Correspondence: jkim@chd.ac.kr
¹Department of Preventive and Community Dentistry, Pusan National University, School of Dentistry, 492 Busan-daehak-ro, Mugjeong-myeon, Yangsan-si, Gyeongsangnam-do, 626-870 Seoul, Korea
²Sei-Rus Project of Center for Professional Education on Technologies of Oral Health, Seoul, Korea
Full list of author information is available at the end of the article



© 2016 Kim et al. **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.

Dent Clin Exp J. 2018 December; 4(1):e00052.
Published online 2019 July 20.

doi:10.5812/dcej.80052.
Research Article



Relationship Between the Oral Hygiene Index (OHI-S) and Demographic Characteristics of Pregnant Women Referred to Health Centers in Zahedan, 2016

Elham Bozorgmehr¹, Masoud Bamedi^{2,3,4}, Saeed Khalili⁴ and Hossein Ansari⁵

¹Department of Community Dentistry, School of Dentistry, Zahedan University of Medical Sciences, Zahedan, Iran
²Department of Periodontology, Dental Faculty of Dentistry, Zahedan University of Medical Sciences, Zahedan, Iran
³Oral and Dental Disease Research Center, Zahedan University of Medical Sciences, Zahedan, Iran
⁴Zahedan University of Medical Sciences, Zahedan, Iran
⁵Health Promotion Research Center, Zahedan University of Medical Sciences, Zahedan, Iran

*Corresponding author: Department of Periodontology, Dental Faculty of Dentistry, Zahedan University of Medical Sciences, Zahedan, Iran. Email: masoudbamedi@zahmed.ac.ir

Received 2018 June 01; Revised 2018 December 19; Accepted 2019 January 09.

Abstract

Background: Information about the oral hygiene of pregnant women and related factors is necessary for the oral health promotion programs. To our knowledge, there were no data regarding the oral hygiene of pregnant women in Zahedan.

Objectives: The present study was aimed to evaluate the oral hygiene status in a sample of pregnant Iranian women (in Zahedan) by measuring the OHI-S and its relationship with demographic variables.

Methods: In this cross-sectional analytical study, coordination with health centers in Zahedan was done and then 150 pregnant women examined after completing an informed consent form. Characteristics of pregnant women were recorded in the demographic part of the form, to evaluate the oral hygiene status of pregnant women, OHI-S was measured. Descriptive statistics and chi-square test (SPSS V.22 software) were used to evaluate the oral hygiene of pregnant women and its relationship with demographic characteristics.

Results: The results showed that the oral hygiene index (OHI-S) of 36.7% pregnant women was poor, 42% moderate and 21.3% was at a good level. The index was statistically related to some socio-demographic characteristics of pregnant women such as education, parity (number of children) and occupation ($P < 0.05$). There was not a significant relationship between OHI-S and the age of mothers.

Conclusions: The results of the present study showed that despite pregnant women being referred to the health centers of Zahedan and registered for health visits, OHI-S of most women was not good. Also, the study revealed a relationship between demographic factors such as occupation, education, parity and oral hygiene. In addition, the study revealed an association between demographic factors such as occupation, education, parity and oral hygiene.

Keywords: Pregnancy, Oral and Dental Health, Oral Hygiene Index Simplified

1. Background

Oral health care during pregnancy should be provided by oral health practitioners, but unfortunately this issue is neglected in many cases. During pregnancy, women may be more susceptible to some disease. Early preventive interventions can improve health of pregnant women and their child [1].

Physical changes during pregnancy can enhance susceptibility to some oral disease, including periodontal disease, about 30% of pregnant women are affected by mild inflammation of the gums (pregnancy gingivitis) [2].

Pregnancy gingivitis is a severe inflammatory response

to dental plaque, this response is created by some increased female sex hormones including progesterone and estrogen [3]. These metabolic and hormonal changes, lead to increased vascular permeability and decreased host immunity that can cause sensitivity to oral infections [2], therefore improving the oral hygiene of pregnant women will prevent the complications of pregnancy such as low birth weight deliveries and can reduce early childhood caries [4].

Fortunately, most of pregnancy's effects on oral health of pregnant woman and her child can be prevented by maintaining good oral hygiene. Some studies have re-

No SIM 10:00 am 38%

Leave Meeting 718-1299-0630 10:04

Mute Stop Video Share Content Participants More

Switch Camera Switch to Active Speaker

Vishalini Mohan Sophia Srikanth Surya Nandakumar

Vikneshwari Jayabalan Sowmya Natarajan Varshini Venkat

Subashini Natarajan Yuvarani Muthu Kumar Dr. Jagannatha GV

No SIM 2:54 pm 58%

Leave Meeting 786-8590-1579 07:53

Mute Stop Video Share Content Participants More

Switch Camera Switch to Active Speaker

Sureka Varatharaj Vikneshwari Jayabalan Dr. Jagannatha GV



























Surya Nandakumar Subashini Natarajan Suba Keerthi

Varshini Venkat Vishalini Mohan Tamil Selvan M D

ATTENDANCE SHEET:

Close
Participants (13)

Search

TS	Tamil Selvan M D (me)	  >
DJ	Dr. Jagannatha GV (host)	   >
SS	Sophia srikanth	  >
	Sowmya Natarajan	  >
SS	Sruthi S	  >
SK	Suba Keerthi	  >
	Subashini Natarajan	  >
SV	Sureka Varatharaj	  >
	Surya Nandakumar	  >
VV	Varshini Venkat	  >
VJ	Vikneshwari Jayabalan	  >
VM	Vishalini Mohan	  >
Y	Yuvarani Muthu Kumar	 >

Invite