

Patients' Attitude to Dental Care

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Objectives:

The dental committee of the World Federation of Haemophilia (WFH) has been using the slogan **"Dental Treatment for All"** to highlight the importance of dental care for patients with bleeding disorders. The Haemophilia Comprehensive Care Centre (CCC) in Glasgow has been utilizing the model described in the recent monograph of the WFH (number 40) where patients are treated both within the Hospital/Community Dental Services and General Dental practice. Uptake of these services by our patients was reviewed.

Method:

The study was carried out from 1 May 2010 to 30 April 2012. All patients attending the Haemophilia CCC during this period for either for routine appointments or for emergency treatment were asked if they were registered with a dental surgeon. No children are included in the study as they are treated in a separate centre. Patients were asked if they were registered with either with the Community Dental Service (CDS) or with a General Dental Practitioner (GDP) and the information recorded. Those who were not registered were offered an appointment with the Community Dental Service.

Table 1

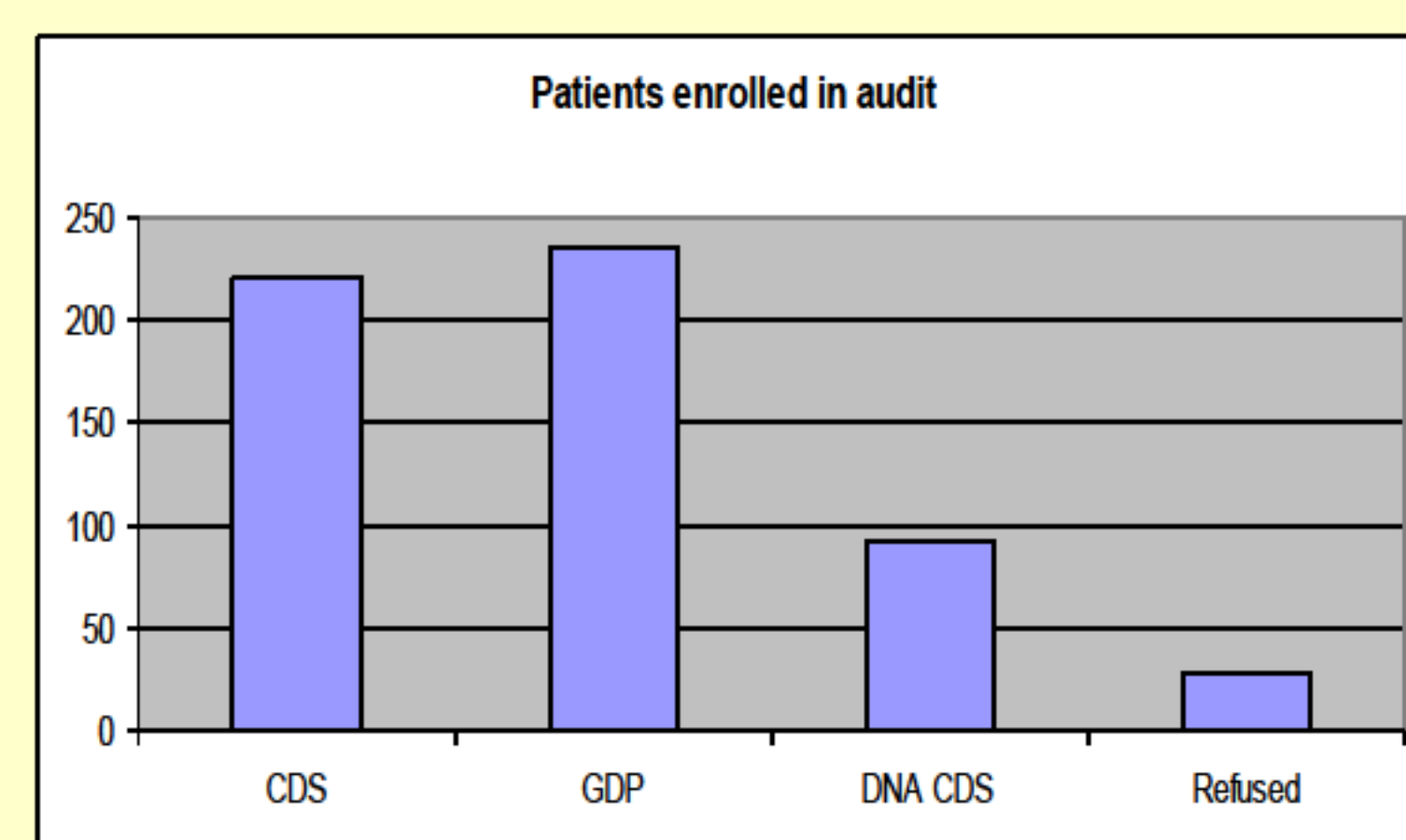


Table 2

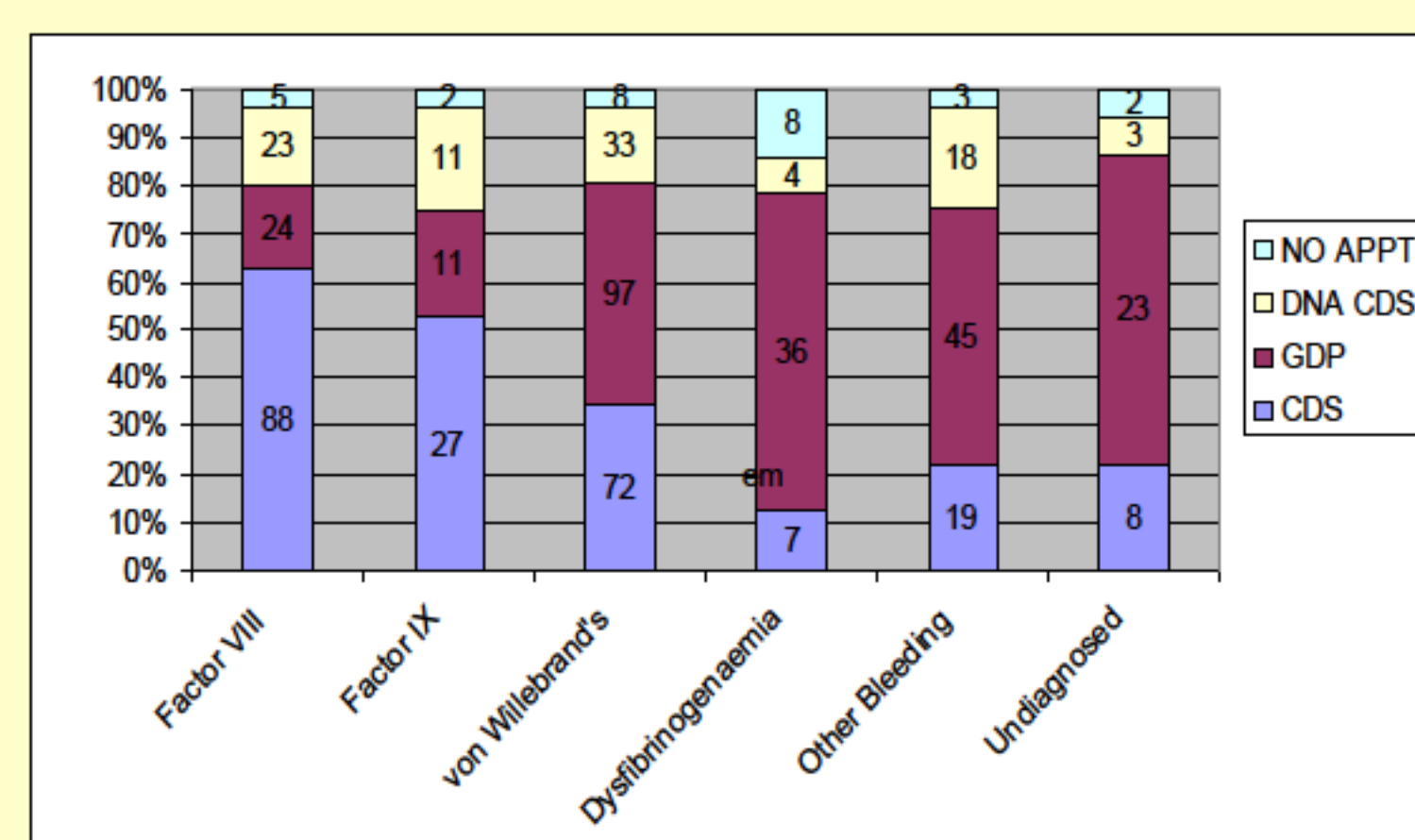


Table 3

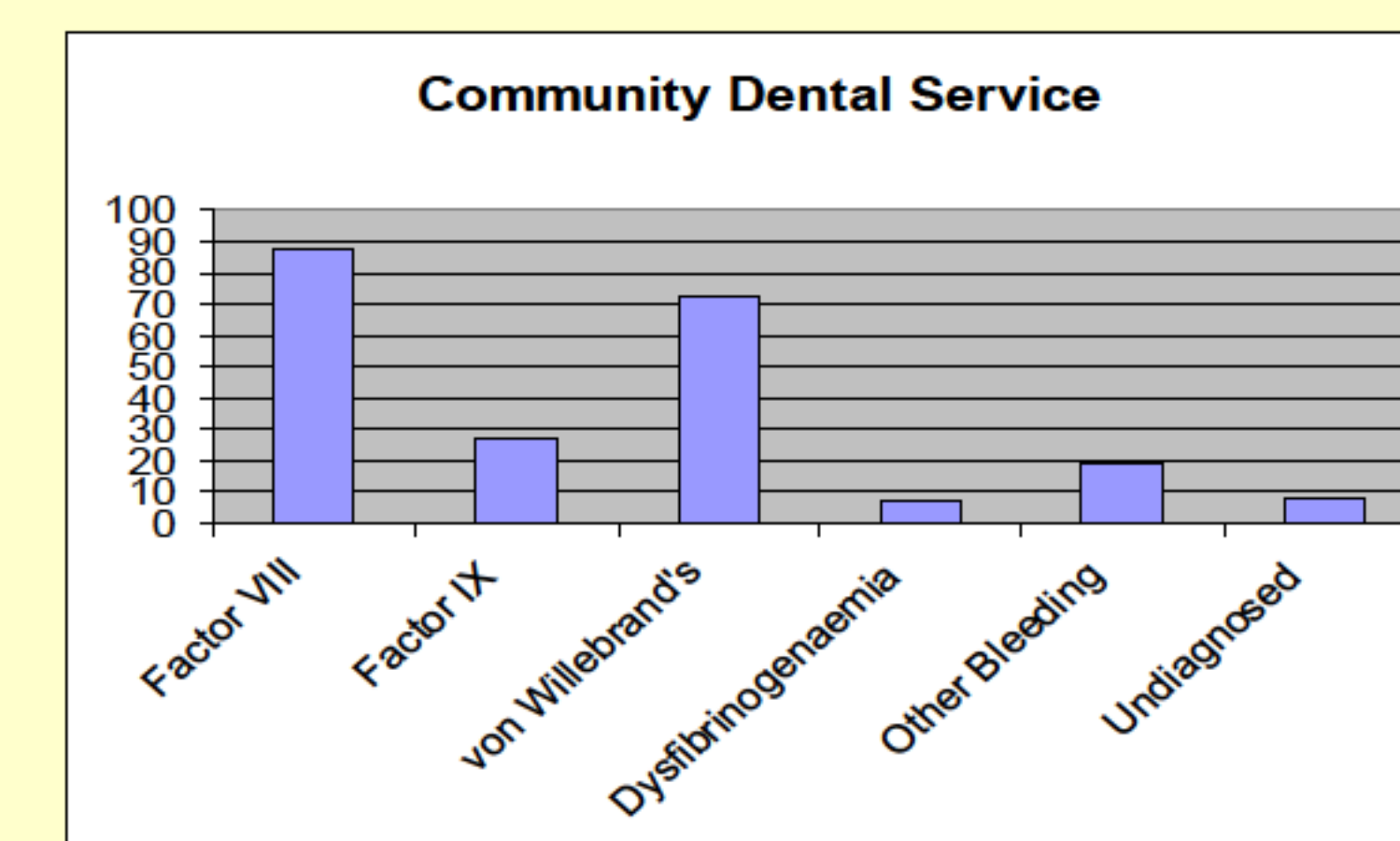


Table 4

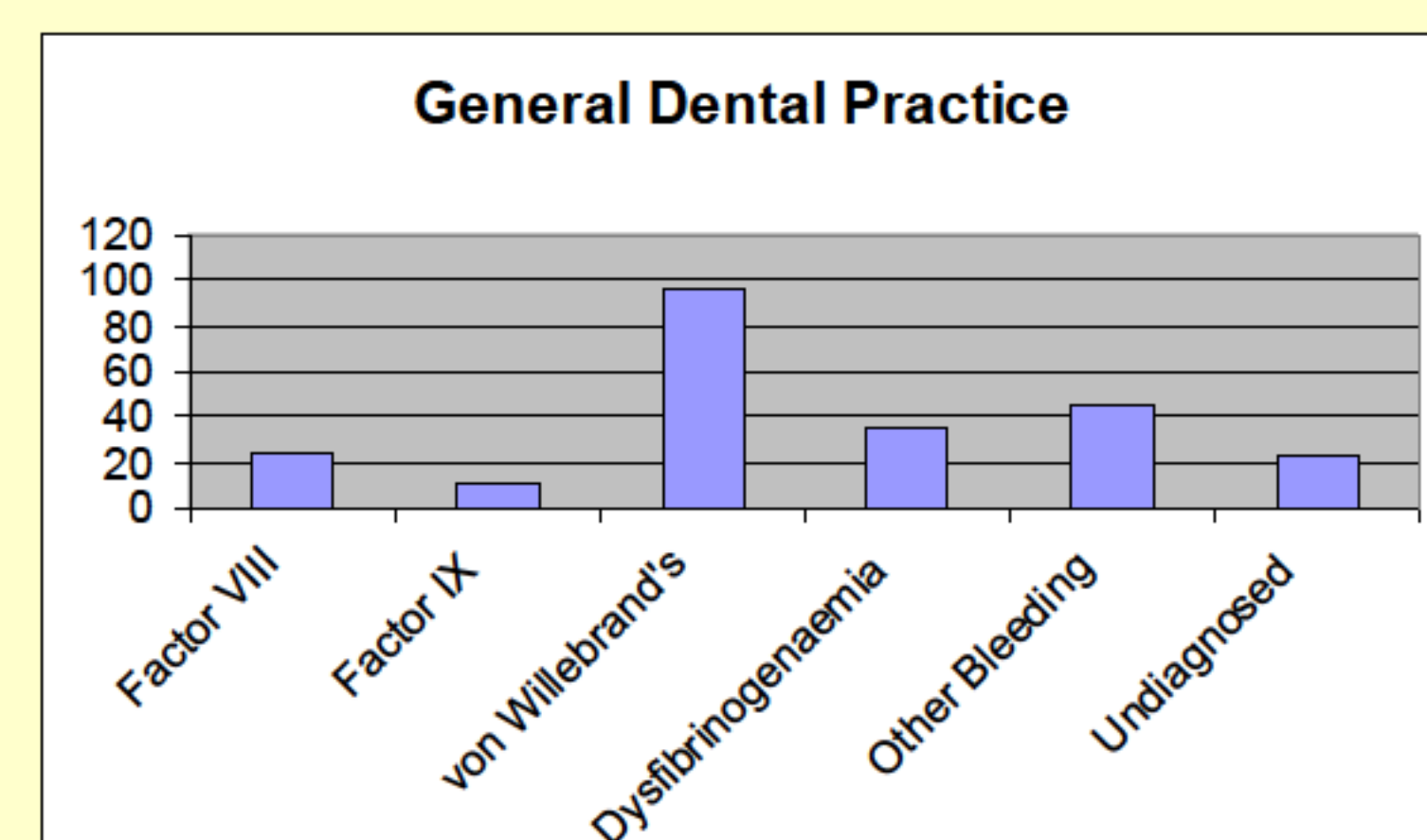


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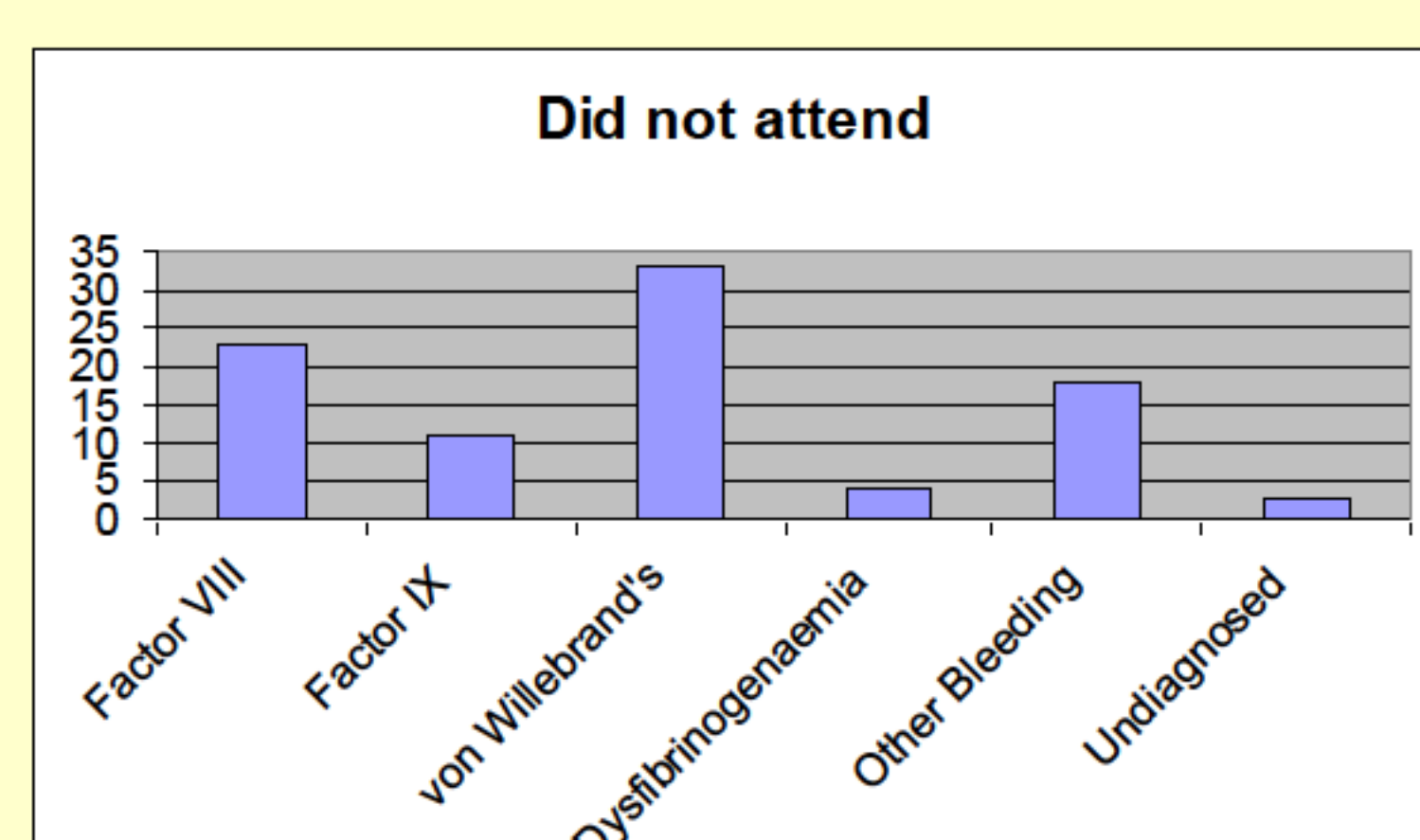
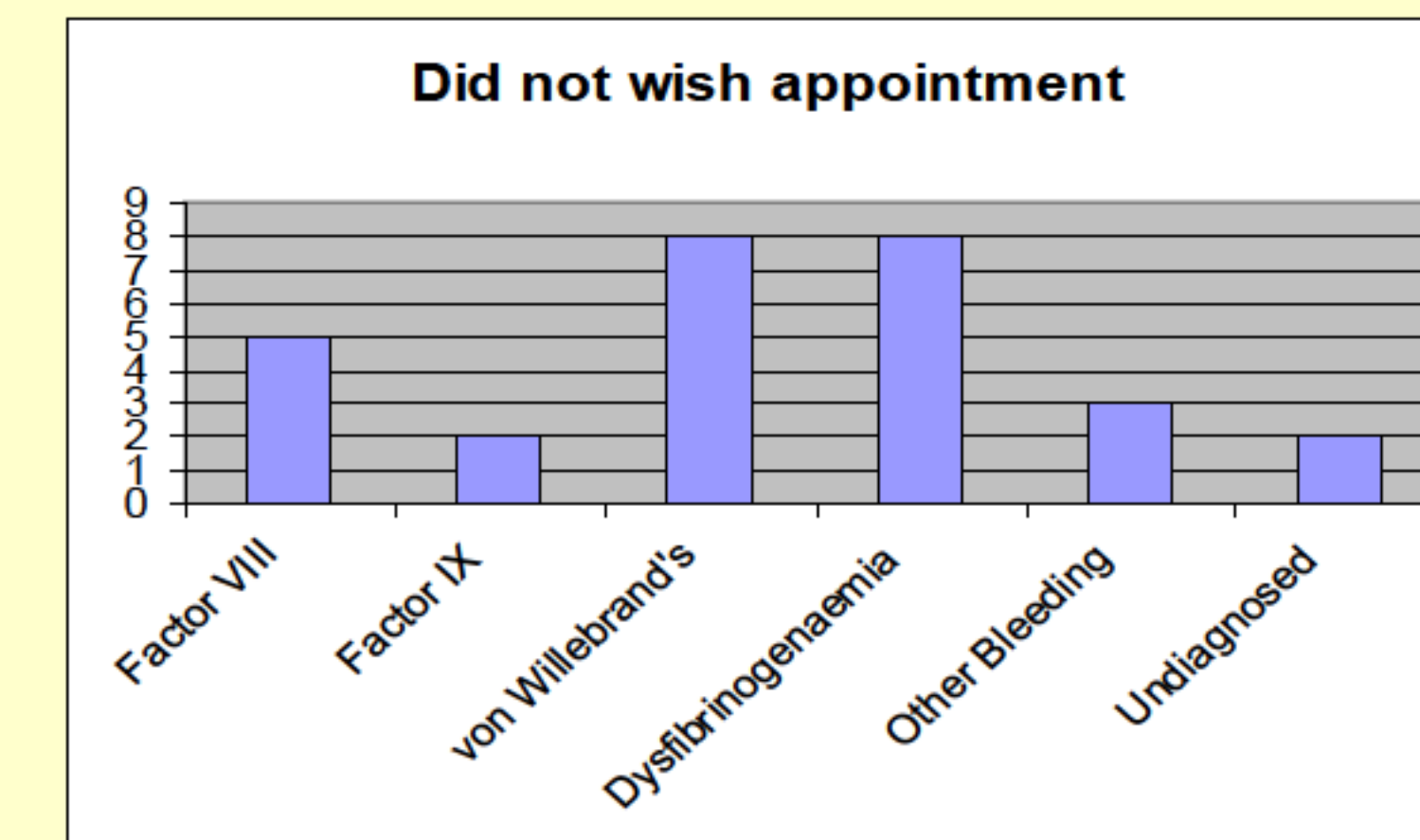


Table 6



Results:

A total of 577 patients were enrolled in the study. Table 1 shows that 457 (79%) were registered with a dentist. 221 (48%) of this group attended the Community Dental Service and 236 (52%) attended a General Dental Practitioner. 28 (5%) did not attend as dentist and refused a referral to the Community Dental Service. A further 92 (16%) of the patients were referred to the Community Dental Service for treatment but failed to attend. In this study the Community Dental Service treated more patients with Factor VIII deficiency when compared with the General Dental Practitioners. The General Dental Practitioners on the other hand were treating more patients with all of the other diagnoses. (Table 2) The number of patients who did not wish treatment or refused referral was about equal for all groups with the possible exception of the patients with Dysfibrinogenaemia. Tables 3 to 6 show the distribution of patients in each of the groups.

Conclusions:

Dental care does not appear to be a priority for a significant proportion (21%) of patients included in the study. A significant number of patients (16%) who were not registered with a dentist and had agreed to be referred to the community dentist failed to attend the subsequent appointment. The process is being evaluated to see if the pathway can be improved in order to increase the number of patients receiving regular dental care. **This study demonstrates the difficulty of providing "Dental Treatment for All" when approximately 20% of patients either refused a referral or failed to attend for dental treatment.**

