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Research Article

Reasons for Late Dental Consultations at the Central Hospital of Yaoundé. Cameroon

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Abstract

Introduction: Despite considerable progress in the field of preventive and curative dentistry, many people around the world still continue to pay a heavy price for complications associated with late consultations in dental clinics. The aim of this study was determine the reasons for late consultations in dental clinics at Yaoundé.

Methodology: This was a descriptive cross sectional study with a random sampling of patients attending clinic at the service of Yaoundé central hospital.

Results: Two hundred patients made up of (55%) women, (45%) men were recruited in the study. Their age range was between 3 and 76 years with a mean age of 29 years.

Pain 177 (88.5%) was the main reason for consultation followed by tooth mobility (4%) of mobile tooth; 56% of the patients had no reason for not going to the hospital and 31% lacked money. Tooth loss, dental sensitivity and difficulties in chewing were the main consequences of late consultations.

Conclusion: Pain as a result of toothache remains the main reason for late consultations followed by lack of awareness and financial constraints.

Recommendations: If awareness through oral health education and affordable oral health care are put into place, there will be increase access to oral health care facilities, thus avoiding late consultations.

Keywords: *Late Consultations; Complications; Access; Dental Clinic*

Introduction

Dentistry is an ever evolving profession with the introduction of new technologies daily in the management of dental pathologies. Despite these considerable progresses in the field of preventive and curative dentistry, many people around the world still cannot have access to oral health care facilities and continue to pay a heavy price as a result of complications of oral diseases.

Despite vast improvement in global oral health, problems still persist in many communities and populations around the world particularly among the underprivileged in both developed and developing countries. This is because the distribution and severity of oral diseases vary among people of different socio-cultural groups in different parts of the world and within the same country or region [1].

In Africa the most prominent characteristics of oral health are low to very low caries prevalence and severity with little increase, few oral care personnel and an imbalance between personnel types and population needs, rural and peri-urban communities without basic care or with emergency care only, due to the high cost or unavailability of other treatment. These are exacerbated by logistics problems and unreliable services, partly due to poor working conditions, the low priority given to oral health care due to the presence of several general health problems and enormous development needs; and difficulty in adjusting to the market economy, where demand-based private services result in a lower priority for prevention programs [2].

With the above mentioned problems in developing countries, oral health services which are mostly offered from government regional or central hospitals of urban centers, little, if any, priority is given to preventive or restorative dental care. That is why many countries in Africa, Asia and Latin-America present with a shortage of oral health personnel thereby making capacity of the systems to be limited to pain relief or emergency care [1,3].

Because oral health in Cameroon has been relegated to the background as a result of the high prevalence of infectious and endemic diseases. The oral health care system in Cameroon becoming more and more a public health problem. Negligence, lack of resources, self-medication and the lack of oral health education make patients to be left with limited choices [4-6].

Despite considerable progress in the field of prevention and treatment, many people around the world still continue to pay a heavy price due to the consequences of oral diseases [2]. One of the reasons many people suffer from complications of dental diseases is late consultations. Many people do not consult early because of the absence of signs and symptoms that may prompt them to go for early consultations. This is because most oral diseases are insidious in origin, progresses slowly, leading sooner or later to symptoms like pain and gingival bleeding [4]. Though pain has been the major cause of consultations in most clinics in Africa especially in Cameroon [4-7], it has also been reported that poverty, poor access to oral health care facilities and self-medications in the form or orthodox or traditional medicines are some of the factors responsible for late consultations [4,5]. Ngapeth., *et al*. in 2001 reported that it is often pain that awakens and pushes patients to consult at the Central Hospital of Yaoundé. This results in 54% and 33% of the patients presenting to the dental clinic for the first time with abscesses and cellulitis respectively [8].

In Cameroon, it has been noticed that many patients present late in the dental clinic with emergencies and complications that may be life threatening. Late consultations has been identified as a public health problem making patients to be exposed to many risk factors associated to oral health. Thus the objective of this study was to determine the reasons for late consultation of patients attending the Yaoundé general hospital.

Methodology

This was a descriptive clinical study carried out between May to August 2014 at the dental clinic of the Yaoundé Central Hospital, Cameroon.

The Yaoundé Central Hospital is located at the centre of the political capital of Cameroon. It is one of the largest state owned low cost, easily assessable hospital with several medical specialties. The dental clinic is fully equipped with state of the art modern dental equipment and a staff strength of 5 dental surgeons, 5 dental therapists, 2 dental technologists and a practice manager. Other facilities of the clinic include 04 fully equipped dental surgeries, a dental laboratory. It receives an average of 30 patients a day.

Patients recruited in this study were chosen consecutively until a sample size of 200 was attained and these included patients of both sexes who came for consultation and presented with signs and symptoms indicating late consultations.

Late consultation was attributed to any patient who came to consult the dental office with the pain, signs of acute pulpitis and other complications associated to toothache like cellulitis.

Socio-demographic data was collected from the patients through a data capture sheet. Clinical examination was also carried out on a dental chair under bright light to evaluate some intraoral pathologies. Socio-demographic information included the patients' age, gender, status, occupation and the reason for consultation.

Data analysis was carried out with Epi-info 7 and presentation was done in tables and figures.

Ethical clearance was taken from the research Committee and the Institutional Ethical committee of Université des Mountains and the ethical committee of general hospital of Yaoundé.

Anonymity and confidentiality of the data collected were respected.

Results

Demographics

Two hundred patients with indications of late consultations were recruited in this study; 110 (55%) were females and 90 (45%) males of mean age of 29 ± 13 years, age range 3 - 76 years. The age group most represented in the study was the 20 - 29 years age group.

More than half of the respondents were single 137 (68.5%), 56 (26%) were married; 84 (42%), University graduates, 60 (30%) secondary graduate, 24 (12%) had been in primary school and 16% had no education.

Over half 103 (51.5%) of the patients consulted within 1 month when the first experience the symptoms and 37 (18.5%) consulted within 1 - 3 months after the initial symptom started (Table 1).

Consultation period (in months)	Frequency	Percentage
< 1	103	51.5
(1 - 3)	37	18.5
(3 - 6)	5	2.5
(7 - 12)	34	17
> 24	20	10
Total	200	100.0

Table 1: *Consultation periods after initial symptoms.*

Pain 177 (88.5%) was the main reason for consultation followed by mobile tooth 16 (8.0%) as a result of periodontal disease (Table 2).

Reasons for consultation	Frequency	Percentage
Pain	177	88.5
Periodontal disease (tooth mobility)	16	8.0
Delayed eruption	3	1.5
Dental sensitivity	2	1.0
Tooth fracture	1	0.5
Ulceration	1	0.5
Total	200	100.0

Table 2: *Reasons for consultation.*

Negligence and lack of awareness 114 (57.0%), financial constraints 62 (31%), self-medication 9 (4.5%) and fear of dental treatment 9 (4.5%) were the major reasons for late consultations (Table 3).

Reasons for late consultations	Frequency	Percentage
Negligence/lack of awareness	114	57.0
Financial constraints	62	31.0
Self medication	9	4.5
Fear of treatments and treatment environments	9	4.5
Distance from hospital	6	3.0
Traditional medicine	1	0. 5
Total	200	100.0

Table 3: *Reasons for late consultations.*

Clinical examinations

Facial swellings 14 (7%) and facial asymmetry 4 (2%) were the common extra-oral pathologies noticed. Intraoral examinations revealed that, more than half 48 (53%), of the patients came with calculus, 63 (31.5%) poor hygiene and 14 (7%) had good oral hygiene.

The half 100 (50%) of the patients were aware of the seriousness of their disease, 64 (32%) thought it wasn't serious (Figure 1).

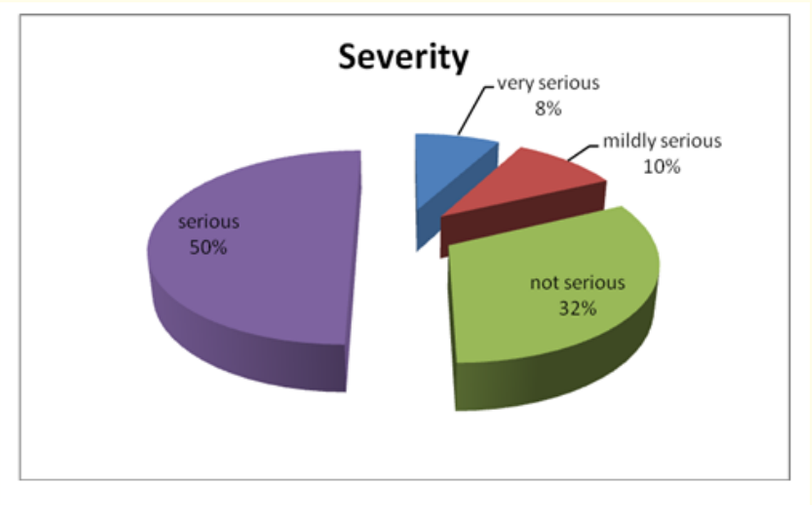

Figure 1: *Patients perception of the severity of the disease.*

The common diseases were acute pulpitis 90 (45%), gross caries 44 (22%) and chronic pulpitis 22 (11%) (Table 4).

Clinical conditions identified	Frequency	Percentage
Acute pulpitis	90	45
Gross caries	44	22.0
Chronic pulpitis	22	11
Dental abscess	18	9.0
Acute periapical periodontitis	14	7.0
Cellulitis	5	2.5
Root fracture	3	1.5
Gingivitis	2	1.0
Pericoronitis	2	1.0
Total	200	100.0

Table 4: *Distribution identified pathologies.*

Management of patients

The treatment given to the patients included dental extractions 112 (55%), endodontic treatment 60 (30%), 20 (10%) incision and drainage, 28 (14%) restorations and 2 (1.0%) were admitted.

Distribution of patients according to the degree of satisfaction received treatment.

More than two thirds 132 (66%) of the patients were satisfied with the treatment they received at the clinic (Figure 2). The majority of patients paid between 400 - 1500 USD for their treatment.

Figure 2: *Satisfaction with dental treatment.*

Discussion

Oral diseases have a considerable impact on individuals and communities, as a result of the pain and suffering, impairment of function and reduced quality of life that they impose [1]. In several countries in West Africa, oral diseases have been largely neglected and not prioritized by health planners, and therefore oral health-care programmes have not been integrated into national and community health programmes [1,10]. This is not surprising because most of these countries face a high prevalence of serious life-threatening chronic and diverse communicable diseases such as HIV/AIDS, tuberculosis, and malaria [11,12]. This is the actual picture of where the current study was carried out.

In the current study, women were predominant than men indicating that women have more access to oral health care facilities than men. Another study conducted in Yaoundé by Ngapeth., *et al*. (2001), demonstrated an oral health care seeking behavioral discrepancy between men and women with respect to consultation. This discrepancy was also observed on the reasons on the reasons for dental consultations [8]. In their study, they found that men had more calculus, carious lesions larger and deeper than women, yet consulted less than women. Reasons for this being that women are more conscious of the health, appearance and esthetics than men who are always busy with their daily activities trying fend for their families To further explained the gravity of larger lesions in men by hypothesizing that a lower pain threshold in women or the fear of pain will stimulate the woman to consult early [8]. Studies in Cameroon have postulated that men wait until the last moment to consult when the pain is unbearable and it is no longer controllable by self-medicating soothing the tooth but not stopping the progress of the cavity worsening the cavitation of the tooth [4,8]. When the cavity is worse, most men will want to "get rid once for all" of the causal tooth through dental extractions [4,8].

Reason for consultation

Late consultations to the dental clinic are common all over the world. Even in developed countries where there are insurance facilities and access to oral health, some patients still present late to the dental clinic. In the current study, pain was the major reason for consultations on the dental clinic.

These findings support the assumption that, in developing countries, visits to dental-care services are primarily carried out because of pain (mainly toothache). The current study like another study carried out at Burkina Faso by Varenne., et al. (2005) who reported a huge demand for emergency care for patients presenting in the late stages of dental diseases [12]. These observations are in accordance with those of other studies conducted more than 15 years ago in many Asian and African countries [12]. Recent studies in Cameroon indicated that pain was the main reason for consultation in the dental clinics [4-6]. The current study also indicated that patients visit the dental clinic as a result of other forms of discomfort like periodontal diseases. This occurs when the patient cannot tolerate some of the symptoms.

In the current study, the minimum time the patients had been tolerating the pain before consultation was 1 year. This explains why some the patients ended up with chronic infection and eventually hospitalization. Our study showed that in the 20 - 29 years age group, pain was the main reason for consultation in 88.5% of cases [18]. In Cameroon, Bengondo M., *et al*. (2006) it showed that 651 patients seen in emergency, 399 cases were related to pain (61.3%). This is in line with the current study where more than two thirds of the patients perceived that their symptoms were serious [19]. These confirm the fact that acute pain as a result of acute pulpitis which was the common clinical presentation of the patients.

Causes of late consultation

In the current study, lack of awareness, financial constraints, self-medication and fear of dental treatment were the causes of late consultations. These factors are related to the socio-cultural situation of Cameroon where most dental services are located high income areas in the 2 major cities of Douala and Yaounde. In rural areas, lack of oral health care facilities have left the population with limited choices confining them to treatment of unskilled oral health care personnels, self-medication and other traditional methods that are harmful to their health [4-7]. The ministry of health of Cameroon had been trying to distribute the skilled oral health workforce to the rural areas, but experience has shown that most dentist sent to district hospital eventually come back to the big cities where the prevalence of dental caries is high and where they can generate more income, thereby causing inequalities of the oral health workforce in rural areas [5]. Achembong., *et al*. (2012) carried out a study in a Cameroon on the impact of midlevel providers on oral health care delivery and concluded that if properly trained and supervised, mid-level providers could deliver quality and low cost oral health care activities in areas where there are limited resources taking care of the immediate oral health care needs of the local population [6]. They also suggested that midlevel providers could be used for oral health care education and outreaches such that the population could easily have access to quality oral health education reducing myths and fears concerning oral health care delivery as well as the indiscriminate use of traditional medicines and self-medication [6].

Though this study was carried out in an urban setting, the current study demonstrated that almost all the patients did not have access to insurance facilities leading to poor access to oral health care delivery. This is because of the high unemployment rate in the country since only those in the formal section are usually insured. This led to dental losses, extirpation of the nerve, sensitivities and difficulties in chewing all affecting the quality of life of the patients.

Conclusion

This study shows that women have a higher health seeking behavior than men and that pain is the main reason for late consultation which brought 88.5% of patients consults at a late stage. Lack of oral health awareness and lack of finances were the major barriers to access to the dental clinic.

Recommendations

All stake holders in oral health care should work in synergy to improve oral health care by increasing oral health education in Cameroon. Patients should be encouraged to visits to the dentist whenever there are signs of dental problems, after every 6 months or at least once a year in resource poor setting where oral health care facilities are limited.

The ministry of health should encourage organizations that provide oral health to increase their out reaches and also subventions for free oral health care to areas where there is shortage of oral health care personnel.

The government should reinforce the posting of young dentists to rural areas so as to improve on oral health coverage.

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